

EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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.

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization IOWA STATE UNIVERSITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2505 UNIVERSITY BLVD PO BOX 2230 City or town, state or province, country, and ZIP or foreign postal code AMES, IA 50010-2230	D Employer identification number 42-1143702
	F Name and address of principal officer: LARISSA HOLTMYER JONES SAME AS C ABOVE	E Telephone number (515) 294-4607
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	G Gross receipts \$ 241,404,269.
J Website: ▶ WWW.FOUNDATION.IASTATE.EDU		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1980	M State of legal domicile: IA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: ALIGNING DONOR PASSION AND GENEROSITY TO ADVANCE IOWA STATE UNIVERSITY'S LAND-GRANT IDEALS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	448
	6	Total number of volunteers (estimate if necessary)	6	198
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-3,264,233.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	-3,423,191.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	145,041,131.	128,662,798.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,986,884.	58,087.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,779,731.	3,394,798.
12			160,807,746.	132,115,683.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	118,656,499.	100,697,998.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,005,657.	14,002,939.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,585,960.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,906,228.	12,314,603.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	145,568,384.	127,015,540.
	19	Revenue less expenses. Subtract line 18 from line 12	15,239,362.	5,100,143.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,341,412,954.	1,353,978,392.
	22	Net assets or fund balances. Subtract line 21 from line 20	53,409,047.	46,967,760.
	22		1,288,003,907.	1,307,010,632.

Part II Signature Block

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

Sign Here	Signature of officer <i>Lisa M. Eslinger</i> LISA M ESLINGER, CFAO Type or print name and title	Date 5/13/2021
Paid Preparer Use Only	Print/Type preparer's name CHRIS MESKIMEN	Preparer's signature <i>Chris Meskimen</i>
	Firm's name ▶ DELOITTE TAX LLP	Date 5/4/2021
	Firm's address ▶ 50 SOUTH SIXTH STREET, SUITE 2800 MINNEAPOLIS, MN 55402	Check if self-employed <input type="checkbox"/> PTIN P01314196
		Firm's EIN ▶ 86-1065772
		Phone no. (612) 397-4000

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 34,197,589. including grants of \$ 34,197,589.) (Revenue \$ 849,049.) STUDENT SUPPORT: IOWA STATE UNDERGRADUATE AND GRADUATE STUDENTS RECEIVED MORE THAN \$34 MILLION IN SCHOLARSHIPS, FELLOWSHIPS, LOANS AND AWARDS FROM PRIVATE GIFT SUPPORT. STUDENTS RECEIVED BOTH MERIT- AND NEED-BASED SCHOLARSHIP ACROSS ALL PROGRAMS AND UNITS OF THE UNIVERSITY. PRIVATE GIFT SUPPORT IS CRITICAL TO ENSURING THAT ALL WILLING STUDENTS ARE ABLE TO EXPLORE THEIR EDUCATION OPPORTUNITIES, EXPERIENCE COLLEGE LIFE, AND EFFICIENTLY MANAGE TUITION COSTS AND DEBT LOADS. IN 2020, OVER 6,900 STUDENTS RECEIVED SCHOLARSHIPS FUNDED BY PRIVATE GIFT SUPPORT.

4b (Code:) (Expenses \$ 28,839,818. including grants of \$ 28,839,818.) (Revenue \$ 723,656.) FACULTY AND PROGRAM SUPPORT: WITH NEARLY \$29 MILLION FROM THE IOWA STATE UNIVERSITY FOUNDATION, UNIVERSITY FACULTY AND STAFF RECEIVED ADDITIONAL SUPPORT ALLOWING FOR INCREASED RESEARCH OPPORTUNITIES AND IMPROVED CLASSROOM EXPERIENCES FOR ALL STUDENTS. PRIVATE GIFT SUPPORT HELPS MEET THE UNIVERSITY'S GOAL TO ATTRACT AND RETAIN THE WORLD-CLASS FACULTY WHICH ULTIMATELY ATTRACTS THE BEST AND BRIGHTEST STUDENTS. DURING 2020, THE NUMBER OF ENDOWED FACULTY POSITIONS (CHAIRS, PROFESSORSHIPS AND FELLOWSHIPS) WAS 215.

4c (Code:) (Expenses \$ 37,349,124. including grants of \$ 37,349,124.) (Revenue \$ 927,295.) FACILITIES: THE FOUNDATION PROVIDED MORE THAN \$37 MILLION TO THE UNIVERSITY IN SUPPORT OF NEW BUILDING CONSTRUCTION, RENOVATION AND EQUIPMENT NEEDS. STATE-OF-THE-ART FACILITIES HELP THE UNIVERSITY ATTRACT HIGH-QUALITY FACULTY AND STUDENTS. THESE FACILITIES PROVIDE SPACE, ENVIRONMENTS, AND TECHNOLOGIES THAT PROMOTE THE HIGHEST LEVELS OF TEACHING, LEARNING AND RESEARCH. PRIVATE GIFT SUPPORT ASSISTED IN FUNDING OF THE STUDENT INNOVATION CENTER, THE GERDIN BUILDING ADDITION, THE ATHLETICS PERFORMANCE CENTER, AND MORE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 311,467. including grants of \$ 311,467.) (Revenue \$)

4e Total program service expenses 100,697,998.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. The table contains 'X' marks in the Yes or No columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AZ, CA, KY, MA, MD, MI, MN, NH, NJ, NY, OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records LISA ESLINGER - (515) 294-4607 2505 UNIVERSITY BOULEVARD, AMES, IA 50010-2230

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY STREIT CHAIR	5.00 1.00	X		X				0.	0.	0.
(2) RICHARD MAHONEY VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(3) KATHY HOWELL SECRETARY	2.00 0.00	X		X				0.	0.	0.
(4) MARY JANE HAGENSON TREASURER	2.00 0.00	X		X				0.	0.	0.
(5) JON FLEMING DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) LARRY PITHAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(7) BARBARA JANSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) CRAIG DENNY DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) DAVID KINGLAND DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) GREGG BEHRENS DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) JAMES FREIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) ROGER UNDERWOOD DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) RON HALLENBECK DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) RIC JURGENS DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) TERRY TOBIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) WENDY WINTERSTEEN DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) TED OBERLANDER DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LARISSA HOLTMYER JONES PRESIDENT AND CEO	40.00 0.00			X				417,391.	0.	47,527.
(19) LISA ESLINGER CHIEF FINANCIAL/ADMIN OFFICER	40.00 1.00			X				234,329.	0.	41,193.
(20) JEREMY GALVIN VP FOR DEVELOPMENT	40.00 0.00				X			228,464.	0.	35,426.
(21) STEVE BIEVER VP FOR DEVELOPMENT	40.00 0.00				X			227,447.	0.	42,377.
(22) KELLY HANFELT ASSISTANT VP OF DEVELOPMENT	40.00 0.00					X		149,684.	0.	35,226.
(23) MICHAEL WAHLIN ASSISTANT VP OF INVESTMENTS	40.00 1.00					X		140,880.	0.	34,316.
(24) ROBERT KINSEY ASSISTANT VP OF DEVELOPMENT	40.00 0.00					X		138,234.	0.	36,161.
(25) ROSA UNAL ASSOC VP/CHIEF INFO OFFICER	40.00 0.00					X		165,651.	0.	36,978.
(26) RYAN HARMS EXEC DIR OF DEVELOPMENT	40.00 0.00					X		129,973.	0.	31,285.
1b Subtotal								1,832,053.	0.	340,489.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,832,053.	0.	340,489.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 26

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES LLC, 4100 NORTH FAIRFAX DRIVE, SUITE 1300, ARLINGTON, VA	CONSULTING	1,024,500.
VIKING LONG FUND LP 55 RAILROAD AVE, GREENWICH, CT 06830-6378	INVESTMENT FEES	718,256.
ADAGE 200 CLARENDON ST, 52ND FL, BOSTON, MA 02116	INVESTMENT FEES	436,798.
TWEEDY, BROWNE COMPANY LLC, METRO CENTER, ONE STATION PLACE, STAMFORD, CT 06902	INVESTMENT FEES	416,629.
KILTEARN PARTNERS, INC., 651 HOLIDAY DRIVE, SUITE 300, PITTSBURGH, PA 15220	INVESTMENT FEES	377,957.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 27

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	128,662,798.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 24,952,915.			
	h	Total. Add lines 1a-1f		128,662,798.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,740,499.	-3,264,233.	5,004,732.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		3,791.		3,791.	
	6 a	Gross rents	(i) Real	229,156.			
			(ii) Personal				
	6 b	Less: rental expenses		0.			
	6 c	Rental income or (loss)		229,156.			
	d	Net rental income or (loss)		229,156.		229,156.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	107,485,126.			
			(ii) Other	121,048.			
	7 b	Less: cost or other basis and sales expenses		109,149,456.	139,130.		
7 c	Gain or (loss)		-1,664,330.	-18,082.			
d	Net gain or (loss)		-1,682,412.		-1,682,412.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	ADMINISTRATIVE FEE	541900	2,500,000.	2,500,000.		
		OTHER	900099	661,851.		661,851.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		3,161,851.			
12	Total revenue. See instructions		132,115,683.	2,500,000.	-3,264,233.	4,217,118.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	100,697,998.	100,697,998.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,266,060.		337,150.	928,910.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,738,841.		1,738,232.	8,000,609.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	920,218.		168,515.	751,703.
9 Other employee benefits	1,358,558.		325,983.	1,032,575.
10 Payroll taxes	719,262.		138,603.	580,659.
11 Fees for services (nonemployees):				
a Management				
b Legal	84,163.		84,163.	
c Accounting	147,782.		147,782.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,401,119.		5,401,119.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,071,425.		634,512.	436,913.
12 Advertising and promotion	187,831.			187,831.
13 Office expenses	1,052,315.		454,578.	597,737.
14 Information technology	1,308,689.		408,744.	899,945.
15 Royalties				
16 Occupancy	269,645.		269,645.	
17 Travel	591,878.		136,143.	455,735.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	472,409.		65,597.	406,812.
20 Interest	69,548.		69,548.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	244,414.		244,414.	
23 Insurance	92,017.		92,017.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANNUITY PAYMENTS	1,306,531.			1,306,531.
b MISCELLANEOUS EXPENSES	14,837.		14,837.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	127,015,540.	100,697,998.	10,731,582.	15,585,960.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,808,183.	2	3,991,116.
	3 Pledges and grants receivable, net	141,160,910.	3	123,871,109.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,094,382.	7	870,647.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,583,066.		
	b Less: accumulated depreciation	10b 3,124,329.	12,889,030.	10c 13,458,737.
	11 Investments - publicly traded securities	401,041,478.	11	247,680,102.
	12 Investments - other securities. See Part IV, line 11	755,028,782.	12	929,592,868.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	26,390,189.	15	34,513,813.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,341,412,954.	16	1,353,978,392.	
Liabilities	17 Accounts payable and accrued expenses	1,058,861.	17	1,543,787.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,788,052.	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	1,656,154.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	50,562,134.	25	43,767,819.
	26 Total liabilities. Add lines 17 through 25	53,409,047.	26	46,967,760.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	32,611,422.	27	37,711,563.
	28 Net assets with donor restrictions	1,255,392,485.	28	1,269,299,069.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,288,003,907.	32	1,307,010,632.
33 Total liabilities and net assets/fund balances	1,341,412,954.	33	1,353,978,392.	

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	132,115,683.
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,015,540.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,100,143.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,288,003,907.
5	Net unrealized gains (losses) on investments	5	13,906,584.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,307,010,634.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash 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
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92,963,643.	182,944,883.	167,710,694.	145,041,131.	128,662,798.	717,323,149.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	92,963,643.	182,944,883.	167,710,694.	145,041,131.	128,662,798.	717,323,149.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						115,135,508.
6 Public support. Subtract line 5 from line 4.						602,187,641.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	92,963,643.	182,944,883.	167,710,694.	145,041,131.	128,662,798.	717,323,149.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,642,341.	2,511,062.	2,999,404.	2,446,679.	1,973,446.	14,572,932.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		717,082.	37,920,968.			38,638,050.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	44,470.	265,264.	45,557.	39,824.	661,851.	1,056,966.
11 Total support. Add lines 7 through 10						771,591,097.
12 Gross receipts from related activities, etc. (see instructions)					12	14,055,324.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	78.04 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	75.67 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2015 AMOUNT: \$ 44,470.

2016 AMOUNT: \$ 265,264.

2017 AMOUNT: \$ 45,557.

2018 AMOUNT: \$ 39,824.

2019 AMOUNT: \$ 661,851.

SCHEDULE A, PART II, LINE 10:

OTHER INCOME INCLUDES FEES FOR VARIOUS SERVICES AND OTHER MISCELLANEOUS

INCOME.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

IOWA STATE UNIVERSITY FOUNDATION

Employer identification number

42-1143702

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization IOWA STATE UNIVERSITY FOUNDATION	Employer identification number 42-1143702
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 13,000,000.	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,944,508.	Person Payroll Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,407,150.	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,450,500.	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 3,208,202.	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization IOWA STATE UNIVERSITY FOUNDATION	Employer identification number 42-1143702
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>3,026,316.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization IOWA STATE UNIVERSITY FOUNDATION	Employer identification number 42-1143702
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FARMLAND HELD IN TRUST _____ _____ _____	\$ 5,944,508.	02/28/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization IOWA STATE UNIVERSITY FOUNDATION	Employer identification number 42-1143702
--	--

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization IOWA STATE UNIVERSITY FOUNDATION
Employer identification number 42-1143702

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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?

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)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	948,722,078.	910,099,589.	807,114,751.	604,384,257.	611,338,724.
b Contributions	27,587,958.	38,146,182.	68,511,427.	85,731,410.	36,833,992.
c Net investment earnings, gains, and losses	3,018,501.	46,070,717.	75,493,805.	152,520,208.	-9,515,406.
d Grants or scholarships	10,484,443.	9,919,724.	9,349,124.	9,016,156.	8,605,587.
e Other expenditures for facilities and programs	26,182,171.	24,488,374.	21,388,485.	16,653,833.	15,822,457.
f Administrative expenses	11,777,964.	11,186,312.	10,282,785.	9,851,135.	9,845,009.
g End of year balance	930,883,959.	948,722,078.	910,099,589.	807,114,751.	604,384,257.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	9,994,896.	960,000.		10,954,896.
b Buildings		4,585,685.	2,175,968.	2,409,717.
c Leasehold improvements				
d Equipment		1,042,485.	948,361.	94,124.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,458,737.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITY	455,947,091.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	189,022,944.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY	145,966,625.	END-OF-YEAR MARKET VALUE
(D) NATURAL RESOURCES/COMMODITIES	37,139,613.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE	20,713,816.	END-OF-YEAR MARKET VALUE
(F) FIXED INCOME	80,802,779.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	929,592,868.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENT OBLIG	19,967,979.
(3) DUE TO RELATED ORGANIZATIONS	21,665,298.
(4) TRUST LIABILITY DUE TO OTHERS	1,462,575.
(5) OTHER LONG TERM LIABILITIES	671,967.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	43,767,819.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 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	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE IOWA STATE UNIVERSITY FOUNDATION USES THE EARNINGS FROM THE ENDOWMENT

FUNDS BASED UPON THE DONOR INTENT OF INDIVIDUAL ENDOWED ACCOUNTS. THESE

USES INCLUDE COLLEGE PROGRAM SUPPORT, STUDENT FINANCIAL AID, FACULTY AND

STAFF SUPPORT, RESEARCH, BUILDING, EQUIPMENT AND MAINTENANCE, AS WELL AS

OTHER USES.

PART X, LINE 2:

THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. SUCH TAX POSITIONS,

WHICH ARE MORE THAN 50% LIKELY OF BEING REALIZED, ARE MEASURED AT

THEIR HIGHEST VALUE. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART IV, LINE 4:

THE IOWA STATE UNIVERSITY FOUNDATION IS AN INDIRECT SHAREHOLDER IN
VARIOUS PASSIVE FOREIGN INVESTMENT COMPANIES THROUGH ITS PARTNERSHIP
INVESTMENTS. HOWEVER, BASED ON THE RULES OF FILING THE FORM 8621, NO
FORM IS REQUIRED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **IOWA STATE UNIVERSITY FOUNDATION** Employer identification number **42-1143702**

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
IOWA STATE UNIVERSITY BEARDSHEAR HALL AMES, IA 50011	42-6004224	GOVERNMENT ENTITY	100386531	307,244.	FMV	SEE PART IV	SEE PART IV
ISU FACILITIES CORPORATION 2505 UNIVERSITY BOULEVARD AMES, IA 50010	47-4757561	501(C)(3)	4,223.	0.			LEGAL FEES

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

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

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

Schedule I (Form 990) (2019)

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

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

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

PART I, LINE 2:

MONITORING COMPLIANCE WITH DONOR INTENT IS A COLLABORATIVE EFFORT BETWEEN
 GIFT FUND ADMINISTRATORS AT IOWA STATE UNIVERSITY AND THE DONOR COMPLIANCE
 SERVICES TEAM AT THE FOUNDATION. UNIVERSITY PERSONNEL ARE RESPONSIBLE FOR
 MONITORING EXPENDITURES FOR APPROPRIATENESS AND ALLOWABILITY. THE DONOR
 COMPLIANCE SERVICES TEAM STRIVES TO MONITOR THE EXPENDITURES AND BALANCES
 OF THE VARIOUS ACCOUNTS, WITH THE FOCUS ON DONOR INTENT, AS WELL AS DEVELOP
 STRATEGIES TO ENSURE DONOR COMPLIANCE WITH THE DONOR GIFT AGREEMENTS IN
 PLACE.

Part IV Supplemental Information

PART II, LINE 1(G) & 1(H)

NAME OF THE ORGANIZATION OR GOVERNMENT: IOWA STATE UNIVERSITY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PUBLICLY TRADED SECURITIES,
BOOKS, ART AND OTHER NON-CASH GIFTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS ARE PROVIDED TO IOWA STATE
UNIVERSITY IN THE FORM OF STUDENT SUPPORT (SCHOLARSHIPS, FELLOWSHIPS,
LOANS, AWARDS), FACULTY AND STAFF SUPPORT (ENDOWED FACULTY POSITIONS,
RESEARCH, PROFESSIONAL DEVELOPMENT), PROGRAM SUPPORT (ACADEMIC AND
OUT-OF-CLASSROOM PROGRAMS AND CAMPUS ORGANIZATIONS), AND FACILITIES
SUPPORT (BUILDING CONSTRUCTION AND RENOVATION, EQUIPMENT).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization IOWA STATE UNIVERSITY FOUNDATION	Employer identification number 42-1143702
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LARISSA HOLTMYER JONES PRESIDENT AND CEO	(i)	386,261.	0.	31,130.	28,000.	19,527.	464,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA ESLINGER CHIEF FINANCIAL/ADMIN OFFICER	(i)	231,521.	0.	2,808.	23,680.	17,513.	275,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEREMY GALVIN VP FOR DEVELOPMENT	(i)	227,215.	0.	1,249.	22,833.	12,593.	263,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEVE BIEVER VP FOR DEVELOPMENT	(i)	226,198.	0.	1,249.	22,833.	19,544.	269,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLY HANFELT ASSISTANT VP OF DEVELOPMENT	(i)	148,977.	0.	707.	15,354.	19,872.	184,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL WAHLIN ASSISTANT VP OF INVESTMENTS	(i)	139,302.	0.	1,578.	14,210.	20,106.	175,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROBERT KINSEY ASSISTANT VP OF DEVELOPMENT	(i)	137,584.	0.	650.	14,214.	21,947.	174,395.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROSA UNAL ASSOC VP/CHIEF INFO OFFICER	(i)	144,761.	0.	20,890.	16,673.	20,305.	202,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RYAN HARMS EXEC DIR OF DEVELOPMENT	(i)	128,829.	0.	1,144.	12,981.	18,304.	161,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 1A:

WHEN THERE IS A BUSINESS PURPOSE, OCCASIONAL PRIVATE/CHARTER AIRCRAFT ARE USED. TRAVEL FOR COMPANIONS WAS PROVIDED WHEN THERE WAS A BUSINESS PURPOSE FOR THE COMPANION ATTENDING THE FUNDRAISING EVENT. THESE BENEFITS ARE CONSIDERED BUSINESS EXPENSES AND THEREFORE ARE NOT CONSIDERED TAXABLE INCOME TO THE INDIVIDUALS.

SCHEDULE J, PART II:

ALL EMPLOYEES PARTICIPATE IN A RETIREMENT PLAN CONSISTING OF A 403(B) DEFINED CONTRIBUTION PLAN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **IOWA STATE UNIVERSITY FOUNDATION**
Employer identification number: **42-1143702**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	5	23,270.	OPINIONS OF EXPERTS
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		3,868.	OPINIONS OF EXPERTS
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	191	10,341,163.	COST OR SELLING PRICE
10 Securities - Closely held stock	X	1	212,548.	COST OR SELLING PRICE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	579	4,930,693.	COST OR SELLING PRICE
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	403,932.	COMPARABLE PROPERTIES
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	8	13,332.	OPINIONS OF EXPERTS
23 Scientific specimens				
24 Archeological artifacts				
25 Other (NEW FUNDS HELD)	X	2	6,131,515.	COMPARABLE PROPERTIES
26 Other (OTHER)	X	96	2,678,432.	REPLACEMENTS COST
27 Other (SURRENDERED L)	X	1	146,335.	COST OR SELLING PRICE
28 Other (GRAIN)	X	9	67,827.	COST OR SELLING PRICE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29** (Yes) **6** (No)

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

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

Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THIS REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

THE IOWA STATE UNIVERSITY FOUNDATION HIRES REAL ESTATE COMPANIES OR SIMILAR ORGANIZATIONS TO SELL ANY REAL ESTATE PROPERTY. VARIOUS STOCK GIFTS ARE SOLD THROUGH STOCK BROKERS WHERE THE ISU FOUNDATION HOLDS AN ACCOUNT.

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

2019

Open to Public
Inspection

Name of the organization

IOWA STATE UNIVERSITY FOUNDATION

Employer identification number

42-1143702

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NONCASH GRANTS

EXPENSES \$ 307,244. INCLUDING GRANTS OF \$ 307,244. REVENUE \$ 0.

ISU FACILITIES CORPORATION FEES

EXPENSES \$ 4,223. INCLUDING GRANTS OF \$ 4,223. REVENUE \$ 0.

FORM 990, PART III, LINE 1:

IOWA STATE UNIVERSITY FOUNDATION'S MISSION IS TO ALIGN DONOR PASSION

AND GENEROSITY TO ADVANCE IOWA STATE UNIVERSITY'S LAND-GRANT IDEALS.

THE FOUNDATION MAXIMIZES PHILANTHROPY IN SUPPORT OF IOWA STATE

UNIVERSITY - ITS STUDENTS, FACULTY AND PROGRAMS. THIS IS ACCOMPLISHED

BY PROMOTING AND NURTURING VOLUNTEERISM AND PHILANTHROPY, COLLABORATING

AND BUILDING PARTNERSHIPS WITH UNIVERSITY ADMINISTRATORS AND FACULTY,

BUILDING LONG-TERM RELATIONSHIPS WITH DONORS WHILE REPRESENTING THEIR

NEEDS AND INTERESTS, OPERATING WITH OPENNESS AND TRANSPARENCY WHILE

HONORING DONORS' PRIVACY, AND PROVIDING FOUNDATION STAFF AND VOLUNTEERS

WITH THE TOOLS AND RESOURCES NEEDED TO ACHIEVE THESE GOALS. THE

FOUNDATION RAISED OVER \$154 MILLION IN NEW GIFTS AND COMMITMENTS FOR

THE YEAR ENDING ON JUNE 30, 2020. THESE RESULTS WERE DUE TO THE

GENEROUS SUPPORT OF OVER 29,000 BENEFACTORS, INCLUDING NEARLY 4,000

FIRST-TIME DONORS.

AS A LAND-GRANT UNIVERSITY, IOWA STATE IS COMMITTED TO THE MISSION OF

PROVIDING OPPORTUNITIES FOR STUDENTS OF ALL BACKGROUNDS TO ACCESS AND

OBTAIN A HIGH-QUALITY COLLEGE EDUCATION. ON JULY 1, 2012, THE IOWA

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization IOWA STATE UNIVERSITY FOUNDATION	Employer identification number 42-1143702
--	--

STATE UNIVERSITY FOUNDATION LAUNCHED FOREVER TRUE, FOR IOWA STATE, AN

EIGHT-YEAR CAMPAIGN WITH A GOAL TO RAISE \$1.1 BILLION, WHICH SUPPORTS

THE UNIVERSITY'S VISION TO MAKE IOWA STATE THE PREMIER LAND-GRANT

UNIVERSITY FOR THE 21ST CENTURY. CAMPAIGN PRIORITIES INCLUDE FUNDING

FOR RESEARCH, FACULTY, STUDENT SCHOLARSHIPS, NEW FACILITIES AND

INNOVATIVE PROGRAMMING, AMONG OTHERS. FUNDS RAISED DURING THIS CAMPAIGN

HAVE THE POTENTIAL TO TRULY TRANSFORM THE UNIVERSITY. AS OF OCTOBER

2018, THE CAMPAIGN GOAL OF \$1.1 BILLION WAS SURPASSED AND THE CAMPAIGN

WAS EXTENDED TO JUNE 30, 2021 WITH A NEW GOAL OF \$1.5 BILLION. AS OF

JUNE 30, 2020, CAMPAIGN SUPPORT HAS SURPASSED \$1.3 BILLION.

FORM 990, PART VI, SECTION A, LINE 6:

AS OF THE EFFECTIVE DATE OF THE AMENDED AND RESTATED BYLAWS, THE

CORPORATION HAS MEMBERS WHICH ARE KNOWN AS THE "IOWA STATE UNIVERSITY

FOUNDATION GOVERNORS." EACH MEMBER SHALL SERVE UNTIL DEATH OR UNTIL

RESIGNATION OR REMOVAL PURSUANT TO THE AMENDED AND RESTATED BYLAWS.

ADDITIONAL PERSONS MAY BECOME MEMBERS UPON NOMINATION BY ANOTHER MEMBER,

FOLLOWED BY RECOMMENDATION BY THE GOVERNOR MEMBERSHIP COMMITTEE, APPROVAL

BY THE BOARD OF DIRECTORS AND ELECTION BY THE CORPORATION'S MEMBERS AT ANY

ANNUAL OR SPECIAL MEETING. THE AFFAIRS AND BUSINESS OF THE CORPORATION

SHALL BE CONDUCTED BY A BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS IS COMPOSED OF UP TO TWENTY (20) DIRECTORS ALLOCATED

AMONG FOUR CLASSES OF DIRECTORS.

A) CLASS A DIRECTORS SHALL BE BETWEEN TEN (10) AND TWELVE (12) IN NUMBER,

AND SHALL BE ELECTED FROM AND BY THE MEMBERS OF THE CORPORATION UPON

Name of the organization IOWA STATE UNIVERSITY FOUNDATION	Employer identification number 42-1143702
--	--

NOMINATION BY THE BOARD GOVERNANCE COMMITTEE AND APPROVAL BY THE BOARD OF DIRECTORS. THE TERM OF EACH CLASS A DIRECTOR SHALL COMMENCE WITH THE START OF THE CORPORATION'S FISCAL YEAR IMMEDIATELY FOLLOWING SUCH DIRECTOR'S ELECTION AND SHALL CONTINUE UNTIL THE EXPIRATION OF THE FOURTH FISCAL YEAR THEREAFTER, PROVIDED, HOWEVER, THAT ANY DIRECTOR ELECTED TO FILL A VACANCY SHALL SERVE FOR THE REMAINDER OF THE VACATED TERM. EACH CLASS A DIRECTOR MAY SERVE UP TO TWO (2) TERMS, WHICH MAY BE CONSECUTIVE.

B) CLASS B DIRECTORS SHALL CONSIST OF THOSE INDIVIDUALS WHO ARE MEMBERS OF THE CORPORATION WHO ARE NOT THEN-CURRENTLY SERVING AS CLASS A DIRECTORS, BUT WHO ARE NEVERTHELESS NOMINATED BY THE CHAIR AND SELECTED BY THE BOARD TO SERVE AS A CHAIR OF ONE OF THE FOLLOWING COMMITTEES OF THE BOARD; (I) AUDIT COMMITTEE (II) DEVELOPMENT COMMITTEE (OR CAMPAIGN COMMITTEE), (III) FINANCE COMMITTEE, (IV) INVESTMENT COMMITTEE, AND (V) BOARD GOVERNANCE COMMITTEE. CLASS B DIRECTORS SHALL SERVE FOR THE DURATION OF THEIR QUALIFYING CHAIRSHIP.

C) THE CORPORATION SHALL HAVE ONE (1) CLASS C DIRECTOR WHO SHALL BE THE INDIVIDUAL THEN-SERVING AS PRESIDENT OR INTERIM PRESIDENT OF IOWA STATE UNIVERSITY. THE CLASS C DIRECTOR SHALL SERVE FOR THE DURATION OF HIS OR HER TENURE AS PRESIDENT OR INTERIM PRESIDENT OF IOWA STATE UNIVERSITY.

D) THE CORPORATION MAY HAVE UP TO TWO (2) CLASS D DIRECTORS, WHO MAY OR MAY NOT BE MEMBERS OF THE CORPORATION, APPOINTED BY THE BOARD OF DIRECTORS AT A REGULAR OR SPECIAL MEETING. THE TERM OF EACH CLASS D DIRECTOR SHALL BE DESIGNATED BY THE BOARD OF DIRECTORS UPON SUCH APPOINTMENT. APPOINTMENT OF CLASS D DIRECTORS, IF ANY, SHALL BE WITHIN THE DISCRETION OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

EACH ACTIVE MEMBER OF THE CORPORATION PRESENT SHALL BE ENTITLED TO ONE VOTE ON ANY QUESTION PROPERLY COMING BEFORE THE MEMBERS AT AN ANNUAL OR SPECIAL

Name of the organization IOWA STATE UNIVERSITY FOUNDATION	Employer identification number 42-1143702
--	--

MEETING. WHILE THE AFFAIRS AND BUSINESS OF THE CORPORATION ARE DIRECTED TO
AND CONDUCTED BY THE BOARD OF DIRECTORS, THE MEMBERS OF THE CORPORATION
SHALL BE RESPONSIBLE FOR APPROVAL OF CLASS A DIRECTORS AND ANY AMENDMENTS
TO THE ARTICLES OF INCORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE INFORMATION FOR FORM 990 IS PREPARED AND COMPILED BY THE FINANCE STAFF
OF THE IOWA STATE UNIVERSITY FOUNDATION AND PROVIDED TO DELOITTE TAX LLP.
AFTER INPUTTING THE DATA INTO THEIR TAX SOFTWARE, AN INITIAL DRAFT OF THE
FORM 990 IS PROVIDED TO THE FOUNDATION FOR REVIEW BY THE CONTROLLER AND THE
CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER. AFTER INCORPORATING ANY CHANGES
AND COMPLETING THEIR REVIEW, DELOITTE TAX PROVIDES A FINAL DRAFT OF THE
PUBLIC DISCLOSURE COPY OF THE FORM 990 FOR PRESENTATION TO THE ISU
FOUNDATION AUDIT COMMITTEE FOR REVIEW AND APPROVAL. AFTER APPROVAL BY THE
AUDIT COMMITTEE, THE PUBLIC DISCLOSURE COPY OF THE FORM 990 IS PROVIDED TO
THE ISU FOUNDATION BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING. THE
FORM 990 IS THEN ELECTRONICALLY FILED WITH THE IRS BY DELOITTE TAX. THE
PUBLIC DISCLOSURE COPY IS PROVIDED IN ORDER TO MORE THOROUGHLY PROTECT THE
PRIVACY OF DONORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE IOWA STATE UNIVERSITY FOUNDATION, ON AN ANNUAL BASIS, PROVIDES A COPY
OF THE CONFLICT OF INTEREST POLICY TO ALL RESPONSIBLE PERSONS, INCLUDING
THE BOARD OF DIRECTORS, COMMITTEE MEMBERS AND ALL EMPLOYEES WHO INFLUENCE
THE ACTIONS OF THE ISU FOUNDATION. RESPONSIBLE PERSONS ARE ASKED TO REVIEW
THE POLICY AND DISCLOSE ANY CONFLICTS OF INTEREST AS OUTLINED IN THE POLICY
ON AN ANNUAL BASIS. DISCLOSED CONFLICTS ARE REVIEWED BY THE BOARD
GOVERNANCE COMMITTEE AND ARE HANDLED ON AN INDIVIDUAL BASIS. COMPLETED

Name of the organization IOWA STATE UNIVERSITY FOUNDATION	Employer identification number 42-1143702
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DISCLOSURE FORMS ARE RETAINED IN THE FOUNDATION'S PERMANENT FILE.

FORM 990, PART VI, SECTION B, LINE 15:

ANY CHANGE TO COMPENSATION FOR THE PRESIDENT OF THE IOWA STATE UNIVERSITY

FOUNDATION IS AUTHORIZED BY THE STAFF TALENT COMMITTEE OF THE BOARD OF

DIRECTORS, ACTING AS THE ENTITY'S COMPENSATION COMMITTEE. THE PRESIDENT'S

COMPENSATION IS DETERMINED BY THE STAFF TALENT COMMITTEE BASED UPON THE

RECOMMENDATION OF THE CHAIR. THE CHAIR'S RECOMMENDATION IS BASED ON 1)

GATHERING INFORMATION REGARDING COMPENSATION BEING PAID TO PERSONS IN

COMPARABLE POSITIONS AROUND THE COUNTRY (PREPARED BY THE HUMAN RESOURCES

ADMINISTRATOR), 2) SOLICITING A SELF-EVALUATION FROM THE PRESIDENT,

TOGETHER WITH EVALUATIONS FROM ANYONE ELSE THE CHAIR DEEMS APPROPRIATE, 3)

CONDUCTING A PERFORMANCE REVIEW WITH THE PRESIDENT AND ESTABLISHING NEW

OBJECTIVES FOR THE YEAR, 4) COMPENSATION SURVEYS COMPLETED ANNUALLY, AND 5)

EVALUATING WITH OTHER MEMBERS OF THE COMMITTEE THE PERFORMANCE IN LIGHT OF

THE OBJECTIVES ESTABLISHED AT THE BEGINNING OF THE YEAR. COMPENSATION

RELATED TO THE SENIOR LEADERSHIP TEAM IS DETERMINED BY THE PRESIDENT OF THE

FOUNDATION, WHO IS ALSO ADVISED BY BOARD MEMBERS IN REGARDS TO

QUALIFICATION STANDARDS. COMPENSATION INFORMATION FOR THE PRESIDENT IS

SHARED WITH THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, CA, KY, MA, MD, MI, MN, NH, NJ, NY, OH, OR, SC, UT, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF ALL OF THE ISU FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF

INTEREST POLICY CAN BE REQUESTED THROUGH THE ISU FOUNDATION OFFICE. THE

FINANCIAL STATEMENTS AND TAX RETURNS FOR THE PAST THREE YEARS ARE ALSO

Name of the organization IOWA STATE UNIVERSITY FOUNDATION	Employer identification number 42-1143702
--	--

PROVIDED ON THE ISU FOUNDATION'S WEBSITE.

FORM 990, PART VI, LINE 16B:

BECAUSE OF ITS PARTICIPATION IN VARIOUS INVESTMENTS THAT REQUIRE THE
EXECUTION OF LIMITED PARTNERSHIP AGREEMENTS (SEE SCHEDULE D, PART VII),
THE ISU FOUNDATION ANSWERS "YES" TO LINE 16A. HOWEVER, AS LINE 16B
RELATES TO A TRUE JOINT VENTURE ARRANGEMENT WHEREBY THE ORGANIZATION
NEGOTIATES WITH OTHER MEMBERS OF THE VENTURE (IN CONTRAST TO THE
FOUNDATION'S PASSIVE INVESTMENT APPROACH), THIS LINE IS ANSWERED "NO."

**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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization: **IOWA STATE UNIVERSITY FOUNDATION**
Employer identification number: **42-1143702**

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
FOUNDATION PROPERTIES - 42-1143702 2505 UNIVERSITY BOULEVARD AMES, IA 50010-2230	REAL ESTATE	IOWA	0.	291,000.	IOWA STATE UNIVERSITY FOUNDATION
FORESTRY CAMP, LLC - 42-1143702 2505 UNIVERSITY BOULEVARD AMES, IA 50010-2230	REAL ESTATE	IOWA	0.	3,100,000.	IOWA STATE UNIVERSITY FOUNDATION
FOUNDATION VENTURES, LCC - 42-1143702 2505 UNIVERSITY BOULEVARD AMES, IA 50010-2230	INVESTMENT	IOWA	0.	0.	IOWA STATE UNIVERSITY FOUNDATION

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
THE ORIGINAL UNIVERSITY FOUNDATION - 42-0861651, 2505 UNIVERSITY BOULEVARD, AMES, IA 50010-2230	SUPPORT	IOWA	501(C)(3)	L12 TYPE 1	IOWA STATE UNIVERSITY FOUNDATION	X	
IOWA STATE UNIVERSITY ACHIEVEMENT FUND - 42-6059969, 2505 UNIVERSITY BOULEVARD, AMES, IA 50010-2230	SUPPORT	IOWA	501(C)(3)	L12 TYPE 1	IOWA STATE UNIVERSITY FOUNDATION	X	
ISU FACILITIES CORPORATION - 47-4757561 2505 UNIVERSITY BOULEVARD AMES, IA 50010-2230	BOND ISSUANCE	IOWA	501(C)(3)	L12 TYPE 1	IOWA STATE UNIVERSITY FOUNDATION	X	

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

Schedule R (Form 990) 2019

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE REMAINDER TRUSTS (1800198)	S	84,890.	
(2) CHARITABLE REMAINDER TRUSTS (1801037)	S	243,134.	
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

SCHEDULE R, PART II:

THE IOWA STATE UNIVERSITY FOUNDATION WAS ESTABLISHED IN 1980 TO SERVE

AS THE PRIMARY FUNDRAISING ORGANIZATION FOR IOWA STATE UNIVERSITY. THE

ORIGINAL UNIVERSITY FOUNDATION AND THE IOWA STATE UNIVERSITY

ACHIEVEMENT FUND WERE BOTH PREDECESSOR ORGANIZATIONS TO THE ISU

FOUNDATION AND CONTINUE TO EXIST AS SEPARATE LEGAL ENTITIES. ANY

ACTIVITY RELATING TO THE TWO PREDECESSOR ORGANIZATIONS IS TRANSFERRED

IMMEDIATELY INTO THE ISU FOUNDATION. FOR FINANCIAL STATEMENT PURPOSES,

ALL THREE ORGANIZATIONS ARE REPORTED ON A COMBINED BASIS DUE TO A

COMMON BOARD OF DIRECTORS, COMMON MANAGEMENT, AND THE COMMON MISSION TO

SUPPORT THE UNIVERSITY.

THE ISU FACILITIES CORPORATION IS A RELATED TAX-EXEMPT ORGANIZATION,

ESTABLISHED PRIMARILY TO ISSUE REVENUE BONDS TO ASSIST IN FUNDING

CONSTRUCTION PROJECTS AT THE UNIVERSITY. THE BONDS ARE PAYABLE SOLELY

FROM THE LEASE PAYMENTS PAID BY THE UNIVERSITY FOR THE FACILITIES AND

UPON REPAYMENT OF THE BONDS, OWNERSHIP OF THE FACILITIES TRANSFER TO

THE UNIVERSITY. FOR FINANCIAL STATEMENT PURPOSES, THE ISU FACILITIES

CORPORATION ACTIVITY IS REPORTED IN IOWA STATE UNIVERSITY'S FINANCIAL

STATEMENTS.

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

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print	Name of exempt organization or other filer, see instructions. IOWA STATE UNIVERSITY FOUNDATION	Taxpayer identification number (TIN) 42-1143702
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2505 UNIVERSITY BLVD PO BOX 2230	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AMES, IA 50010-2230	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LISA ESLINGER

- The books are in the care of ▶ 2505 UNIVERSITY BOULEVARD - AMES, IA 50010-2230
Telephone No. ▶ (515) 294-4607 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2019 , and ending JUN 30, 2020 .

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

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

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