efi	le GRAPHIC pri	nt - DC	NOT PROCESS As Filed Data -	DLN:	93393314014813					
	990-T		Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047					
Forr				2022						
		Foi	calendar year 2022 or other tax year beginning 07-01-2022 and ending 06-30-202	3	2022					
	Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Inspection for Organization is a 501(c)(3).									
A	Check box if address changed.	Print	D Emp 34-657	oloyer identification number '6610						
_	Exempt under section 501(c3) 408(e) 220(e)	1	Number, street, and room or suite no. If a P.O. box, see instructions. 655 WICK AVENUE		up exemption number instructions)					
] 408A		City or town, state or province, and ZIP or foreign postal code YOUNGSTOWN, OH 44502		Check box if an amended return.					
<u>-</u>	Theck organization t		k value of all assets at end of year > 333,927,994							
	Check if filing only to		✓ 501(c) corporation □ 501(c) trust □ 401(a) trust □ Other trust State coll	ege/univ	ersity 🗀					
			☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439 ation filing a consolidated return with a 501(c)(2) titleholding corporation		▶ □					
			d Schedules A (Form 990-T)	• • •	· · · · ·					
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled grou	n?	. ▶ ☐ Yes ✔ No					
			identifying number of the parent corporation ►	p	· · Lifes Lino					
	The books are in car		- , -	ne numb	per ▶ (330) 941-3211					
_		6	55 WICK AVENUE		(,					
			OUNGSTOWN, OH 44502							
			d Business Taxable Income							
1	Total of unrelated instructions) .		s taxable income computed from all unrelated trades or businesses (see	1	36,130					
2	Reserved .			2						
3	Add lines 1 and 2			3	36,130					
4	Charitable contrib	outions (see instructions for limitation rules)	4	3,513					
5	Total unrelated bu	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	32,617					
6	Deduction for net	operati	ng loss. See instructions	6						
7	Total of unrelated Subtract line 6 fro		s taxable income before specific deduction and section 199A deduction.	7	22 617					
_					32,617					
8	•		ally \$1,000, but see instructions for exceptions)	8	1,000					
9			luction. See instructions	- +	1 000					
10			nes 8 and 9	10	1,000					
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter	11	31.617					
Pa	rt III Tax Com									
1		•	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	6,640					
2	_		rates. See instructions for tax computation. Income tax on the amount on	- +	5,0.0					
	Part I, line 11 fro	m: 🔲	Tax rate schedule or ☐ Schedule D (Form 1041) · · · · · · · · ▶	2	_					
3	Proxy tax. See in			3						
4	Other tax amount			4						
5	Alternative minim		` ''	5						
6	-	-	acility income. See instructions	6						
			h 6 to line 1 or 2, whichever applies	7	6,640					
For	Paperwork Reduction	n Act Not	ice, see instructions. Cat. No. 11291J		Form 990-T (2022)					

	990-T (202	,									Page 2
Part	Tax	x and Payments									
1a	Foreign tax	credit (corporations attach Form 111	8; trusts atta	ch Form 1116)	1a						
b	Other cred	its (see instructions)			1b						
		siness credit. Attach Form 3800 (see i	•		1c						
		prior year minimum tax (attach Form 8	3801 or 8827)	1 d						
е		lits. Add lines 1a through 1d						1e			
2		ne 1e from Part II, line 7						2			6,640
3	Other amo	unts due. Check if from: ☐ Form 425 ☐ Other (att			3697 L • • •	」Form 8866		3			
4		Add lines 2 and 3 (see instructions). 94. Enter the tax amount here	Check if ir	ncludes tax previ	ously d	eferred unde	_	4			6,640
5	Current ne	t 965 tax liability paid from Form 965-	A, Part II, co	lumn (k) .				5			0
6a	Payments:	A 2021 overpayment credited to 2022	2		6a						
b	2022 estim	ated tax payments. Check if section 6	43(g) electio	n applies 🕨 🗌	6b		25,160				
	•	ted with Form 8868			6c						
		ganizations: Tax paid or withheld at so	-	•	6d						
е	•	hholding (see instructions)			6e						
f		mall employer health insurance premi		Form 8941) .	6f						
g		its, adjustments, and payments: \Box		 _							
		136 Other		Total ►	6g						
7		nents. Add lines 6a through 6g						7		2	25,160
8		tax penalty (see instructions). Check i					. ▶⊔	8			17
9		f line 7 is smaller than the total of line						9			
10		nent. If line 7 is larger than the total o		•	unt ove	•		10			.8,503
11		mount of line 10 you want: Credited tements Regarding Certain Ac					efunded >	11		1	.0,000
1	At any time	e during the 2022 calendar year, did the count (bank, securities, or other) in a foreign Bank and Financial Accounts. In	he organization	on have an inter try? If "Yes," the	est in or	a signature zation may h	or other autl			Yes	No
2		tax year, did the organization receive			the gra	ntor of, or tr	ansferor to, a	a forei	gn trust?		No No
3		e instructions for other forms the orga Imount of tax-exempt interest received	•		aar		▶ \$				
4		able pre-2018 NOL carryovers here.						Loarry	over shown		
•		e A (Form 990-T). Don't reduce the N									
5	Post-2017 shown belo	NOL carryovers. Enter the Business Acow by any NOL claimed on any Schedu	ctivity Code a lle A, Part II,	nd available pos line 17 for the ta	t-2017 x year.	NOL carryove See instruct	ers. Don't red ions.	luce th	e amounts		
		Business activity code			Availab	le post-2017	NOL carryov	/er			
		·		\$		•					
				\$							
				\$							
				\$							
	_	janization change its method of accour	5 (,					: : : : <u> </u>		No
		s," has the organization described the	change on F	orm 990, 990-E	ź, 990-F	PF, or Form 1	128? If "No,"	expla	in in Part V		
Pal	rt V Su	pplemental Information									
Provid	de the expla	nation required by Part IV, line 6b. Als	so, provide ar	ny other addtiona	al inforn	nation. See ir	nstructions.				
	Lindor r	 penalties of perjury, I declare that I have exa	minod this rati	urn including accor	nanvina	schodulos and	ctatomonts a	nd to th	a bost of my kno	wloda	
Sig	belief, i	t is true, correct, and complete. Declaration									e and
He	l k	AUL MCFADDEN	2023-11-0	8 PRESIDEN	IT			with th	e IRS discuss this	n bel <u>o</u>	w I
] Si	gnature of officer	Date	Title				(see in	structions)? 🗹 Y	es L	J No
Paid	d d	Print/Type preparer's name TINA M PETERS CPA	Preparer's sig	nature		Date 2023-11-08	Check if self-employed	PTII	N 904574		
Pre	parer	Firm's name PLANTE & MORAN PLLC					Firm's EIN ▶				
USE	Only	Firm's address ► 250 S HIGH ST SUITE 10	00				Phone no. (6	14) 849	-3000		
		COLUMBUS, OH 43215									

TY 2022 IncomeLossPartnershipSCorpSch

Name: YOUNGSTOWN STATE UNIVERSITY FOUNDATION

EIN: 34-6576610

Total augus usesiut

Total gross receipts			
Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
TOWNSQUARE REAL ESTATE ALPHA FUND 1-A LP	9,784	0	9,784
WINDROSE - EAF VII LLC	49,428	0	49,428
WINDROSE - MEP IV LLC	0	-464	-464
WINDROSE - MCP IV LLC	0	0	0
CARMEL PARTNERS INVESTMENT FUND V LP	0	-82	-82
WINDROSE - AV LLC	0	0	0
BLACKSTONE TACTICAL OPPORTUNITIES FUND (CAYMAN) LP	0	0	0
MEDALIST PARTNERS HARVEST SPV LTD	0	-13,859	-13,859

Total share of gross income: 59,212 Total share of deductions: -14,405 Total gain or loss: 44,807

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•		

TY 2022 OtherDeductionSchedule

Name: YOUNGSTOWN STATE UNIVERSITY FOUNDATION

EIN: 34-6576610

Form 4562 amount:

Form 8873 amount:

Management fees (non-

employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion

amount:
Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
INVESTMENT ADVISORY FEES	3,622
ACCOUNTING FEES	2,566
LEGAL FEES	1,862

Unrelated Business Taxable Income From an Unrelated Trade or Business Popular Company Popular	efile GRAPHIC print - DO NOT PROCESS							LN:	93393314014813		
Name of the organization Department of the Tirssury Internal Revenue Henrico Review Henrico Revenue Henric	SCI	HEDULE A	Unrela	ated Bus	sines	s T	axable In	con	ne		OMB No. 1545-0047
A Name of the organization A Name organization A Name of the organization A Name of the organi	(Fo	rm 990-T)	From a	an Unrel	ated	Tra	ade or Bus	sine	ess		2022
C Unrelated business activity code (see instructions) ► 523000 D Sequence: 1 of 1										. O	Open to Public Inspection for 501(c)(3) Organizations Only
Describe the unrelated trade or business SHARE OF PARTNERSHIP INCOME: Part Unrelated Trade or Business Income										ion	number
Dark	c u	Jnrelated business ac	ctivity code (see instructions) ▶ 523000	D Seq	uence): :	1	of		1
1a Gross receipts or sales	E [Describe the unrelate	ed trade or business ▶ SHAR	E OF PARTNE	RSHIP IN	СОМ	E:				
b Less returns and allowances 2 Cost of goods sold (Part III, line 8)	Pa	rt I Unrelated	Trade or Business Inc	ome			(A) Income		(B) Expenses		(C) Net
2 Cost of goods sold (Part III, line 8) .	1a	Gross receipts or sa	ales								
3 Gross profit. Subtract line 2 from line 1c	b	Less returns and allow	wances	c Balanc	:e ▶ 1						
Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) (see instructions) (see instructions) (see instructions) (attach Form 4797) (see instructions) (at	2	Cost of goods sold	(Part III, line 8)		. 2						
1120) (see instructions)	3	Gross profit. Subtra	act line 2 from line 1c		. 3						
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b	4a				1	.	l	ا			0
c Capital loss deduction for trusts 4c 4d 44,807 44,807 44,807 44,807 6 6 0 0 0 7 0	h					-	<u>'</u>	\dashv			
Solution Income (loss) from a partnership or an S corporation (attach statement) Solution		- , , ,	, ,) (see instruction	· · —	+					
statement) 44,807 44,807 6 Rent income (Part IV) 6 0 0 7 Unrelated debt-financed income (Part V) 7 0 0 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 0 0 10 Exploited exempt activity income (Part IX) 10 0 0 11 Advertising income (Part IX) 11 0 0 0 12 Other income (see instructions; attach statement) 12 0 0 44,807 0 44,807 13 Total. Combine lines 3 through 12 13 44,807 0 44,807 0 44,807 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 0 1 Compensation of officers, directors, and trustees (Part X) 1 0 2 Salaries and wages 2 627 3 Repairs and maintenance 3 4 4 Bad debts 4 4 Interest (attach statement) (see instructions) 5 </td <td></td> <td></td> <td></td> <td>ration (attach</td> <td><u>_</u></td> <td>+</td> <td></td> <td></td> <td></td> <td></td> <td>_</td>				ration (attach	<u>_</u>	+					_
The properties of the prope	•	. ,		•		9	J 44,	807			44,807
Interest, annuities, royalties, and rents from a controlled organization (Part VI)	6	Rent income (Part 1	IV)		. 6			0		0	
Investment income of section 501(c)(7), (9), or (17) or organizations (Part VII)	7	Unrelated debt-fina	anced income (Part V)		. 7			0		0	
Seploited exempt activity income (Part VIII) 10 10 10 10 10 10 10 1	8				. 8			0		0	
11 Advertising income (Part IX) 11 0 0 12 Other income (see instructions; attach statement) 12 Image: Composition of the part of the pa	9	Investment income organizations (Part	e of section 501(c)(7), (9), o	r (17)	. 9			0		0	
12 Other income (see instructions; attach statement) 12	10		, , , , , , , , , , , , , , , , , , , ,			-					
Total. Combine lines 3 through 12 13 44,807 0 44,807 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 0 2 627 3 4 Bad debts 4 4 Bad debts 4 4 5 Interest (attach statement) (see instructions) 5 6 Taxes and licenses 6 7 7 8 Less depreciation (attach Form 4562) (see instructions) 7 9 8 Less depreciation claimed in Part III and elsewhere on return 8 8 8 8 8 8 Base depreciation claimed in Part III and elsewhere on return 9 10 10 Contributions to deferred compensation plans 11 12	11					-		0		0	
Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 0 2 Salaries and wages 2 627 3 Repairs and maintenance 3 4 4 Bad debts 4 4 5 Interest (attach statement) (see instructions) 5 5 6 Taxes and licenses 6 6 7 Depreciation (attach Form 4562) (see instructions) 7 8 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 9 10 Contributions to deferred compensation plans 10 11 11 Employee benefit programs 11 12 12 Excess exempt expenses (Part VIII) 12 12 13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 15 8,677	12	•	· · · · · · · · · · · · · · · · · · ·	•		-					
tonnected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X)											
2 627 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement) (see instructions) 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677	Pai			`	ructions	for I	imitations on d	ledud	ctions) Deduction	s m	ust be directly
3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement) (see instructions) 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677	1	Compensation of of	fficers, directors, and trustee	es (Part X) .						1	0
4 Bad debts 4 5 Interest (attach statement) (see instructions) 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677	2	Salaries and wages							[2	627
5 Interest (attach statement) (see instructions) 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677	3	Repairs and mainte	enance							3	
Taxes and licenses	4	Bad debts								4	
7 Depreciation (attach Form 4562) (see instructions) 7 8 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677		•	, ,							-	
8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 8,677	-					•				6	
9 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677				-		•					
10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677	_	•				•					
11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677	_	'							<u> </u>	-	
12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							-	
13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677			-						_	\rightarrow	
14 Other deductions (attach statement) 15 Other deductions. Add lines 1 through 14 14 8,050 15 Total deductions. Add lines 1 through 14 15 8,677			,						<u> </u>	\rightarrow	
15 Total deductions. Add lines 1 through 14										-	<u> </u>
		·								-	, , , , , , , , , , , , , , , , , , ,
									_	_	· · · · · · · · · · · · · · · · · · ·

17 Deduction for net operating loss (see instructions) 17

36,130

18

Sched	dule A (Form 990-T) 2022				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pr	operty produced or acquire	d for resale) apply to t	he organization?	∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with I	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L	1			
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				_
	percentage of rent for personal property exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D .				
3	Total rents received or accrued. Add line 2c colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ►	0
_	ŗ		· ·	· · · -	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			L	
5	Total deductions. Add line 4 columns A through	ph D. Enter here and on Par	t I, line 6, column (B)	· · · · · · · <u>-</u>	0
Pai	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (street ad	dress, city, state, ZIP code). Check if a dual-use	(see instructions)	
	A 🗆				
	в				
	c 🗆				
	D 🗆				
		Α	В	С	D
2	Gross income from or allocable to debt-				
~	financed property Deductions directly connected with or allocable				
3	to debt-financed property				
а	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns				_
	A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach				
	statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thr	ough D). Enter here and or	n Part I, line 7, column	(A) ▶	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ► _	0
11	Total dividends-received deductions include	d in line 10			0
				61.11	A (Form 990-T) 2022

	ule A (Form 990-T) 2022									Page 3
Par	VI Interest, Annuit	ies, Roya	Ities, and Re	ents fror	n Control					
							•	ed Organization		
	1. Name of controlled organ	ization	2. Employer identification number			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)										
			Non	exempt Co	ontrolled Or	ganization	S			
	7. Taxable income	inco	et unrelated ome (loss) nstructions)	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)										
	s						line 8,	and on Part I, column (A) 0 ee instructions		er here and on Part I, line 8, column (B)
	1. Description of income	:	2. Amount of	f income 3. Deductions direc connected (attach statement		(att	Set-asides ach statement)	5. Total deductions and set-asides (add columns 3 and 4)		
(1)					('			
(2)										
(3)										
(4)										
			Add amounts in o Enter here and o line 9, colum	on Part I,						odd amounts in column 5. Enter here and on Part I, line 9, column (B)
Total			bu. Turanua (Othor Th	an Advan	tining To		:		
	VIII Exploited Exem	-	ty Income, (omer in	iali Auver	using Ir	icome (see	: 1115t1 uctions)	Т	
	Description of exploited acti	· —								
	Gross unrelated business in						•	` ′	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)									
4	Net income (loss) from unrelines 5 through 7		or business. S						4	
5	Gross income from activity	that is not u	ınrelated busin	ess income	e				5	
6	Expenses attributable to inc								6	
7	Excess exempt expenses. S									
	here and on Part II, line 12								7	
								Sche	dule	A (Form 990-T) 2022

Sched	dule A (Form 990-T) 2022				Page 4
Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting \mathbf{A}	two or more periodical	s on a consolidated basi	s.	
	В				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	orresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ter of the columns tota	l or zero here and on Pa	rt II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2)					
(3)					
(4) Total	I. Enter here and on Part II, line 1				0
	t XI Supplemental Information (see i				
I GI	Supplemental Information (See)	noti detionoj			
				Schedul	e A (Form 990-T) 2022

efile	GRAPHIC print	t - DO NOT PRO	CESS As Filed Data	a -		DLN: 93393314014813
SCH	EDULE D		Capital Ga	ins and Losse	S	OMB No. 1545-0123
(Fori	m 1120)		n 1120, 1120-C, 1120-F PC, 1120-POL, 1120-RE	, 1120-FSC, 1120-H, 1	1120-IC-DISC, 1120-L	
Departi	ment of the Treasury					
	Revenue Service	Go to ww	w.irs.gov/Form1120 for	instructions and the		
Name YOUN	GSTOWN STATE UN	IVERSITY FOUNDA	TION			dentification number
Did th	e corporation dispo	se of any investmen	nt(s) in a qualified opportu	nity fund during the tax	34-6576610	
		•	ctions for additional requir	,	•	·
	<u> </u>		and Losses Gene	· · · · · · · · · · · · · · · · · · ·		e instructions)
		for how to figure	(d)	(e)	(g) Adjustments to ga	
	the amounts to e below.		Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 8949, Part 1, line 2, column (g)	Subtract column (e) from column (d) and combine the result with column
	This form may be of if you round off certain dollars.					(g)
1a	Totals for all short- reported on Form 1 basis was reported which you have no instructions). Howe to report all these Form 8949, leave t go to line 1b	1099-B for which to the IRS and for adjustments (see ever, if you choose transactions on				
11	Totals for all transa Form(s) 8949 with					
2	Totals for all transa Form(s) 8949 with					
3	Totals for all transa Form(s) 8949 with	'				107
4	Short-term capital	gain from installme	nt sales from Form 6252,	ine 26 or 37		4
5	Short-term capital	gain or (loss) from	like-kind exchanges from l	Form 8824		5
	Unused capital loss	, ,				6 ()
			Combine lines 1a through 6			7 107
Par			and Losses Gener		_ _	
	See instructions the amounts to e below. This form may be of if you round off cerdollars.	easier to complete	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
88	Totals for all long-treported on Form 1 basis was reported which you have no instructions). Howe to report all these Form 8949, leave t go to line 8b	1099-B for which to the IRS and for adjustments (see ever, if you choose transactions on				
8t	Totals for all transa Form(s) 8949 with					
9	Totals for all transa Form(s) 8949 with					
10	Totals for all transa Form(s) 8949 with					-14,034
11	Enter gain from Fo	rm 4797, line 7 or 9		. 		11 44
12	Long-term capital o	gain from installmer	nt sales from Form 6252, li	ne 26 or 37		12
13	Long-term capital o	gain or (loss) from l	ike-kind exchanges from F	orm 8824		13
	· -	•	ons)			14
			ombine lines 8a through 1	in column h		15 -13,990
	Summary (
16	Enter excess of net	short-term capital	gain (line 7) over net long	-term capital loss (line 1	.5)	16
17	Net capital gain. Er	nter excess of net lo	ng-term capital gain (line	15) over net short-term	capital loss (line 7) .	17
18	Add lines 16 and 1	7. Enter here and o	n Form 1120, page 1, line	8, or the applicable line	on other returns	18 0
			ital losses in the instruct			
For P	aperwork Reducti	on Act Notice, see	e the Instructions for Fo	rm 1120. Cat. N	No. 11460M Scl	nedule D (Form 1120) 2022

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

DLN: 93393314014813

OMB No. 1545-0074

Sales and Other Dispositions of Capital Assets

Sequence No. 12A

Name(s) shown on return	
OUNGSTOWN STATE UNI	VERSITY FOUNDATION

complete as many forms with the same box checked as you need.

Department of the

Internal Revenue Service

Treasury

Social security number or taxpayer identification number

34-6576610

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

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

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of

Schedule D.

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

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

(C) Short-term transactions not reported to you on Form 1099-B (h) Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g), Gain or (loss). (e) (d) Cost or other basis. enter a code in column (f). Subtract column (c) (a) (b) Date sold or See the separate instructions. Description of property Proceeds See the Note below Date acquired disposed of (sales price) and see Column (e) from column (d) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate and (f) (g) instructions Code(s) from Amount of combine the result instructions adjustment with column (g) MEDALIST PARTNERS HARVEST SPV LTD 107

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).									
	Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See <i>Column</i> (g) in the separate instructions for how to figure the amount of the adjustment.								

Form 8949 (2022) Attachment Sequence No. 12A Page 2 Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Social security number or taxpayer identification number YOUNGSTOWN STATE UNIVERSITY FOUNDATION Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B (h) Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g), Gain or (loss). (e) enter a code in column (f). (c) (d) Cost or other basis. Subtract column (a) (b) Date sold or See the Note below See the separate instructions. Proceeds (e) Description of property Date acquired disposed of (sales price) and see Column (e) from column (d) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate and (f) (g) instructions combine the result Code(s) from Amount of instructions adjustment with column (q) MEDALIST PARTNERS HARVEST SPV LTD -14.034-14,034**2 Totals**. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if **Box F** above is checked) Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment. Form **8949** (2022)