Iowa State University Foundation Executive Summary - Review of Form 990 December 2012

Overview

The Form 990, Return of Organization Exempt From Income Tax, is the form used by tax-exempt organizations for filing with the Internal Revenue Service (IRS). The form provides information about an organization on an annual basis, including the organization's purpose and accomplishments, financial activity, governance and management practices, compensation of volunteers and key employees, significant contributions, and much more. The form is due to the IRS by the 15th day of the fifth month after the organization's fiscal year end (November 15 for the ISU Foundation). The organization can file for two separate 3-month extensions, if needed (February 15 and May 15, respectively), and we have filed for the initial extension. Our plan is to have the return fully completed by December 31 but hold off on filing with the IRS until after Roger Neuhaus has begun his role as the new ISU Foundation President. The 990 Form for our fiscal year ended June 30, 2012 is filed on the IRS 2011 form.

The Form 990 is a public document which is often used as a primary source of information by the media, donors, and other institutions for review and comparison purposes. We are required to provide the 990 upon request and have followed the practice of including the return on our website to accomplish that purpose. The 990 is also listed on GuideStar which is a national database of nonprofit organizations. Because of this potential public scrutiny, it is critical that our Form 990 be complete, accurate, and tell a good story about the work performed by the ISU Foundation.

The board of directors has designated the responsibility for the review of the form (prior to filing with the IRS) to the audit committee. Therefore, the purpose of this executive summary is to reintroduce you to the form itself, provide any updates to the form as implemented by the IRS, document the process for preparation and review of the form, and highlight some of the significant areas within the form.

Updates to the Form

For the current year, the IRS made minor corrections and adjustments to the form and related instructions in an effort to clarify any issues and questions resulting from the prior year filings.

Process of Preparing and Filing the Form 990

The combined financial statements of the ISU Foundation actually include three separate, legal entities: Iowa State University Foundation, Iowa State University Achievement Fund, and the Original University Foundation. The Achievement Fund and the Original Foundation are predecessor organizations to the current foundation and are kept in existence for any gifts directed to either entity (generally from older estates). For financial statement purposes, all three entities are combined due to common governance, management and purpose. For tax purposes, a

separate return is required to be filed for each entity. Due to the limited activity which passes through the Achievement Fund and the Original Foundation (gross revenues of approximately \$7,000 for the fiscal year), these returns (which are simple versions of the 990) are prepared and filed by foundation staff without any external or audit committee review.

The following is a summary of the process related to the preparation and filing of the Iowa State University Foundation Form 990.

- 1. The information contained within the audited financial statements is the basis for the Form 990.
- 2. The foundation prepares the Deloitte Tax (D&T) proprietary workbook which compiles the data necessary for inputting the 990 into their software. This preparation is done by the foundation's Director of Financial Reporting and Budgeting (Pettitt). Using D&T's workbook ensures that the necessary information is compiled appropriately and completely, as they design it to be up to date with the 990 requirements. This also allows them to import the data directly into their software, which saves them time as well.
- 3. After D&T's initial import into their system, a preliminary draft is provided to the foundation and reviewed by Pettit and the Assistant Vice President and Controller (Wahlin). At the same time that the foundation is performing its review, D&T continues with their internal review.
- 4. Throughout this review process, foundation and D&T staff communicate to discuss items of interest, answer questions, and provide additional information, as needed.
- 5. The updated draft is then provided to the foundation Senior Vice President of Finance and Operations (Eslinger) for review. The draft is also shared with the foundation's Assistant Vice President of Human Resources and Governance (Stow) and the Assistant Vice President of Communications (Simon). Any comments and questions are addressed.
- 6. The current draft of the 990 is reviewed and approved by the foundation audit committee.
- 7. Following the audit committee's approval, the 990 is provided to the foundation board of directors for their review prior to filing.
- 8. The Form 990 is signed by the foundation Senior Vice President of Finance and Operations and by D&T as the paid preparer.
- 9. D&T e-files the return with the IRS.
- 10. The Form 990 is posted to the foundation website (includes the previous three years).

The Form 990

Attached for your review is a complete draft copy of the ISU Foundation Form 990 with all required supporting schedules and attachments. The following is a listing of these documents with a brief description of each form.

• Form 990 (core form), Parts I through XII – the basic form of the 990 which includes information on the foundation's mission and accomplishments, financial activity (both in summary and in detail), governance and management policies and practices, and compensation paid by the foundation.

- Schedule A, Public Charity Status and Public Support provides information about the foundation's status as a public charity and related testing of public support levels (the ISU Foundation passes the required public support tests).
- Schedule B, Schedule of Contributors provides details on significant contributions (more than 2% of contribution revenue per IRS instructions or \$1,260,000 in our case) received during the year. The contributor names are included here for your information and are on the IRS filed copy only. For public purposes (e.g., the versions on our website and GuideStar), the names will be redacted for confidentiality purposes. The contributions reported on this schedule include both cash contributions and new pledge commitments.
- Schedule D, Supplemental Financial Statements provides additional financial details in support of information provided on the core form.
- Schedule I, Grants and Other Assistance to Organizations, Governments and Individuals provides information on grants paid to others within the U.S. (as per our mission, all grants are paid to ISU).
- Schedule J, Compensation Information provides practices and details surrounding compensation paid to current and former officers, directors, trustees, key employees and highest compensated employees (more detailed compensation than what was provided within the core form).
- Schedule M, Non-Cash Contributions provides information on contributions other than cash.
- Schedule O, Supplemental Information to Form 990 provides a depository for further explanations to information contained elsewhere within the form and schedules.
- Schedule R, Related Organizations and Unrelated Partnerships provides information pertaining to relationships with exempt and taxable organizations (per IRS definitions, the university is not considered to be a related organization).

Highlights of the Form 990

Due to the extensive amount of information contained within the 990, we thought it may be helpful to point out some of the more pertinent items and/or sections throughout the form. These may be areas subject to particular public scrutiny or just areas of interest. However, it is important for each of you to perform the level of review that you deem appropriate so please feel free to review and question any and all information within the form.

Form 990 (core form):

- Part 1, Line 20-22 compare the foundation's assets and liabilities to the audited financial statements (difference of \$51,210 relates to assets residing within the Original Foundation and the Achievement Fund).
- Part III, Line 1 note the foundation's stated mission (continued on Schedule O)
- Part III, Lines 4a-4c note the foundation's stated accomplishments.
- Part IV, Line 12A & 12B we have to answer "no" to line 12A because we do not have a separate audit done of just the ISU Foundation, but are able to answer "yes" to line 12B because of our consolidated audit.
- Part V, Line 2A the number of employees receiving W-2's of 720 (918 in prior year) includes all students hired by the foundation; the majority of this number relates to the

- student callers in the foundation Call Center (improved retention results in the lower number in the current year).
- Part VI this section addresses various governance practices and organizational policies.
- Part VII, Section A this section provides information on officers, directors, trustees, key employees and highest compensated employees (both current and former); current is defined as any individual who served at any time during the year (e.g., both Greg Geoffroy and Dan Saftig are listed as current); officers include board officers plus the organization's top management official and top financial official; key employees have compensation over \$150,000 and significant organizational responsibility and influence; highest compensated employees include other employees over \$100,000 in compensation (up to five in number); all compensation reported in this section is based on the calendar year ending December 31, 2011 (W-2 information) versus the fiscal year this reporting is also true in Schedule J.
- Part VIII, Line 7c the book loss on the sale of Gateway is included in this number.

Schedule I:

• Part IV – note the descriptions for purpose and monitoring of grants.

Schedule J:

- Part I note the various questions regarding compensation practices and activities; note line 4a answered "no" as no severance payments were made during calendar 2011
- Part II note the employees listed here (only if compensation was over \$150,000).
- Part III note the additional descriptions listed.

Schedule O:

• Note the various narrative descriptions included within this schedule.

Schedule R:

- Part II note the inclusion of the Original Foundation and Achievement Fund as related entities; also see the related explanatory note in Part VII.
- Part III and IV note the inclusion of Gateway entities as related organizations with zero end-of-year assets; also see the note regarding the Gateway sale in Part VII.
- Part IV last year we were required to report each of the foundation's beneficial interests in related charitable remainder trusts (in which the foundation serves as trustee) separately; for this year, we are allowed to report a combined line item for each type of trust with the number of individual trusts identified (e.g., we are the trustee for 82 charitable remainder trusts).

We look forward to reviewing the Form 990 and addressing any questions you may have on December 13.

Form **990**

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

and ending

JUN 30,

2011

JUL 1,

OMB No. 1545-0047
2011

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	Iowa State University Foundation			
F	change			42-114	3702
F	lchange	Š	Room/suite		
F	return Termin		1100111/Suite	E Telephone number	94-4607
F	—∣ated ∏Aṃend	lod		G Gross receipts \$	332,029,081.
H	return Applica	City or town, state or country, and ZIP + 4 Ames IA 50010-2230			
	Ition pendin	,		H(a) Is this a group re	Yes X No
		F Name and address of principal officer:Labh Hira same as C above		for affiliates? H(b) Are all affiliates inc	
.	T	empt status:	or 527		
		empt status: \triangle 301(c)(3) \triangle 301(c)() (inserting.) \triangle 4947(a)(1) 0 (e: \blacktriangleright www.foundation.iastate.edu	11 327	· · · · · · · · · · · · · · · · · · ·	list. (see instructions)
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption of formation: 1980	·
		Summary	L Year	or iorination. 1900 N	1 State of legal domicile: IA
Г			ro s sto	ward private	
Se	1 1	Briefly describe the organization's mission or most significant activities: $\frac{ exttt{To secu}}{ exttt{gifts}}$	ile & ste	ward private	
Activities & Governance	1 2			than OFO/ of its not so	
Ver	2 (Check this box if the organization discontinued its operations or dispos		1 1	ssers. 17
Ĝ	3			3	17
∘ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			720
ties	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			150
ţΧ	6	Total number of volunteers (estimate if necessary)			
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			-788,246.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		-804,015.
				Prior Year	Current Year
ne	8 (Contributions and grants (Part VIII, line 1h)		73,091,607.	63,072,544.
Revenue	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,753,003.	9,516,505.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,141,865.	2,137,388.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		87,986,475.	74,726,437.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,876,395.	50,275,224.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		9,226,412.	10,259,520.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		30,432.	0.
ă	b b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,946,026.	5,137,611.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		66,079,265.	65,672,355.
	19	Revenue less expenses. Subtract line 18 from line 12		21,907,210.	9,054,082.
Net Assets or	2		Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		738,383,234.	736,222,826.
TAS Page	21	Total liabilities (Part X, line 26)		34,694,236.	33,956,028.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		703,688,998.	702,266,798.
	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		0:		Data	
Sig	gn	Signature of officer		Date	
He	re	Lisa M. Eslinger, Sr. VP of Finance & Operations			
		Type or print name and title	1.5		T. BTIN
_		Print/Type preparer's name Preparer's signature		oate Check L	PTIN
Pai	- 1	Kristina Rasmussen		self-employe	
	parer	Firm's name Deloitte Tax LLP		Firm's EIN ▶	86-1065772
Us	e Only	Firm's address 50 South Sixth Street			
		Minneapolis, MN 55402-1538		Phone no. 61	2-397-4000
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
	re filing for an Additional (Not Automatic) 3-Month Ex					
-	mplete Part II unless you have already been granted a				•	
	c filing _(e-file) . You can electronically file Form 8868 if y					corporation
	o file Form 990-T), or an additional (not automatic) 3-mo					
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap	•	· ·			
	irs.gov/efile and click on e-file for Charities & Nonprofits		(555 1151 551 571 571 571 575 555 555			
Part I	Automatic 3-Month Extension of Time		submit original (no copies nee	eded).		
A corpora	tion required to file Form 990-T and requesting an autor					_
Part I only				-		
All other c	orporations (including 1120-C filers), partnerships, REM					
to file incc	ome tax returns.		·			
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	er identification	number (EIN) or
print	,			. ,		,
	Iowa State University Foundation			Х	42-114370	2
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social s	ecurity number	(SSN)
filing your	2505 University Boulevard, PO Box 2230				•	,
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.			
	Ames, IA 50010-2230	Ü				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-	BL	02	Form 1041-A			08
Form 990-		01	Form 4720			09
Form 990-		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
	Lisa Eslinger					
• The bo	oks are in the care of > 2505 University Boulev	ard - A	mes, IA 50010-2230			
	one No. ► (515) 294-4607		FAX No.			
	rganization does not have an office or place of business	s in the Ur				
	s for a Group Return, enter the organization's four digit					up check this
box ▶ [1			-	•
	quest an automatic 3-month (6 months for a corporation					9111011011
		•	tion return for the organization name		. The extension	
	r the organization's return for:	gaa.				
▶[calendar year or					
	X tax year beginning JUL 1, 2011	. an	dending JUN 30, 2012		_	
			<u> </u>			
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retu	ırn	
	Change in accounting period					
	S 8 F					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax. less anv			
	refundable credits. See instructions.			3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and	- 54	 	
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			- 5.5	+ •	
	using EFTPS (Electronic Federal Tax Payment System).			Зс	\$	0.
	If you are going to make an electronic fund withdrawal v				<u> </u>	

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

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Inspiring philanthropy to advance Iowa State University's mission to
	"Create, share, and apply knowledge to make Iowa and the world a
	better place." 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Student Support:
	Iowa State undergraduate and graduate students received nearly \$16
	million in scholarships, fellowships, loans, and awards from private
	gift support. Students received both merit- and need-based scholarship
	support across all programs and units of the University. With the
	University seeing record enrollment numbers, 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 2012, more than 5,000 students
	received scholarships funded by private gift support.
4b	(Code:) (Expenses \$ 22,605,459. including grants of \$ 22,605,459.) (Revenue \$ 0.
	Faculty and Programmatic Support:
	With more than \$22 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 2012, the number of endowed
	faculty positions (chairs, professorships, and fellowships) increased
	to 165.
4c	(Code:) (Expenses \$10,696,170. including grants of \$10,696,170.) (Revenue \$
	Facilities:
	Iowa State University Foundation provided more than \$10 million to the
	University in support of new building construction, expansion, and
	renovation plus various equipment needs. State-of-the-art facilities
	help the University attract high quality faculty and students. These
	facilities create physical space and environments and make use of
	technologies that promote the highest levels of teaching, learning, and
	research. Throughout 2012, private gift support assisted in funding the
	Hixson-Lied Small Animal Hospital, Curtiss Hall renovation, the
	Bergstrom Football Complex, the Cyclone Sports Complex, and more.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,373,799. including grants of \$ 1,131,641.) (Revenue \$)
4e	Total program service expenses ► 51,517,382.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	J ,			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	40-		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			.,
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		Δ.
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

te Enter the number reported in Box 3 of Form 1086. Enter 0-if not applicable		Check if Schedule O contains a response to any question in this Part V			
be Enter the number of Forms W26 included in line 1a. Enter o. If not applicable 10 0 0 0 0 0 0 0 0				Yes	No
b Id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) without within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by the return the covered of the calendar year and the organization in a separation of the calendary ending the year? 2b If Yes, "the line the name of the foreign country," Cayssan 12 alanda. Bittlath Virgin 12 lands See instructions for filing requirements for Form TD F00221, Report of Foreign Bank and Financial Accounts. 5b Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5a or 5b, did the organization file Form 88861? 5c If Yes, "to line 5a or 5b, did the organization file Form 88861? 6c If Yes, "to line 5a or 5b, did the organization file Form 8861 as a year or the contributions or grits were not tax deductible? 6c If Yes, "the calendary ending the year year year ending the year year year ending the year year year ending the year year year. 6c If Yes, "the calendary ending the year year year. 6c If Yes, "the organization receive at northly the dors or the value of the	1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Gambling winnings to prize winners? 16 X	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
28 Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, fleed for the calendar year ending with or within the year covered by this return. 19 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 If the organization have unrelated business gross income of \$1,000 or more during the year? 31 If Yes, *Institute of the organization file all required federal employment tax returns? 32 If Yes, *Institute of the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. 32 If Yes, *Institute organization file organization have an interest it, or a signature or other authority over, a financial account in a foreign country. 33 If Yes, *Institute organization file for foreign country, *Institute organization have an interest it, or a signature or other authority over, a financial account in a foreign country. 34 If Yes, *Institute the amen of the foreign country, *Institute organization file form 8868 for foreign Bank and Financial Accounts. 35 Was the organization a party to a prohibited tax shelter transaction? 36 Did any toxable party notify the organization file Form 8868 for foreign Bank and Financial Accounts. 36 Des the organization have a party to a prohibited tax shelter transaction or gifts any contributions that were not tax deductible? 36 Des the organization shell many receive deductible contributions under section foreign party or organization solid the organization receive apyment in excess of \$15 made party as a contribution and entiry for goods and services provided to the payor? 37 Institute organization selection or the value of the goods or services provided? 38 If Yes, *Institute organization include with every solicitation an expensal benefit contract? 39 If Yes, *Institute organization include with every solicitation and expensal property for which it was req	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
fliet for the calendary year ending with or within the year covered by this return. 2a 720		(gambling) winnings to prize winners?	1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 Iof the organization have unrelated business gross income of \$1,000 or more during the year? 31 In Vess, has it filed a Form 900-T for this year? If Vino, 'provide an explanation in Schedule O 32 In Vess, has it filed a Form 900-T for this year? If Vino, 'provide an explanation in Schedule O 33 In Vess, has it filed a Form 900-T for this year? If Vino, 'provide an explanation in Schedule O 34 At any time of the financial account in a foreign country, by Edyman 12 aliands. Bit 12 In Vista. It aliands 35 In Vess, the organization are grained per control of the value of the file of the vino of the file of the vino of the file of the vino of the provide an explanation in Schedule O 35 If Vess, the organization have employed by Edyman 12 aliands. Bit 12 In Vista. It aliands 36 In Vess, the organization have employed by Edyman 12 aliands. Bit 12 In Vista. It aliands 37 In Vess, the organization have employed by Edyman 12 aliands. Bit 12 In Vista. It aliands 38 In Vista. I	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return			
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it field a Form 99.07 for this year? If "No," provide an explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 5c B If "Yes," inter the name of the foreign country. Expans I at I a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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financial account in a foreign country (such as a bank account, securities account, or other financial account)? b f 'Yes," either the name of the foreign country; ▶ Cayman Islands , British Virgin Islands See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. 5a Value Stee organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886.17? 6a Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax deductible? 6a X b f 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b f 'Yes," did the organization notify the donor of the value of the goods or serve sep provided? 7 Organization sell, exchange, or otherwise dispose of tangible nessonal property for which it was required to file Form 8282? 6 If 'Yes," indicate the number of Forms 8282 filed during the year 8 Old the organization received any funds, directly or indirectly, to pay preniums on a personal benefit contract? 7 Old the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required? 8 If the organization make a contribution of qualified intelectual property, did the organization file Form 1899 as required? 9 Spensoring organization make any taxable distributions of underston, on a personal benefit contract? 7 One organization make any taxable distributions of derivations of the organization file a Form 1096? 9 Spensoring organization make any taxable distribution of organization file forms for the organization was easily any properties of the organization make a distribution to a donor, donor advisor, or related person? 9 Organizat	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
b if "Yes," enter the name of the foreign country. ▶ Caymen Islande, British Virgin Islands See instructions for filing requirements for Form TD F 90.21, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Us any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c University of the Sea of Sb, of the Organization file Form 888617? 5b Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax deductible? 5c University of the organization include with very solicitation an express statement that such contributions or gitts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d If the organization receive a payment in excess of \$75 made partly as a contribution and early for goods and services provided the payor? 5c Did the organization receive apayment in excess of \$75 made partly as a contribution and early for goods and services provided the payor? 5d If "Yes," did the organization receive apayment in excess of \$75 made partly as a contribution and early for goods and services provided the payor? 5d If the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If If the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required? 5d If the organization received a contribution of qualified intelectual property, did the organization file a Form 10990? 5d Sponsoring organizations entailining donor advised funds. 5d Sponsoring organizations maintaining donor advised funds. 5d Did the organization make a distribution to a donor, donor advisor, or related person? 5d Did the organization make a distribution to a donor, donor advisor, or related person? 5d Section 501(c)(21) organizatio	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
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8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a					
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11c Section 501(c)(12) organizations. Enter: 12 Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 Is the organization licensed to issue qualified health plans in more than one state? 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15 Enter the amount of reserves on hand 16 Did the organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 16 Did the organization is filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 17 Did the organization is filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	Ū		8		Ì
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	9		Ŭ		
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a Initiation fees and capital contributions included on Part VIII, line 12					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	а				
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b If "No," provide an explanation in Schedule O. 15c	а	Gross income from members or shareholders			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)			
A section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
					X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

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

Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

37

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
b				
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ
000	tion B. 1 oncies (mis Section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		v
800	exempt status with respect to such arrangements?	16b		X
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► See Schedule O			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is		ما	
10	for public inspection. Indicate how you made these available. Check all that apply.	avallab	iC	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finer	ncial	
13	statements available to the public during the tax year.	u midi	ioidi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	Lisa Eslinger - (515)294-4607		_	
	2505 University Boulevard, Ames, IA 50010-2230			
13200				

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

Check if Schedule O contains a response to any question 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	T	ai 1126		C)	пре	IISa	(D)	(E)	(F)
Name and Title	Average	(4-	not c	Pos	itior		oro	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	th an	1	compensation	amount of
	week		cer ar	id a d	Irecto	or/trus	stee)	from	from related	other
	(describe	trustee or director						the	organizations	compensation
	hours for related	ord	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	ıl trus		/ee	mpen		(***2/1099*18100)		and related
	in Schedule	Individual 1	nstitutional trustee	<u></u>	Key employee	Highest compensated employee	ъ			organizations
	O)	Indiv	Instit	Officer	Key e	High	Former			
(1) Steve Schuler										
Director	1.00	Х						0.	0.	0.
(2) Lyle Campbell			L				K			
Director	1.00	Х	_ 1					0.	0.	0.
(3) Mike Dubes										
Director	1.00	X						0.	0.	0.
(4) Jim Frein				'						
Director	1.00	Х			~			0.	0.	0.
(5) Stephen Watson		K			1					
Director	1.00	X						0.	0.	0.
(6) Gary Streit			ľ							
Director	1.00	Х						0.	0.	0.
(7) Rudy Herrmann		l								
Director	1.00	Х	_				<u> </u>	0.	0.	0.
(8) Sharon Juon	1 00								0	0
Director	1.00	Х	_				_	0.	0.	0.
(9) Dan Krieger Director	1 00	۱,,						0.	0.	0
(10) Frankee Oleson	1.00	Х	-					0.	0,	0.
Director	1.00	x						0.	0.	0
(11) Sheryl Sunderman	1.00	^						0.	0.	0.
Director	1.00	X						0.	0.	0.
(12) Roger Underwood	1.00							· ·	0.	٠.
Director	1.00	x						0.	0.	0.
(13) Steven Leath	1.00									
Director (1/16/12-current)	1.00	x						0.	0.	0.
(14) Greg Geoffroy										
Director (7/1/11-1/15/12)	1.00	x						0.	0.	0.
(15) James Stein										
Treasurer	2.00	х		х				0.	0.	0.
(16) Len Rodman						t				
Vice Chair	2.00	х		х				0.	0.	0.
(17) Marla Franklin										
Chair	5.00	х	L	х				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C) (D) (E) (F)											
Name and title	Average	(do	not c				one	Reportable	Reportable	Estimated	
	hours per		, unle cer ar					compensation	compensation	amount of	
	week (describe		T		10010	17.41.40	T	from	from related	other	
	hours for	or director						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099*181100)	organization	
	organizations	Individual trustee	Institutional trustee		yee	mper		(** 2) 1000 (***)		and related	
	in Schedule	idual	ution	in 1	Key employee	est co oyee	ler			organizations	
	O)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(18) Lloyd Bettis											
Secretary	2.00	Х		Х				0.	0.	0.	
(19) Labh Hira											
President (3/19/12-current)	40.00			Х				0.	0.	0.	
(20) Daniel Saftig											
President (7/1/11-3/18/12)	40.00			Х				525,219.	0.	106,460.	
(21) Lisa Eslinger											
Sr. VP of Finance & Ops	40.00			Х				190,208.	0.	42,994.	
(22) Larissa Holtmyer Jones											
VP for Development	40.00				Х			197,942.	0.	46,209.	
(23) Stephen Biever											
Asst VP for Development	40.00					Х		130,166.	0.	37,635.	
(24) Jeremy Galvin											
Asst VP for Development	40.00					Х		122,097.	0.	30,967.	
(25) John Glover											
Exec. Dir Engineering	40.00					X		107,854.	0.	29,662.	
(26) Kent Studer							K				
Exec. Dir Corp/Found	40.00		1			Х		104,509.	0.	34,446.	
1b Sub-total				A.				1,377,995.	0.	328,373.	
c Total from continuation sheets to Par	rt VII, Section A							102,664.	0.	34,206.	
d Total (add lines 1b and 1c)			1		1			1,480,659.	0.	362,579.	

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

1 0

			res	NO
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
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? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

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
Belin McCormick, P.C., 666 Walnut Street,		
Suite 2000, Des Moines, IA 50309	Professional Services	204,783.
IT Services University Info Systems ISU		
2nd Floor ASB, Ames, IA 50011-3601	IT Services	178,619.
Deloitte & Touche, 1200 Two Ruan Center,		
601 Locust Street, Des Moines, IA 5030	Professional Services	174,550.
Torrents Printing		
407 SE Sharon Dr, Ankeny, IA 50021	Professional Services	153,801.
EDGE/Schneider Consulting Group, LLC		
921 W. 18th St. S, Newton, IA 50208	Professional Services	124,625.
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	8	

See Part VII, Section A Continuation sheets

Form 990 (2011) Iowa State Un									42-114370	<u> </u>
Part VII Section A. Officers, Directors, Tru	stees, Key Er	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Posi all t) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
27) Rosa Unal										
sst VP - IT & Compl.	40.00					Х		102,664.	0.	34,20
								/		
	\vee									
otal to Part VII, Section A, line 1c								102,664.		34,20

42-1143702

Part VIII Statement of Revenue (D) (C) (A) (B) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, revenue revenue 513, or 514 Gifts, Grants ilar Amounts 1 a Federated campaigns **b** Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 63,072,544 9,096,832 g Noncash contributions included in lines 1a-1f: \$ 63,072,544 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,461,410. 3,461,410. other similar amounts) Income from investment of tax-exempt bond proceeds 28 447 28,447. Royalties (i) Real (ii) Personal 280,230. 6 a Gross rents 0. **b** Less: rental expenses 280,230. c Rental income or (loss) 280,230. 280,230. d Net rental income or (loss) .. 7 a Gross amount from sales of (i) Securities (ii) Other 262,018,**94**5. 1,338,794 assets other than inventory b Less: cost or other basis 945,179 254,357,465. and sales expenses 7,661,480. -1,606,385 c Gain or (loss) d Net gain or (loss) 6,055,095. 6,055,095. 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a Administrative fee 541900 2,522,125 2,522,125. Miscellaneous income 611710 94,832. 94,832. Partnership income 525990 -788,246. -788,246, All other revenue Total. Add lines 11a-11d 1,828,711 74,726,437. -788,246 12,442,139. Total revenue. See instructions.

42-1143702

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) but are not required to complete columns (B), (C), and (D).

comp	olete columns (B), (C), and (D).				
	Check if Schedule O contains a respor	nse to any question in thi	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	50,275,224.	50,275,224.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 600 600		044 555	1 426 054
	trustees, and key employees	1,680,609.		244,555.	1,436,054
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6 455 060		1 166 041	F 200 001
7	Other salaries and wages	6,475,062.		1,166,241.	5,308,821
8	Pension plan accruals and contributions (include	621 128		100 533	E00 C04
_	section 401(k) and section 403(b) employer contributions)	631,137. 986,145.		108,533.	522,604 694,376
9	Other employee benefits			291,769.	
10	Payroll taxes	486,567.		97,169.	389,398
11	Fees for services (non-employees):				
	Management	264 041		192 200	92.642
	Legal	264,941.		182,299.	82,642
	Accounting	148,138.		148,138.	
d	Lobbying Con Part IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	255,897.		87,830.	168,067
g	Other	195,591.		07,030.	195,591
12	Advertising and promotion	944,257.		387,946.	556,311
13	Office expenses	402,209.		70,658.	331,551
14	Information technology	402,203.		70,030.	331,331
15	Royalties	176,885.		176,885.	
16	Occupancy	604,922.		106,505.	498,417
17	Travel	004,322.		100,303.	450,417
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	443,596.		68,935.	374,661
19 20		130,045.		130,045.	371,001
21	Payments to affiliates	130,013.		130,013.	
22	Depreciation, depletion, and amortization	206,063.		206,063.	
23		83,737.		83,737.	
24	Other expenses. Itemize expenses not covered			,,,,,,,	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Annuity payments/actuar	1,242,158.	1,242,158.	0.	0
b	Miscellaneous expenses	39,172.	0.	39,172.	0
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	65,672,355.	51,517,382.	3,596,480.	10,558,493
26	Joint costs. Complete this line only if the organization	I	1	l l	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
26					

42-1143702

Form 990 (2011) Part X Balance Sheet

Pa	π χ	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			12,269,616.	2	10,443,379.
	3	Pledges and grants receivable, net		82,566,175.	3	76,754,816.	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	es. Cor	nplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net			2,147,995.	7	1,543,444.
Assets	8	Inventories for sale or use				8	
	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	16,862,251.			
	b	Less: accumulated depreciation		3,498,961.	11,230,683.	10c	13,363,290.
	11	Investments - publicly traded securities			436,539,276.		429,324,303.
	12	Investments - other securities. See Part IV, line 1	167,972,482.	_	182,514,392.		
	13	Investments - program-related. See Part IV, line				13	0.
	14	Intangible assets		14	0.		
	15	Other assets. See Part IV, line 11	25,657,007.	15	22,279,202.		
	16	Total assets. Add lines 1 through 15 (must equal			738,383,234.		736,222,826.
	17	Accounts payable and accrued expenses			968,603.	17	1,434,157.
	18	Grants payable				18	0.
	19	Deferred revenue				19	0.
	20	Tax-exempt bond liabilities			2,772,686.	20	2,679,065.
Ø	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director	· .				
abi		highest compensated employees, and disqualifi					
=		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			1,745,910.	23	1,747,093.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			29,207,037.	25	28,095,713.
	26	Total liabilities. Add lines 17 through 25			34,694,236.	26	33,956,028.
		Organizations that follow SFAS 117, check he	ere 🕨	x and complete			
S		lines 27 through 29, and lines 33 and 34.					
nce	27	Unrestricted net assets			20,170,670.	27	17,732,335.
ala	28	Temporarily restricted net assets			205,795,585.	28	215,458,652.
Б	29				477,722,743.	29	469,075,811.
Fund Balances		Organizations that do not follow SFAS 117, cl					
ō		complete lines 30 through 34.					
ste	30	Capital stock or trust principal, or current funds				30	
1556	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			703,688,998.	33	702,266,798.
	34	Total liabilities and net assets/fund balances			738,383,234.	34	736,222,826.

Form **990** (2011)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		74	726	,437.
2	Total expenses (must equal Part IX, column (A), line 25)	2		65	672	,355.
3						,082.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				688	,998.
5	Other changes in net assets or fund balances (explain in Schedule O)				476	,282.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		702	266	,798.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
b					Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?		L	3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
			F	orm (99 <mark>0</mark> ((2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Iowa State University Foundation 42-1143702 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 aovernina document? (i) of your support? above or IRC section (see instructions)) No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	104,207,225.	76,047,949.	65,391,531.	73,091,607.	63,072,544.	381,810,856.
2	Tax revenues levied for the organ-						
	ization'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	104,207,225.	76,047,949.	65,391,531.	73,091,607.	63,072,544.	381,810,856.
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)						7,156,678.
	Public support. Subtract line 5 from line 4.						374,654,178.
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	104,207,225.	76,047,949.	65,391,531.	73,091,607.	63,072,544.	381,810,856.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	10,809,958.	13,711,277.	5,009,524.	4,475,704.	3,770,087.	37,776,550.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1,945,257.	1,881,365.	2,333,349.	2,964,971.	2,616,957.	11,741,899.
	Total support. Add lines 7 through 10						431,329,305.
	Gross receipts from related activities,					12	11,514,593.
13	First five years. If the Form 990 is for				-		
Sac	organization, check this box and storection C. Computation of Publ		rcentage				P
	<u> </u>			valuman (f))		14	86.86 %
	Public support percentage for 2011 (14	,,,
	Public support percentage from 2010 a 33 1/3% support test - 2011. If the contract of the cont						,,,
104	stop here. The organization qualifies						x and
h	33 1/3% support test - 2010. If the o						······
L	and stop here. The organization qual	•		•		•	
179	10% -facts-and-circumstances tes						or more
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
			,	, ,,	,		········

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

80	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
		(-) 0007	(1-) 0000	(-) cooo	(4) 0040	(-) 0044	(A) T : :
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						<u> </u>
k) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		· ·				
	amount on line 13 for the year		_				
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		AV		_		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6			1			
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organ	ization,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	111 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2						%
	33 1/3% support tests - 2011. If the						17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2011 Iowa State University Foundation	42-1143702	Page 4
Schedule A (Form 990 or 990-EZ) 2011 Iowa State University Foundation Part IV Supplemental Information. Complete this part to provide the explanations required by Part	II, line 10; Part II, line 17a	or 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).	. , , ., ., .,	,
Schedule A, Part II, Line 10, Explanation for Other Income:		
Miscellaneous Income		
MISCELLANEOUS INCOME		
Administration Fee		

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2011

Iowa State University Foundation 42-1143702 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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 Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

Iowa State University Foundation 42-1143702 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Diane L. Brandt Х Person **Payroll** 2317 Greenwood Avenue 2,161,391. Noncash (Complete Part II if there Cedar Falls, IA 50613-4519 is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х Roy J. Carver Charitable Trust Person Payroll Noncash 8,602,582. 202 Iowa Avenue \$ (Complete Part II if there is a noncash contribution.) Muscatine, IA 52761-3733 (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Jeff and Deb Hansen Х Person **Payroll** Noncash 1469 Glen Oaks Drive 2,000,000. (Complete Part II if there West Des Moines, IA 50266 is a noncash contribution.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution John and Mary Pappajohn Х 4 Person **Payroll** Noncash 24 Foster Drive 2,600,000. (Complete Part II if there Des Moines, IA 50312-2563 is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Sukup Manufacturing Co. Person **Payroll** Noncash P.O. Box 677 2,104,530. (Complete Part II if there is a noncash contribution.) Sheffield, IA 50475-0677 (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II if there

is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization Employer identification number

Iowa State University Foundation

42-1143702

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
123453 01-23	-12		<u> </u>

Name of organization Employer identification number 42-1143702 Iowa State University Foundation Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) Part III 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 (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 (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

	Iowa State University Foundation	42-1143702			
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line 6.				
	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate 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 fur	nds			
	are the organization's property, subject to the organization's exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring			
	impermissible private benefit?	Yes No			
Par	TII Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (e.g., recreation or education)	lly important land area			
	Protection of natural habitat Preservation of a certified h	istoric structure			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution in t	onservation easement on the last			
	day of the tax year.				
		Held at the End of the Tax Year			
а	Total number of conservation easements	2a			
b	Total acreage restricted by conservation easements	2b			
С	Number of conservation easements on a certified historic structure included in (a)	2c			
d					
	listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization 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	Yes No			
	violations, and enforcement of the conservation easements it holds?				
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.				
7 8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(f)				
0					
9	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense state				
•	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.				
	conservation easements.	gamzation 3 accounting for			
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,			
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of				
	the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	palance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts			
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1	. • \$			
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide			
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:				
а	Revenues included in Form 990, Part VIII, line 1	. • \$			
b	Assets included in Form 990, Part X				

	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Ot	her S	Similar	Asse	ts (con)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that are a	a signi	ficant use	of its	collection	on iten	าร
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	b Scholarly research e Other									
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma						🗀	Yes		No
Pai	t IV Escrow and Custodial Arran							ine 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other assets n	ot inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:							
	, ,	·	· ·					Amour	nt	
С	Beginning balance				İ	1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIV.									
	t V Endowment Funds. Complete in	f the organization an	swered "Yes" to Fø	rm 990, Part IV, line	e 10.					
		(a) Current year	(b) Prior year	(c) Two years back	$\overline{}$	Three year	s back	(e) Fou	ır vears	back
1a	Beginning of year balance	477,722,743.	399,307,777.		- ` ` 	434,432		(=)	, ,	
	Contributions	16,074,634.	22,045,531.			20,828				
	Net investment earnings, gains, and losses	546,940.	80,454,976.			-7 4 ,977				
	Grants or scholarships	5,995,551.	5,659,435.			5,543				
	Other expenditures for facilities	1 7 1 1 1 7 1 1 2		, , , , , , ,	+	,	,			
·	and programs	11,228,787.	10,827,993.	10,685,921		10,204	649.			
	Administrative expenses	8,044,168.	7,598,113.		_	6,175				
	End of year balance	469,075,811.	477,722,743.		_	358,360				
_	Provide the estimated percentage of the curr				•1	330,300	, , , , , ,			
2	Board designated or quasi-endowment	ent year end balanc	%	a)) Held as.						
	Permanent endowment 100.00	0/								
	Temporarily restricted endowment	%								
C		70								
0-	The percentages in lines 2a, 2b, and 2c shou		-4: 414 11-1		41					
3a	Are there endowment funds not in the posse	ssion of the organization	ation that are neid a	ina administered to	rtne d	organizati	on		V	N.
	by:	•						0-(1)	Yes	No
	(i) unrelated organizations							3a(i)	+	-
	(ii) related organizations							3a(ii)	 	X
_	If "Yes" to 3a(ii), are the related organizations							3b		Ь
4 Do	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	i	<u> </u>	1 ()						
	Description of property	(a) Cost or o	` '			mulated		(d) Boo	ok valu	е
		basis (investr	,		aeprec	ciation	_	1.0		444
	Land		2,444.	960,000.		007 51			822	
	Buildings		3	,206,498.		907,51	٥.	2	2,298	,980.
	Leasehold improvements			022 202		F04 4:	_			0.6.6
	Equipment		2	,833,309.	2	,591,44	٥.		241	,866.
	Other		<u> </u>				+			
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	'0(c).)			-	13	3,363	,290.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) Hedge Funds	73,269,855.	End-of-Year Market Value	
(B) Private Equity - Fund of Funds	63,825,154.	End-of-Year Market Value	
(C) Real Estate - Fund of Funds & RE	14,673,645.	End-of-Year Market Value	
(D) Equity - Alternative Structures	18,868,289.	End-of-Year Market Value	
(E) Natural Resources	11,877,449.	End-of-Year Market Value	
. ,	11,077,449.	End-of-feat Market Value	
<u>(F)</u>			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	182,514,392.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line	16		
, , ,	Description		(b) Pook value
	Description		(b) Book value
(1)			
(2)			
(3)	·		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	45.		•
I Utal. (Ocidinin (b) midst equal i cini 330, i an A, coi (b) iine	15.)		
			•
Part X Other Liabilities. See Form 990, Part X,	line 25.	b) Book value	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability	line 25.	b) Book value	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes	line 25.		
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations	line 25.	7,370,768.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations (3) Annuities Payable	line 25.		
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations (3) Annuities Payable (4)	line 25.	7,370,768.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations (3) Annuities Payable (4) (5)	line 25.	7,370,768.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations (3) Annuities Payable (4) (5) (6)	line 25.	7,370,768.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations (3) Annuities Payable (4) (5) (6) (7)	line 25.	7,370,768.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations (3) Annuities Payable (4) (5) (6)	line 25.	7,370,768.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations (3) Annuities Payable (4) (5) (6) (7)	line 25.	7,370,768.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations (3) Annuities Payable (4) (5) (6) (7) (8)	line 25.	7,370,768.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations (3) Annuities Payable (4) (5) (6) (7) (8) (9)	line 25.	7,370,768.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Organizations (3) Annuities Payable (4) (5) (6) (7) (8) (9) (10)	line 25.	7,370,768. 20,724,945.	

2. FIN 4 132053 01-23-12

		Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financ	cial S	tatemer	nts	rage :
1		revenue (Form 990, Part VIII, column (A), line 12)		1	1			
2		expenses (Form 990, Part IX, column (A), line 25)			2			
3		ss or (deficit) for the year. Subtract line 2 from line 1			3			
4		nrealized gains (losses) on investments			4			
5		ted services and use of facilities			5			
6					6			
		tment expenses			7			
7		period adjustments			-			
8		(Describe in Part XIV.)			8			
9		adjustments (net). Add lines 4 through 8			9			
10 Date		s or (deficit) for the year per audited financial statements. Combine lines 3 and Reconciliation of Revenue per Audited Financial Statemer			10	or Dotur	rn -	
_		· · · · · · · · · · · · · · · · · · ·					1	
1						1		
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1					
а		nrealized gains on investments	2a			_		
b		ted services and use of facilities	2b			_		
С		veries of prior year grants	2c					
d	Other	(Describe in Part XIV.)	2d				4	
е		nes 2a through 2d						
3	Subtr	act line 2e from line 1				3		
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:						
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other	(Describe in Part XIV.)	4b					
С	Add li	nes 4a and 4b				4c		
5	Total							
Pa	rt XIII	Reconciliation of Expenses per Audited Financial Stateme	nts W	/ith Expe	nses	per Ret	urn	
1	Total	expenses and losses per audited financial statements				1		
2		ints included on line 1 but not on Form 990, Part IX, line 25:						
а	Donat	ted services and use of facilities	2a					
b	Prior y	year adjustments	2b					
С		losses	2c					
d		(Describe in Part XIV.)	2d					
е		nes 2a through 2d				2e		
3		act line 2e from line 1						
4		ints included on Form 990, Part IX, line 25, but not on line 1:						
а		tment expenses not included on Form 990, Part VIII, line 7b	4a					
		(Describe in Part XIV.)	4b					
		nos 4a and 4b				4c	1	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					+	
		Supplemental Information						
		nis part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and A: Pai	rt IV/ lin	es 1h and	1 2h: Part V line	1. Dart
	-	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						τ, ι αιτ
		ine 4: The Iowa State University Foundation uses the earning		part to prov	nue an	y addition	ai ii iioiiii atioii.	
	,							
from	the	endowment funds based upon the donor intent of individual	endowe	h-				
	. circ	Chaowhene rands based apon the donor intent or individual (ciidowe					
2000	nint a	These uses include college program support, student finance	rial					
accc	ouncs.	These uses include college plogram support, student linam	JIGI					
-14	fagu	ulturand staff support research building equipment and						
aru,	Lacu	ulty and staff support, research, building, equipment and						
		as as well as athen were						
maır	rcenan	ace, as well as other uses.						

SCHEDULE I (Form 990) Internal Revenue Service

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection

Schedule I (Form 990) (2011) 2 Employer identification number (h) Purpose of grant 42-1143702 or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any See Part IV recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. 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 non-cash assistance (g) Description of See Part IV. FMV, appraisal, other) (f) Method of valuation (book, 131,641.FMV (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 49,143,583. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section For Paperwork Reduction Act Notice, see the Instructions for Form 990 if applicable Iowa State University Foundation Enter total number of other organizations listed in the line 1 table 115 42-6004224 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Iowa State University Name of the organization Beardshear Hall Ames, IA 50011 Part e H H

132101 01-27-12

Part IV Supplemental Information
Part II, Line 1, Columns (g) and (h):
Name of the organization or Government: Iowa State University
(g)Description of Non-Cash Assistance: Publicly traded securities,
books, art & 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)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

► Attach to Form 990.

Iowa State University Foundation

Employer identification number 42-1143702

Pa	rrt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
		_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
Ċ	organization or a related organization:			
а		4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second any of lines 4a-c, list the persons and provide the applicable amounts for each item in hartin.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

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 in 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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(i)	285,637.	0.	239,582.	75,950.	30,510.	631,679.	178,994.
1 Daniel Saftig	∷	0	0	0	0	0	.0	0
	Ξ	189,453.	0	755.	19,380.	23,614.	233,202.	0
2 Lisa Eslinger	€	0	0	0	0.	0	0	0
	(i)	197,337.	0	909	20,520.	25,689.	244,151.	0
3 Larissa Holtmyer Jones	€	0	0	0	0.	0	0	0
	Ξ	129,691.	0	475.	13,172.	24,463.	167,801.	0
4 Stephen Biever	=	0	0	0	0.	0	0	0
	(i)	121,698.	0	399.	12,220.	18,747.	153,064.	0
5 Jeremy Galvin	⊞	0	0	0.	0.	0	.0	0
	Ξ							
9	€							
	Ξ							
7	҈							
	Ξ							
8	(E)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	Ξ							
12	<u> </u>							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	Ξ							
16	(ii)							
				ć			Schedul	Schedule J (Form 990) 2011

calendar year 2011 (based on W-2) pertaining to his role at the Foundation,

Schedule J (Form 990) 2011

SCHEDULE M (Form 990)

Noncash Contributions

2011

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

Employer identification number

Iowa State University Foundation 42-1143702 Part I Types of Property (a) (b) (c) (d) Noncash contribution Check if Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g tems contributed Х 181,501. Opinions of experts Art - Works of art 1 Art - Historical treasures Х Opinion of experts 2 Art - Fractional interests 3 Х 18,254. Opinions of experts Books and publications 4 Clothing and household goods Х 4,782. Cost or selling price 5 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded Х 134 4,239,604. Fair market value 9 Securities - Closely held stock Х 276,142. Fair market value 10 11 Securities - Partnership, LLC, or trust interests Х 11 1,021,425. Fair market value 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other... 14 175,000. Х Sale of similar property 15 Real estate - Residential Real estate - Commercial 16 1,644,900. Х Sale of similar property 17 Real estate - Other Х Collectibles 6,936. Opinions of experts 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy X 22 Historical artifacts Opinions of experts 23 Scientific specimens 24 Archeological artifacts X 59 494,037. Replacements cost Other 25 Other Small Engines 486,152. Sale of similar prop Other 26 27 Other New Funds Hel Х 395,512. Sale of similar prop Life Insuranc Х 152,546. Sale of similar prop 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 3 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) (2011)

describe in Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and where 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.	her
Schedule M, Line 32b: The Iowa State University Foundation hires real	
estate companies or similar organizations to sell any real estate or	
property. Various stock gifts are sold through stock brokers where the	
ISU Foundation holds an account.	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Iowa State University Foundation

Employer identification number

42-1143702 Form 990, Part III, Line 1 Iowa State University 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. With the leadership and vision of new Iowa State University President Steven Leath, the University and Foundation work closely together to achieve these results. Following the successful completion of the Campaign Iowa State: With Pride and Purpose on June 30, 2011 (which exceeded its \$800 million goal by raising \$867 million in gifts and future commitments), the Foundation continued the momentum of the campaign by raising more than \$100 million in gifts and commitments for the sixth straight year. In 2012, the Foundation launched the Give Forward promotion to encourage philanthropy and show how the generosity of benefactors can move individual lives and the University forward. This helped to generate gifts from more than 39,000 donors in 2012, including 5,765 first time donors. Form 990, Part III, Line 4d, Other Program Services: Other program services includes (1) Gifts-in-kind of \$1,131,641 and (2)

Annuity payment and actuarial valuation of \$1,242,158, totaling

Name of the organization Iowa State University Foundation	Employer identification number 42-1143702
\$2,373,799.	
Expenses \$ 2,373,799. including grants of \$ 1,131,641. Revenue \$ 0.	
Form 990, Part VI, Section A, line 6: The members of the corporation	
shall be members as of the effective date of the current Amended and	
Restated Articles of Incorporation of the ISU Foundation. Upon nomination	
by the governance committee, additional persons may be elected to serve as	
a member at any annual or special meeting of the corporation. Per the	
Articles, 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 nineteen directors allocated among four classes of directors.	
A) Class A directors shall be 12 in number, and shall be appointed from and	
by the members of the corporation upon nomination by the governance	
committee. Each Class A director shall serve a term of the greater of four	
years or until their successor is elected and qualified. Each Class A	
director may serve up to two (2) terms, which may be consecutive.	
B) Class B directors shall be no more than four (4) in number, and 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, and	
(IV) Investment Committee. Class B directors shall serve for the duration	

of their chairship.

Name of the organization Iowa State University Foundation	Employer identification number 42-1143702
Towa State University Foundation	42-1143/02
C) Class C shall be comprised of one (1) 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) Class D shall be comprised of no more than two (2) additional directors	
appointed by the Board of Directors at a regular or special meeting. Class	
D directors shall serve a term of the greater of the period selected by the	
Board of Directors upon such appointment or until their successor is	
elected and qualified. Appointment of Class D directors, if any, shall be	
within the discretion of the board.	
Form 990, Part VI, Section A, line 7b: Each member of the corporation	
present shall be entitled to one vote on any question properly coming	
before the members at an annual or special 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 11: 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 Assistant Vice President and Controller and	
the Senior Vice President of Finance and Operations. After incorporating	
any changes and completing their review, Deloitte provides a final draft	

for presentation to the ISU Foundation audit committee for review and

Name of the organization Iowa State University Foundation	Employer identification number 42-1143702
approval. After approval by the audit committee, 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.	
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 audit committee and are handled on	
an individual basis. Completed 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	
executive committee of the Board of Directors, acting as the entity's	
compensation committee. The President's compensation is determined by the	
executive 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, and 4) 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,	

Name of the organization	Employer identification number
Iowa State University Foundation	42-1143702
who is also advised by Board members in regards to qualification standards.	
Compensation information for the President and the Foundation leadership is	
shared with the Board of Directors.	
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AZ,CA,NH,NJ,NY,OH,MD,AK,KY,MA,MI,MN,OR,SC,UT,WV,WI	
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 provided on the ISU	
Foundation's website.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net Unrealized Loss on Investments -10,476,282.	

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ▶ Attach to Form 990.

2011 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Iowa State University Foundation

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part I

Employer identification number 42-1143702

Schedule R (Form 990) 2011 (g) Section 512(b)(13) ٩ controlled entity? Direct controlling Yes × × entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling ISU Foundation ISU Foundation entity Ξ End-of-year assets **e** status (if section Public charity 501(c)(3)) ine 11, line 11, Type I: Type I: Total income **Exempt Code** <u>D</u> section 501(c)(3) 501(c)(3) 0 Legal domicile (state or Legal domicile (state or foreign country) foreign country) owa owa Primary activity Primary activity Support ISU and ISU Support ISU and ISU 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. oundation oundation 42-0861651, 2505 University Boulevard, Ames, 42-6059969, 2505 University Boulevard, Ames, Iowa State University Achievement Fund -The Original University Foundation Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 50010-2230 50010-2230 Part II ΙΆ

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Schedule R (Form 990) 2011

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

(k)	General or Percentage managing ownership partner?				*00*						
(i)	teneral or nanaging partner?	Yes No			X						
(i)	Code V-UBI amount in box				N/A						
(h)	Disproportion- ate allocations?	Š			×						
_	Dispro ate allo	Yes									
(6)	Share of end-of-year	433613			0.						
(£)	Share of total income				768.						
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)			Unrelated						
(p)	Direct controlling entity			Gateway Center	Holding, Inc.						
(c)	Legal domicile (state or	country)			IA						
(q)	Primary activity				Hotel oversight						
(a)	Name, address, and EIN of related organization		Gateway Center Associates -	42-1068825, 2505 University	Boulevard, Ames, IA 50010						

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

(a)	(q)	(c)	(p)	(e)	(£)	(6)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
Gateway Center Holdings, Inc 42-1029851							
2505 University Boulevard	Hold Partnership						
Ames, IA 50010-2230	Trust	IA	ISU Foundation C CORP	C CORP	-132,648.	0.	*00*
Charitable Remainder Trusts (82)							
2505 University Boulevard							
Ames, IA 50010-2230	Trust	IA	N/A	TRUST			
Charitable Lead Trust (1)							
2505 University Boulevard							
Ames, IA 50010-2230	Trust	IA	N/A	TRUST			

Schedule R (Form 990) 2011

42-1143702

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

					\vdash
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		1	9 = = = = = = = = = = = = = = = = = = =	>	Yes
During the tax year, and the organization engage in any of the following the	ns with one or more re	ilated organizations listed	III Parts II-1V?	,	Þ
a receipt of (I) interest (II) annuities (III) royantes of (IV) rent from a controlled entity				<u>n</u>	4
b Gift, grant, or capital contribution to related organization(s)				1 P	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				19	×
				1 e	×
f Sale of assets to related organization(s)				1	×
g Purchase of assets from related organization(s)				19	×
Exchange of assets with related organization(s)				1	×
_				; =	×
i lase of facilities or uniment or other secate from related organizations				÷	×
Jesus of received of despitation, of other accounts from the second of t				- ;	
 K Performance of services or membership or fundraising solicitations for related organization(s) I Performance of services or membership or fundraising solicitations by related organization(s) 	anization(s)			¥ =	4 ×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			T E	×
n Sharing of paid employees with related organization(s)				1	×
on property and (a) with the post of the property of the prope	>			Ç	×
				2 5	×
				2	
q Other transfer of cash or property to related organization(s)				19	×
(s)				1r 2	×
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	who must complete the	iis line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
132163 01-23-12	42		Schedule	Schedule B (Form 990) 2011	90) 2011

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

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

(k) centage nership					2011
Perce					n 990)
(j) General or managing partner? Yes No					3 (For
Code V-UBI Bamount in box 20 of Schedule K-1 (Form 1065)					Schedule R (Form 990) 2011
(h) Disproportionate allocations?					
Dis t					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all Are all Are 10 501(c)(3) 015:? 4) Yes No					
me par d, 514) Y					
Predominant income (related, unrelated, excluded from tax under section 512-514)		2			
icile eign					
(c) Legal domicile (state or foreign country)					
activit					
(b) Primary activity					
_ 필					
s, and ty					
(a) Iddress of enti					
(a) Name, address, and EIN of entity					
Z					
					I

Complete this part to 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.
Schedule R, Part III and Part IV:
In October 2011, Iowa State University Foundation completed the sale of
its 100% stock ownership of Gateway Center Holdings, Inc. and its
ownership of 1.25% of the outstanding limited partnership units of
Gateway Center Associates.