•	9393	1163	00518 1					
ss Income T			OMB No 1545-00/,7					
ction 6033(e))	200	6	0040					
19 , and ending JU		<u>2020</u>	2019					
ons and the latest inform		-)/0)	Open to Public Inspection for 501(c)(3) Organizations Only					
de public if your organiz	ation is a 50 i(c		501(c)(3) Organizations Only loyer identification number					
and see instructions.)		(Emj	ployees' trust, see uctions)					
Y FOUNDATIO	N] 3	34-6576610					
structions.	• -		elated business activity code instructions)					
n postal code		522	3000					
		523	5000	Λ				
501(c) trust	4	01(a) trust	Other trust	4				
Describe	the only (or fire	st) unrelated	<u> </u>	•				
If only one,	complete Parts	s I-V. If mor	e than one,					
d II, complete a Schedule	M for each add	ditional trad	e or					
		. —	. (9F)					
diary controlled group?		► L Y	es X No					
Telenh	one number	→ 330-	941-3211					
(A) Income	(B) Exp							
(-7,	(-)		(3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					
	- 3							
			3 te 7 te 5 }					
		<u>.:/.</u>						
2,473.	· .3	·/	2,473.					
	·	1	<u> </u>					
-17,204.	STM		-17,204.					
17,204.	Join	<u> </u>	17,204.					
	/							
/								
			·					
			ļ					
-14,731.			-14,731.					
ations on deductions.)	<u> </u>							
come.)								
		14						
,		15	415.					
		16						
		17	 					
		18	-					
1 1		19	-					
20 21a								
[218]		21b 22	 					
		23						
		24						
•		25						

Form 990-1		exempt Organization bus					OMB 140 1345-00 _{2,7}
		(and proxy tax und			7006 N 30, 202	ا ۱	2040
	For ca	ellendar year 2019 or other tax year beginning JUL 1,				<u> </u>	2019
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for i Do not enter SSN numbers on this form as it ma					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	+	Name of organization (Check box if name			21011 15 2 30 1(0)(0).	D Emp	loyer identification number
address change	d	Name of organization () Check box if hame	inangeu an	a see msu actions.)			ployees' trust, see uctions)
B Exempt under section	Print	YOUNGSTOWN STATE UNIVE	RSITY	FOUNDATIO	ON	1 3	4-6576610
X 501(c)(30)		Number, street, and room or suite no. If a P.O. bo				E Unre	lated business activity code
408(e) 220(I Tvne	655 WICK AVENUE	, 000	201101101		(See	instructions)
408A 530(a)	City or town, state or province, country, and ZIP of	or foreign p	ostal code			
529(a) \(\)		YOUNGSTOWN, OH 44502	•			523	0000
C Book value of all assets at end of year	-	F Group exemption number (See instructions.)	>				
267,216,	518.	G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a) trust	Other trust
H Enter the number of the	ie organiza	ation's unrelated trades or businesses. 🕨	1	Describe	the only (or first) ur	related	i
trade or business here	<u>▶_S</u>	EE STATEMENT 1		If only one,	complete Parts I-V.	If more	e than one,
describe the first in the	blank spa	ace at the end of the previous sentence, complete P	arts I and II	l, complete a Schedule	M for each addition	al trade	e or
business, then comple							
• • •		poration a subsidiary in an affiliated group or a pare	nt-subsidia	ry controlled group?	▶ l	Y	es 🗶 No
		tifying number of the parent corporation.			·····		0.44 0.044
		PAUL MCFADDEN	T		7		941-3211
L		de or Business Income		(A) Income	(B) Expense:	<u> </u>	(C) Net
1 a Gross receipts or s			1.1			'/	
b Less returns and a		c Balance	1c		- ' -	/,	As in a
2 Cost of goods sold	•	•	2		· · ·	<u>/ </u>	1 3 to 1 to 2 5
3 Gross profit. Subtr			3	2,473.	1	<u>. </u>	2,473.
4 a Capital gain net ind	-		4a	2,4/3.			2,4/3.
b Net gain (loss) (Fo c Capital loss deduct		Part II, line 17) (attach Form 4797)	4b 4c			,	
•		ship or an S corporation (attach statement)	5	-17,204.	STMT :	2, , ,	-17,204.
6 Rent income (Sche		simp of an o corporation (attach statement)	6	2,,2011	/22227		2.,2020
7 Unrelated debt-fina	•	me (Schedule F)	7		/		
	-	and rents from a controlled organization (Schedule F)			/		
9 Investment income	ot a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9		,		
10 Exploited exempt a	ctivity inco	ome (Schedule I)	10				
11 Advertising income	(Schearf	8 An 20 SO	11				
12 Other income (See	instruction	ns: aftach schedule)	12				
13 Total Combine			13	-14,731.			-14,731.
Part II Deduct	ions/No	Taken Elsewhere (See instructions f	or limitatio	ons on deductions.)			
		be directly connected with the unrelated busin	ness incon	ge.)			T
•		rectors, and trustees (Schedule K)				14	415
15 Salaries and wage						15	415.
16 Repairs and main	tenance					16	
17 Bad debts	E - 4. (-) /-					17	
18 Interest (attach so		ee instructions)				18	
19 Taxes and license		562)		امما		19	1
20 Depreciation (atta21 Less depreciation		n Schedule A and elsewhere on return		20 21a		21b	
22 Depletion	Cialifica O	ii Schedule A and eisewhere on return		[214]		22	
·	eferred co	impensation plans				23	
24 Employee benefit		impensation plans				24	
• •		chedule I)	,	•	•	25	
25 Excess exempt ex 26 Excess readership 27 Other deductions 28 Total deductions 29 Unrelated busines		<i>y</i>		1		26	
27 Other deductions	-			SEE STAT	EMENT 3	27	7,381.
28 Total deductions.	-	· //				28	7,796.
29 Unrelated busines		ncome before net operating loss deduction. Subtrac	t line 28 fr	om line 13		29	-22,527.
,		loss arising in tax years beginning on or after Janua					
(see instructions)	•		-			30	0.
31 Unrelated busines	s taxable ı	ncome. Subtract/line 30 from line 29				31	-22,527.

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation > N/A					
1 Inventory at beginning of year 1			6 Inventory at end of yea		6			
2 Purchases	2		7 Cost of goods sold. St	ine 6				
3 Cost of labor	3		from line 5. Enter here	Part I,				
4 a Additional section 263A costs		line 2				7		
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes No	
b Other costs (attach schedule)	4b		property produced or a				連續 科图	
5 Total. Add lines 1 through 4b 5			the organization?	•	,			
Schedule C - Rent Income (From Real	Property and	Personal Property L	ease	d With Real Prop	erty)		
(see instructions)								
Description of property								
(1)								
(2)								
(3)			· · · · · · · · · · · · · · · · · · ·					
(4)	·							
	2. Rent receiv	ed or accrued						
` rent for personal property is more than			and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge	ge 3(a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule)			
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2. Gross income from		3. Deductions directly conn to debt-finance		able	
1. Description of debt-fir	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)								
(2)	-				·			
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	le deductions total of columns and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
		-			nter here and on page 1, Part I, line 7, column (A)	Enter here a	nd on page 1, , column (B)	
Totals			•		0	•	0.	
Total dividends-received deductions in	icluded in columi	ı 8			>	•	0.	
						Forr	n 990-T (2019)	

	dule F - Interest, A		. royaltios	· , · · · · ·	Controlled O				- 1266 1112	tructions	
1	. Name of controlled organizat	ion	2. Employer identification number	3. Net unr	related income e instructions)	4, Tot	tal of specified ments made	includ	rt of column 4 to ed in the control cation's gross in	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)			<u>.</u> .								
(4)											
Nonexe	empt Controlled Organi	zations	•								
	7. Taxable income		lated income (los: instructions)	s) 9 . Total	of specified payr made	nents i	10. Part of colur in the controlli gross		nization's	11. Dec	luctions directly connected income in column 10
(1)					•						
(2)											
(3)									ŀ		,
(4)											
3.7							Add colum Enter here and line 8, c		1, Part I, A)	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
<u>Totals</u>						<u> </u>			0.		0.
Sche	dule G - Investme (see insti		e of a Sect	tion 501(c)(7	7), (9), or (17) Org	ganization				
	· · · · · · · · · · · · · · · · · · ·	ription of income	1		2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
Totals				•	Enter here and Part I, line 9, co	0 •					Enter here and on page 1, Part I, line 9, column (B)
Sche	dule I - Exploited	-	ctivity Inc	ome, Other	Than Adv	ertisin	g Income				
	Description of exploited activity	2. Groundless and the second s	isiness di	3. Expenses rectly connected with production of unrelated usiness income	4. Net incom from unrelated business (co minus colum gain, comput through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 . Expi attributa colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									· - · · · ·		
(2)	 	1							T	-	1
(3)	· · · · · · · · · · · · · · · · · · ·								 	••	1
(4)		 			+				 		
Totals		Enter here a page 1, P line 10, co	art I,	nter here and on page 1, Part I, ine 10, col (B)							Enter here and on page 1, Part II, line 25
Sche	edule J - Advertisi	ng Income			men a section, s.		374 14	_, -46'11		G >45M	<u>, </u>
	। I Income From				solidated	Basis					
	1. Name of periodical		2. Gross dvertising income	3. Direct advertising costs	or (foss) (c		5, Circulat income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3) (4)							The state of the s				
	Joanny to Part II June (EV)	•	0.	0							0.
inigiz (carry to Part II, line (5))		<u> </u>		• 1				l		Form 990-T (2019

Form 990-T (2019) YOUNGSTOWN STATE UNIVERSITY FOUNDATION 34-65766

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	ı	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)	Ì						
(2)							
(3)							•
(4)					-		
Totals from Part I		0.	0.	WHITE STATES	TARRESTORAL	PET ASSAULT	0.
Tatala Part II (linne 1.5)		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) Schedule K - Compensat	tion	of Officers, I		Trustees (see in	nstructions)	研研究/HET 物的多正常 2015 23[]	0.

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

SHARE OF PARTNERSHIP INCOME:

TOWNSQUARE REAL ESTATE ALPHA FUND 1-A, LP

WINDROSE - MEP IV LLC

WINDROSE - MCP IV LLC

CARMEL PARTNERS INVESTMENT FUND V, L.P.

WINDROSE - EAF VII LLC

WINDROSE - AV LLC

BLACKSTONE TACTICAL OPPORTUNITIES FUND (CAYMAN) L.P.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
TOWNSQUARE REAL ESTATE ALPHA FUND 1-A, LP - ORDINARY BUSINESS INCOME (LOSS) WINDROSE - EAF VII LLC - ORDINARY BUSINESS INCOME (LOSS) WINDROSE - MEP IV LLC - ORDINARY BUSINESS INCOME (LOSS) WINDROSE - MCP IV LLC - ORDINARY BUSINESS INCOME (LOSS) CARMEL PARTNERS INVESTMENT FUND V, L.P ORDINARY BUSINESS INCOME (LOSS) BLACKSTONE TACTICAL OPPORTUNITIES FUND (CAYMAN) L.P ORDINARY BUSINESS INC	9,901. -5,940. 1,503. -19,075. -3,597.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-17,204.
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
INVESTMENT ADVISORY FEES ACCOUNTING FEES LEGAL FEES	3,540. 2,770. 1,071.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	7,381.

6CHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

YOUNGSTOWN STATE U	34-6576610				
Did the corporation dispose of any investmer	year [?]		Yes X No		
If "Yes," attach Form 8949 and see its instruc	ctions for additional requirer	ments for reporting you	ur gain or loss.		
Part I Short-Term Capital Gai	ns and Losses (See II	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(a) Adjustments to gain	1	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (g)	9,	column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked	•				
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked	87.				87.
3 Totals for all transactions reported on			•		
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind	•			5	
6 Unused capital loss carryover (attach compute				6	()
7 Net short-term capital gain or (loss). Combine				_7_	87.
APart II Long-Term Capital Gai	ns and Losses (See in	structions.)	··· _f		,
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gair	1	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b		-			
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					•
Form(s) 8949 with Box F checked					2 206
11 Enter gain from Form 4797, line 7 or 9					2,386.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824		•	13	
14 Capital gain distributions				14	2 206
15 Net long-term capital gain or (loss). Combine		<u>.h</u>		15	2,386.
*Part III. Summary of Parts I and		loce (line 15)	· - : - !	16	87.
16 Enter excess of net short-term capital gain (lin	•		no 7\	17	2,386.
17 Net capital gain. Enter excess of net long-term			nc /)	18	2,473.
18 Add lines 16 and 17. Enter here and on Form		per lille on other returns	l	10	2,3130
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA

Schedule D (Form 1120) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► 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.

YOUNGSTOWN STATE UNIVERSITY FOUNDATION

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

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 b statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was report broker and may even tell you which box to check	ed to the IRS by your
Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For ice	ng-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	
codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 894	9 (see instructions)
Market and the second s	

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (c) (d) (e) loss. If you enter an amount Proceeds Date sold or Cost or other Gain or (loss). Description of property Date acquired ın column (g), enter a code ın (sales price) basis. See the Subtract column (e) (Example 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) in combine the result Code(s) with column (g) the instructions adjustment WINDROSE - MEP IV LLC 87. 87.

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 87. 87. 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 Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)