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**Return of Organization Exempt From Income Tax**

**2008**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

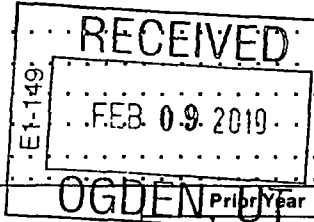
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2008 calendar year, or tax year beginning** 07/01, 2008, **and ending** 06/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> SHAWNEE STATE UNIVERSITY DEVELOPMENT Doing Business As FOUNDATION Number and street (or P O box if mail is not delivered to street address) Room/suite 940 SECOND STREET City or town, state or country, and ZIP + 4 PORTSMOUTH, OH 45662	<b>D Employer identification number</b> 31-1115810
	<b>F Name and address of principal officer</b> ERIC ANDREW BRAUN, DIRECTOR 940 SECOND STREET PORTSMOUTH, OH 45662	<b>E Telephone number</b> (740) 351-3284
	<b>G Gross receipts \$</b> 4,828,119.	<b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
	<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 03 ) ◀ (insert no ) 4947(a)(1) or 527	<b>H(c) Group exemption number</b> ▶ N/A
<b>J Website</b> ▶ WWW.SHAWNEE.EDU/OFF/DEV		<b>L Year of formation</b> 1987 <b>M State of legal domicile</b> OH
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION (SSUDF) WAS CREATED AS A 501(C) (3) ORGANIZATION WITH THE MISSION OF MAKING FRIENDS AND CREATING FUNDS AND SUPPORT FOR SHAWNEE STATE UNIVERSITY.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	20	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	17	
	<b>5</b> Total number of employees (Part V, line 2a)	4	
	<b>6</b> Total number of volunteers (estimate if necessary)	30	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) <b>b</b> Net unrelated business taxable income from Form 990-T, line 34	NONE NONE	
<b>Revenue</b>	<b>8</b> Contribution and grants (Part VIII, line 1h)	1,500,463.	642,024.
	<b>9</b> Program service revenue (Part VIII, line 2g)	NONE	NONE
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,453,961.	-750,476.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE	NONE
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,954,424.	-108,452.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	940,028.	1,048,919.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	263,088.	203,896.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25) ▶ 106,212.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	124,255.	111,193.
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,327,371.	1,364,008.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12.	1,627,053.	-1,472,460.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	18,043,490.	13,471,417.
	<b>21</b> Total liabilities (Part X, line 26)	2,569,889.	750,694.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20.	15,473,601.	12,720,723.



**Part II Signature Block**

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

**Sign Here** Signature of officer: Elinda C. Boyles Date: 2-1-10  
 Type or print name and title: ELINDA C. BOYLES, TREASURER

**Paid Preparer's Use Only** Preparer's signature: Rachel Spurlock Date: 1/25/10 Check if self-employed:  Preparer's identifying number (see instructions): 614-469-0001  
 Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH LLP EIN: 10 WEST BROAD ST, SUITE 1700 COLUMBUS, OH 43215-3713 Phone no: 614-469-0001

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

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**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission.

THE SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION (SSUDF) WAS  
CREATED AS A 501(C)(3) ORGANIZATION WITH THE MISSION OF MAKING  
FRIENDS AND CREATING FUNDS AND SUPPORT FOR SHAWNEE STATE UNIVERSITY.

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

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  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 1,048,919. including grants of \$ 1,048,919.) (Revenue \$ \_\_\_\_\_)

STUDENT FINANCIAL AID IN THE FORM OF ACADEMIC SCHOLARSHIPS AND  
AWARDS, AND NEED-BASED SCHOLARSHIPS AND LOANS PROVIDED TO STUDENTS  
HELPS THE INSTITUTION ATTRACT THE BEST STUDENTS AND ALLOW STUDENTS  
WHO MIGHT OTHERWISE NOT BE AFFORDED A COLLEGE EDUCATION TO ATTEND  
SHAWNEE STATE UNIVERSITY. ALL SCHOLARSHIP PAYMENTS TOTALING  
\$251,466 WERE PAID TO SHAWNEE STATE UNIVERSITY ON BEHALF OF THE  
ENROLLED AWARD RECIPIENT STUDENTS FOR PARTIAL PAYMENT OF TUITION,  
FEES AND/OR OTHER EXPENSES DIRECTLY RELATED TO EDUCATION. THE  
NUMBER OF UNIQUE SCHOLARSHIP RECIPIENTS DURING FISCAL YEAR 2009  
WAS 242.

4b (Code \_\_\_\_\_) (Expenses \$ 15,551. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

THE FOUNDATION SUPPORTS DEPARTMENTAL PROGRAMS, FACULTY DEVELOPMENT  
IN THE FORM OF RESEARCH AND WRITING SUBSIDIES, AND PROVIDES FUNDS  
FOR VISITING SCHOLARS AND LECTURERS WHICH ARE ALL VITAL TO THE  
DEVELOPMENT OF THE FACULTY AT SHAWNEE STATE UNIVERSITY.

4c (Code \_\_\_\_\_) (Expenses \$ 26,949. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

DISBURSEMENTS FOR THE BENEFIT OF SHAWNEE STATE UNIVERSITY ACADEMIC  
PROGRAMS AND ADMINISTRATIVE OPERATIONS.

4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► \$ 1,091,419. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 27 rows of questions regarding organizational compliance with various IRS sections (501(c)(3), 501(c)(4), 501(c)(5), 501(c)(6), 170(b)(1)(A)(ii), etc.) and their corresponding Yes/No responses.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and 501(c)(3) organizations.

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	20	
1b	Enter the number of voting members that are independent	17	
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? 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?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	▶ NONE	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply		
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	▶ ELINDA BOYLES 940 SECOND STREET PORTSMOUTH, OH 45662 740-351-3005	





**Part VIII Statement of Revenue**

31-1115810

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	9,130.				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . . . . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	632,894.				
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		116,700.				
	h	<b>Total. Add lines 1a-1f . . . . .</b>		<b>642,024.</b>				
Program Service Revenue				<b>Business Code</b>				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
g	<b>Total. Add lines 2a-2f . . . . .</b>			NONE				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .			255,862.		255,861.	
	4	Income from investment of tax-exempt bond proceeds . . . . .			NONE			
	5	Royalties . . . . .			NONE			
	6a			(i) Real				
				(ii) Personal				
	b	Less rental expenses . . . . .						
	c	Rental income or (loss) . . . . .						
	d	Net rental income or (loss) . . . . .			NONE			
	7a			(i) Securities				
				(ii) Other				
	b	Less cost or other basis and sales expenses . . . . .			4,926,826.			
	c	Gain or (loss) . . . . .			-1,006,338.			
	d	Net gain or (loss) . . . . .			-1,006,338.		-1,006,338.	
	8a	Gross income from fundraising events (not including \$ 9,130. of contributions reported on line 1c) See Part IV, line 18 . . . . .		a	9,745.			
	b	Less direct expenses . . . . .		b	9,745.			
c	Net income or (loss) from fundraising events . . . . .		STMT 2 . . . . .		NONE			
9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a					
b	Less direct expenses . . . . .		b					
c	Net income or (loss) from gaming activities . . . . .				NONE			
10a	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 . . . . .				NONE			
Miscellaneous Revenue			<b>Business Code</b>					
11a								
b								
c								
d	All other revenue . . . . .							
e	<b>Total. Add lines 11a-11d . . . . .</b>				NONE			
12	<b>Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .</b>				-108,452.		-750,477.	

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	797,453.	797,453.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	251,466.	251,466.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . .	NONE			
7 Other salaries and wages . . . . .	141,728.	18,000.	49,638.	74,090.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits . . . . .	58,199.	8,445.	19,707.	30,047.
10 Payroll taxes . . . . .	3,969.	504.	1,390.	2,075.
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	NONE			
c Accounting . . . . .	12,700.		12,700.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	82,942.		82,942.	
g Other . . . . .	15,551.	15,551.		
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	NONE			
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	NONE			
17 Travel . . . . .	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	NONE			
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . .	NONE			
23 Insurance . . . . .	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a -----				
b -----				
c -----				
d -----				
e -----				
f All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	1,364,008.	1,091,419.	166,377.	106,212.
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .		1	
	2 Savings and temporary cash investments . . . . .	2,250,241.	2	2,310,261.
	3 Pledges and grants receivable, net . . . . .	1,280,045.	3	968,071.
	4 Accounts receivable, net . . . . .	2,050,000.	4	50,000.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment cost basis . . . . . 10a			
	b Less accumulated depreciation Complete Part VI of Schedule D. . . . . 10b			10c
	11 Investments - publicly traded securities . . . . . SFMT 3 . . . . .	10,905,529.	11	8,970,184.
	12 Investments - other securities See Part IV, line 11 . . . . .		12	
	13 Investments - program-related See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .	1,557,675.	15	1,172,901.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	18,043,490.	16	13,471,417.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	2,058,023.	17	206,630.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable. . . . .		24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	511,866.	25	544,064.
	26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .	2,569,889.	26	750,694.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	411,342.	27	-962,880.
	28 Temporarily restricted net assets . . . . .	8,260,677.	28	6,874,459.
	29 Permanently restricted net assets . . . . .	6,801,582.	29	6,809,144.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33 <b>Total net assets or fund balances . . . . .</b>	15,473,601.	33	12,720,723.	
34 <b>Total liabilities and net assets/fund balances . . . . .</b>	18,043,490.	34	13,471,417.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	X	
b	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .		



**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	438,991.	1,309,237.	2,863,212.	1,500,463.	288,964.	6,400,867.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1-3 . . . . .	438,991.	1,309,237.	2,863,212.	1,500,463.	288,964.	6,400,867.
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) . . . . .						306,183.
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						6,094,684.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4. . . . .	438,991.	1,309,237.	2,863,212.	1,500,463.	288,964.	6,400,867.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	105,507.	139,783.	312,153.	325,635.	255,862.	1,138,940.
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) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						7,539,807.
12 Gross receipts from related activities, etc (See instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11 column (f)) . . . . .	14	80.83 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	50.43 %
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12).

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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



Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION Employer identification number 31-1115810

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Part II 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)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) 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 relating to these items
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with columns for Amount and rows 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

Table with columns (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for various endowment metrics

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment 4.8432%
b Permanent endowment 69.8727%
c Term endowment 25.2841%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

Small table for 3a(i), 3a(ii), 3b with Yes/No columns

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))





**Part XIV Supplemental Information (continued)**

USE OF ENDOWMENT FUNDS

PART V, LINE 4

THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. THE FOUNDATION HAS A POLICY OF ONLY SPENDING THE EARNINGS, INCLUDING APPRECIATION, OF THE ENDOWMENT FUND. THIS IS CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

FIN 48 FOOTNOTE

SCHEDULE D, PART X

THE FOUNDATION HAS ELECTED TO DEFER ADOPTION OF FIN 48, IN ACCORDANCE WITH THE PROVISIONS OF FASB STAFF POSITION NO. FIN 48-3, WHICH PERMITS CERTAIN NONPUBLIC ENTERPRISES TO DELAY ADOPTION UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. CURRENTLY, THE FOUNDATION ACCOUNTS FOR CONTINGENCIES ASSOCIATED WITH UNCERTAIN TAX IN ACCORDANCE WITH SFAS NO. 5, ACCOUNTING FOR CONTINGENCIES, WHICH PROVIDES THE RECORDING OF A CONTINGENCY BASED ON THE PROBABILITY OF CERTAIN EVENTS TO TRANSPIRE THAT RANGE FROM PROBABLE TO REMOTE AS OPPOSED TO APPLYING A MORE LIKELY THAN NOT RECOGNITION THRESHOLD.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		GALA (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	18,875.		18,875.
	2	Less Charitable contributions	9,130.		9,130.
	3	Gross revenue (line 1 minus line 2)	9,745.		9,745.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	9,745.		9,745.
	8	Direct expense summary Add lines 4 through 7 in column (d)			( 9,745.)
	9	Net income summary Combine lines 3 and 8 in column (d)			

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
	7	Direct expense summary Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>	%	
<b>b</b> An outside facility . . . . .	<b>13b</b>	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special event books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>		
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>		
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AND OTHER STUDENT AID	242	251,466.			

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A FINAL REPORT TO THE GRANTING

ORGANIZATION DETAILING THE USE OF ALL GRANT FUNDS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization **SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION**

Employer identification number **31-1115810**

**Part I Questions Regarding Compensation**

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

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

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

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

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**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

**a** The organization? . . . . .

**b** Any related organization? . . . . .  
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

**a** The organization? . . . . .

**b** Any related organization? . . . . .  
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 . . . . .

**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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		
8		

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

Schedule J (Form 990) 2008



**Part III Supplemental Information**

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT

SCHEDULE J, PART I, LINE 4B

RITA MORRIS \$ 6,875

JULIA COLL. \$17,280

NONTAXABLE BENEFITS

SCHEDULE J, PART II, COLUMN D

NONTAXABLE BENEFITS INCLUDE THE ESTIMATED VALUE OF HOUSING PROVIDED BY

THE UNIVERSITY TO THE PRESIDENT. PURSUANT TO IRC SECTION 119, THIS

BENEFIT IS EXCLUDED FROM INCOME. IN ADDITION TO THIS NONTAXABLE BENEFIT,

THE AMOUNT REPORTED ALSO INCLUDES NONTAXABLE HEALTH INSURANCE, LIFE,

DISABILITY, OR LONG-TERM CARE INSURANCE, AND CAFETERIA PLANS.

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

**Open to Public  
Inspection**

Name of the Organization **SHAWNEE STATE UNIVERSITY DEVELOPMENT  
FOUNDATION**

Employer Identification number  
**31-1115810**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MISSY ANKROM SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
ERIC BLOOMFIELD SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
WILL BURKE SSUDF SECRETARY	1.	X		X				NONE	NONE	NONE
JULIA COLL SSUDF BOARD MEMBER	1.	X						NONE	83,022.	11,737.
DEBRA ESHAM SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
TIM GLOCKNER SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
CYNTHIA JENKINS SSUDF VICE PRESIDENT	1.	X		X				NONE	NONE	NONE
CONNIE LEMASTER SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
BARBARA LODWICK SSUDF PRESIDENT	1.	X		X				NONE	NONE	NONE
BRUCE MACDONALD SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
MARK MORGAN SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
RITA MORRIS SHAWNEE STATE UNIVERSITY PRES.	1.	X			X			NONE	214,372.	96,005.
STEVE MOWERY SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
BRIAN NOBLE SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
BARRY RODBELL SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
SCOTT SCHMIDT SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
BOB SMITH SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
JIM WARREN SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
SAUNDRA WHEELER SSUDF BOARD MEMBER	1.	X						NONE	NONE	NONE
ELINDA BOYLES SSUDF TREASURER	1.	X		X				NONE	108,839.	35,441.
SUSAN WARSAW DIRECTOR OF DEV. (PARTIAL YEAR)	1.	X		X				NONE	79,835.	27,056.

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

Schedule J-2 (Form 990) 2008

JSA

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization **SHAWNEE STATE UNIVERSITY DEVELOPMENT  
FOUNDATION**

Employer identification number  
**31-1115810**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .	X		5,205.	VALUE GIVEN BY DONOR
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .				
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	1	100,000.	VALUE GIVEN BY DONOR
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( STMT 4 ) . . . . .		7.	11,496.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . 29 NONE

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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 the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2008

JSA

8E1298 1 000



Name of the organization SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION	Employer identification number 31-1115810
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COMPENSATION ARRANGEMENT

FORM 990, PART I, LINE 5 AND PART V, LINE 2

EMPLOYEES ARE PAID BY SHAWNEE STATE UNIVERSITY EIN 31-0864917, A RELATED ORGANIZATION OF SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION.

THEREFORE, THERE IS A DIFFERENCE BETWEEN THE NUMBER OF EMPLOYEES REPORTED ON PART I, LINE 5 AND THE NUMBER OF EMPLOYEES REPORTED ON PART V, 2A.

THE FOUNDATION REIMBURSED THE UNIVERSITY \$203,896 FOR SALARIES AND BENEFITS OF FOUR INDIVIDUALS FOR FISCAL YEAR 2009. THE UNIVERSITY FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS ON BEHALF OF THE ORGANIZATION.

ORGANIZATIONS THAT MAY RECEIVE DEDUCTIBLE CONTRIBUTIONS

FORM 990, PART V, LINE 7G AND 7H

THESE QUESTIONS DO NOT APPLY TO THE ORGANIZATION AND THEREFORE WERE INTENTIONALLY LEFT BLANK.



Name of the organization SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION	Employer identification number 31-1115810
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MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY  
 FORM 990, PART VI, SECTION A, LINE 7A  
 PURSUANT TO THE CODE OF REGULATIONS, THE PRESIDENT OF SHAWNEE STATE  
 UNIVERSITY AND THE CHAIRMAN OF THE BOARD OF TRUSTEES OF SHAWNEE STATE  
 UNIVERSITY (OR DESIGNEE) SHALL BE MEMBERS OF THE FOUNDATION BOARD OF  
 TRUSTEES SO LONG AS THEY OCCUPY THEIR OFFICES. ADDITIONALLY, THE BOARD OF  
 TRUSTEES OF SHAWNEE STATE UNIVERSITY SHALL APPOINT ONE OF ITS MEMBERS AS  
 ITS FURTHER REPRESENTATIVE ON THE FOUNDATION BOARD OF TRUSTEES.

THE FACULTY OF THE UNIVERSITY SHALL APPOINT ONE OF ITS MEMBERS AS ITS  
 REPRESENTATIVE ON THE FOUNDATION BOARD OF TRUSTEES. AN ALUMNI  
 REPRESENTATIVE SHALL ALSO BE APPOINTED TO SERVE THE BOARD.

THE FIFTEEN ADDITIONAL FOUNDATION TRUSTEES SHALL BE ELECTED BY THE BOARD  
 OF TRUSTEES OF THE UNIVERSITY FROM THE COMMUNITY-AT-LARGE.

AT-LARGE IN-TERM VACANCIES ON THE FOUNDATION BOARD OF TRUSTEES SHALL BE  
 FILLED BY THE UNIVERSITY BOARD OF TRUSTEES FOLLOWING THE OCCURRENCE OF A  
 VACANCY. REPLACEMENT OF OTHER TRUSTEES SHALL BE APPOINTED FROM THE  
 CONSTITUENCIES OF THE TRUSTEES THEY REPLACE.



Name of the organization SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION

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REVIEW OF FORM 990 BY GOVERNING BODY
FORM 990, PART VI, SECTION A, LINE 10
FOR FISCAL YEAR 2009, A COPY OF THE ORGANIZATION'S FINAL FORM 990
(INCLUDING REQUIRED SCHEDULES) WAS DISTRIBUTED TO EACH VOTING MEMBER OF
THE FOUNDATION'S GOVERNING BODY PRIOR TO ITS FILING WITH THE IRS.

Name of the organization SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION	Employer identification number 31-1115810
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ORGANIZATION'S PROCESS FOR ENFORCING COMPLIANCE WITH CONFLICT OF INTEREST  
FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY APPLIES TO EACH MEMBER OF THE BOARD OF  
TRUSTEES AND TO ALL OFFICERS OF THE SHAWNEE STATE UNIVERSITY DEVELOPMENT  
FOUNDATION. IT IS INTENDED TO SERVE AS GUIDANCE FOR ALL PERSONS EMPLOYED  
BY THE SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION IN POSITIONS OF  
SIGNIFICANT RESPONSIBILITY FOR THE ACTIVITIES OF THE FOUNDATION.

MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, AND EMPLOYEES OF THE  
FOUNDATION SERVE THE PUBLIC TRUST AND HAVE A CLEAR OBLIGATION TO FULFILL  
THEIR RESPONSIBILITIES IN A MANNER CONSISTENT WITH THAT SERVICE. ALL  
DECISIONS OF THE BOARD AND OFFICERS ARE TO BE MADE SOLELY ON THE BASIS OF  
A DESIRE TO PROMOTE THE BEST INTEREST OF THE FOUNDATION AND SHAWNEE STATE  
UNIVERSITY. THE INTEGRITY OF THE FOUNDATION AND SHAWNEE STATE UNIVERSITY  
MUST BE PROTECTED AND ADVANCED AT ALL TIMES.

DEVELOPMENT FOUNDATION MEMBERS AND EMPLOYEES INEVITABLY ARE INVOLVED IN  
THE AFFAIRS OF OTHER INSTITUTIONS AND ORGANIZATIONS. EACH DIRECTOR,  
OFFICER, AND EMPLOYEE IS RESPONSIBLE FOR ENSURING THAT THE BOARD IS MADE  
AWARE OF SITUATIONS THAT INVOLVE PERSONAL, FAMILIAL, OR BUSINESS  
RELATIONSHIPS THAT MAY BE A CONFLICT OF INTEREST OR CREATE AN APPEARANCE  
OF A CONFLICT FOR THE FOUNDATION OR SHAWNEE STATE UNIVERSITY. THUS, THE  
BOARD REQUIRES EACH TRUSTEE AND OFFICER ANNUALLY (1) TO REVIEW THIS  
POLICY; (2) TO DISCLOSE PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIPS  
THAT REASONABLY COULD GIVE RISE TO A CONFLICT OF INTEREST INVOLVING THE  
FOUNDATION OR SHAWNEE STATE UNIVERSITY; AND (3) TO ACKNOWLEDGE BY HIS OR  
HER SIGNATURE THAT HE OR SHE IS IN ACCORDANCE WITH THE LETTER AND SPIRIT

Name of the organization SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION	Employer identification number 31-1115810
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OF THIS POLICY.

ALL TRUSTEES AND OFFICERS SHOULD DISCLOSE ONLY THOSE SUBSTANTIVE RELATIONSHIPS THAT THEY MAINTAIN (OR MEMBERS OF THEIR FAMILY MAINTAIN) WITH ORGANIZATIONS THAT DO BUSINESS WITH THE UNIVERSITY, SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION, OR ANY RELATED OR AFFILIATED ORGANIZATION, OR WHICH OTHERWISE COULD BE CONSTRUED TO AFFECT POTENTIALLY THEIR INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF THEIR DECISION-MAKING AUTHORITY OR RESPONSIBILITY. ANY UNCERTAINTIES AS TO THE APPROPRIATENESS OF LISTING A PARTICULAR RELATIONSHIP MAY BE RESOLVED BY CONSULTATION WITH THE CHAIR OF THE FOUNDATION, WHO IN TURN MAY CONSULT WITH SHAWNEE STATE UNIVERSITY GENERAL COUNSEL, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, OR THE CHAIRMAN OF THE BOARD OF TRUSTEES IN EXECUTIVE SESSION.

Name of the organization SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION

Employer identification number 31-1115810

PROCESS USED TO ESTABLISH COMPENSATION FOR TOP MANAGEMENT OFFICIAL

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

THE ORGANIZATION USES A PROCESS FOR DETERMINING COMPENSATION OF THE

DIRECTOR WHICH INCLUDES CONSULTATIONS WITH AN INDEPENDENT COMPENSATION

ADVISOR; REVIEW, AND APPROVAL BY THE GOVERNING BODY; AND CONTEMPORANEOUS

DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND

DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS. IN FISCAL YEAR 2009,

THE PRESIDENT OF THE UNIVERSITY SERVED AS INTERIM DIRECTOR OF THE

FOUNDATION DURING NINE MONTHS OF THE REPORTING PERIOD. IT SHOULD BE

NOTED, HOWEVER, THAT THE PRESIDENT RECEIVED NO ADDITIONAL COMPENSATION

FOR THESE INCREASED RESPONSIBILITIES. THE COMPENSATION REPORTED ON

SCHEDULE J RELATES SOLELY TO HER FUNCTION AS UNIVERSITY PRESIDENT.



Name of the organization SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION

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DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND FINANCIALS

FORM 990, PART VI, SECTION C, LINE 19

ALL DOCUMENTS ARE AVAILABLE BY REQUEST, AND ALSO AVAILABLE ON THE WEB

SITE.

Multiple horizontal dashed lines for additional text entry.

Name of the organization SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION	Employer identification number 31-1115810
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SELECTION OF AN INDEPENDENT ACCOUNTANT  
 FORM 990, PART XI, LINE 2C  
 SHAWNEE STATE UNIVERSITY, A RELATED ORGANIZATION OF SHAWNEE STATE  
 UNIVERSITY DEVELOPMENT FOUNDATION, INDEPENDENTLY SOLICITS BIDS, REVIEWS,  
 AND SELECTS THE SSUDF ACCOUNTANT ON BEHALF OF AND FOR THE SSUDF. THUS,  
 THERE IS NO COMMITTEE PER SE, BUT THERE IS A UNIVERSITY FUNCTION THAT  
 ASSUMES THIS RESPONSIBILITY OUTSIDE THE DAILY OPERATION OF THE SSUDF.





**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

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

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

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION -----	AMOUNT -----
PRESIDENT'S GALA	9,130.
TOTAL	----- 9,130. =====

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
PRESIDENT'S GALA	9,745.	9,745.
TOTALS	9,745.	9,745.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
UNITED STATES GOVERNMENT	1,351,394.	FMV
EQUITY MUTUAL FUND	1,703,075.	FMV
FIXED INCOME MUTUAL FUND	611,707.	FMV
COMMON STOCK	4,814,358.	FMV
CORPORATE BOND ISSUES	489,650.	FMV
	-----	
TOTALS	8,970,184.	
	=====	

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
DVD/VIDEO GAMES	X	3	801.	MEDIA VALUATION
12 BENCHES FOR TENNIS COURT	X	1	600.	VALUE GIVEN BY DONOR
AUTOMATIC X-RAY MACHINE	X	1	4,995.	VALUE GIVEN BY DONOR
INJECTION MOLDING MACHINE	X	1	5,000.	VALUE GIVEN BY DONOR
PORTRAIT OF JANE FOSTER	X	1	100.	VALUE GIVEN BY DONOR

TOTALS

7. 11,496.

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

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization	SHAWNEE STATE UNIVERSITY DEVELOPMENT FOUNDATION	Employer identification number	31-1115810
	Number, street, and room or suite no. If a P.O. box, see instructions	940 SECOND STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	PORTSMOUTH, OH 45662		

### Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► ELINDA BOYLES

Telephone No ► 740 351-3005 FAX No ► 740-351-3198

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year \_\_\_\_\_ or
- tax year beginning 07/01, 2008, and ending 06/30, 2009

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	NONE
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	NONE
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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