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990

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)

OMB No 1545-0047

2009

Open to Public

		of the Freasury enue Service	•	The organization may have to use a copy of this return to satisfy state reporting	na reauiremen	Inspection					
A F	or the	e 2009 calend		r tax year beginning 07 - 01 , 2009, and endin		06-30 , 20 10					
B	heck if	f applicable	Please	C Name of organization Washington State University Foundation	<u> </u>	D Employer identification no.					
	Address	change	use IRS label or	Doing Business As Washington State University Foundation		91-1075542					
<u> </u>	lame ch	nange	print or		Room/suite	E Telephone number					
	nitial re	turn	type. See	PO Box 641927		(509) 335-1686					
	ermina	ted	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross receipts					
	mende	d return	tions.	Pullman, WA 99164-1927		s 63,638,689					
	Applicat	ion pending	F Name	nd address of principal officerHarvey Kevin							
		Ì	PO B	ox 641927, Pullman, WA 99164	H(a) Is this a gro affiliates?	oup return for Yes X No					
1 7	ax-exe	mpt status	X 501(c)(
J	Vebsite	≥ htt	p://ws	foundation.wsu.edu	If "No," atta H(c) Group exer	ates included? Yes No ich a list (see instructions) inption number					
K	orm of	organization 💢	Corporation	☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of formation 1979	1	of legal domicile WA					
Pa		Summar				, , , , , , , , , , , , , , , , , , ,					
	1	Briefly descr	be the or	anization's mission or most significant activities The mission of	the Found	ation is to promote.					
		Briefly describe the organization's mission or most significant activities The mission of the Foundation is accept, and maximize private support for programs, initiatives, and properties of									
A G	Į		Washington State Universtiy (WSU) and its regional campuses. The Foundation also prudently								
to				s, and stewards the assets entrusted it.	104144	n dibo prudencry					
y e	2			the organization discontinued its operations or disposed of more than 25% of	its net assets						
tn	3			bers of the governing body (Part VI, line 1a)		3 29					
i a	4		-	it voting members of the governing body (Part VI, line 1b)	L.	4 28					
e n s c	5			vees (Part V, line 2a)		5 65					
е &	6			eers (estimate if necessary)Sch008							
	ţ -			usiness revenue from Part VIII, column (C), line 12							
		-		taxable income from Form 990-T, line 34							
	+	ivet uniterated	u Dusines	taxable income from Form 530-1, line 54		7b 0					
R	8	Contribution	s and ara	ts (Part VIII, line 1h)	Prior Year	Current Year					
e v	9			ue (Part VIII, line 2g)	40,986,	054 29,135,326					
e n						0					
ü	10			rt VIII, column (A), lines 3, 4, and 7d)	1,513,						
е	11			I, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,373,						
	12			es 8 through 11 (must equal Part VIII, column (A), line 12)	57,873,	095 44,953,927					
	13			unts paid (Part IX, column (A), lines 1-3)	39,899,	335 34,900,451					
E	14										
х Р	15			sation, employee benefits (Part IX, column (A), lines 5-10)	6,588,	6,140,196					
е				g fees (Part IX, column (A), line 11e)	473,	280 437,276					
n S	b			ses (Part IX, column (D), line 25)▶							
e	17			(, column (A), lines 11a-11d, 11f-24f)	4,814,	140 4,595,410					
•	18			nes 13-17 (must equal Part IX, column (A), line 25)	51,775,	209 46,073,333					
	19	Revenue les	s expense	Subtract Tine-18-from time 12	6,097,	886 (1,119,406)					
Net				Begi	inning of Current	Year End of Year					
Asset or	²⁵ 20	Total assets	(Part X, Iır	ine 26)	288,405,	079 306,414,003					
Fund	21	Total liabilitie	s (Part X,	ine 26) $\stackrel{\sim}{\sim}$ DE.C. 0 & 2010	31,881,	356 33,978,794					
Bai- ances	22	Net assets o	r fund bal	nces Subtract line 21 from line 20	256,523,						
Pa	rt II	Signatu	re Bloc	OCDEN LIT							
		Under penalt	les of perju	, I declare that I have examined this return including accompanying schedules and statement	ts, and to the be	st of my knowledge					
		and belief, it	is true, corr	ct, and complete Declaration of preparer (other than officer) is based on all information of wh	hich preparer ha	s any knowledge					
Sig	n	1/2	~//-			12-6-10					
Her	e	Signatu	re of office			Date					
	-	Harv	ev. Ke	in, Associate Vice President							
			print name								
		Depress's 1		Date Check if	Prepare	er's identifying number					
,		Preparer's signature		self-	(see Ins	tructions)					
Paid		'	NON	PAID PREPARER	employed ▶ ☐						
	arer's	·		Washington State University Foundaten EIN							
Use	Only	Firm's name			I ▶						
		if self-emplo address, and		PO Box 641927 Pullman, WA 99164	h 500	225 1606					
				PULLIMATI, WA 99164 IPM	one no ▶ 509 -	- 1 1 7 - I NAN					

X No

. Yes

Part IV

		1	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_	_X_	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_	ŀ	
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Χ.	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	ļ	,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
_	complete Schedule D, Part III	8		_X_
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,"		3,7	
40	complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		3.5	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		7,7	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1		
_	Schedule D, Part VI	1		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	1		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1		
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	1		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	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		,	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	X	
	Schedule D, Parts XI, XII, and XIII	12		
IZΑ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	13		Х
13	· ,			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
þ	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	
45		140	Λ_	
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, Part II	15		Х
40		- 13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
47		10		Λ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17	v	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		
	Part VIII, lines 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?	40		v
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV

Checklist of Required Schedules (continued)

Yes Nο Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Χ 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 23 Χ 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 24a Χ b 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b X 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 X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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) 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Χ X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X 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, Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 19? Note. All Form 990 filers are required to complete Schedule O

09) Washington State University Foundation
Statements Regarding Other IRS Filings and Tax Compliance Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	Ī		
	U.S. Information Returns Enter -0- if not applicable	I		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	х	
2-	gaming (gambling) winnings to prize winners?	IC	^	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	I		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1		
	this return?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country	,,,		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
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
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	•	,	
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
L	and services provided to the payor?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
С	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
-	benefit contract?	7e	Ī	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
•••	required?	7h	Х	
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?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	11111		
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		I	
11	Section 501(c)(12) organizations. Enter.		l	
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		I	
	amounts due or received from them)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	L	<u></u>	

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		Ī	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .Sch .O	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	4		
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	nue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b	j	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	11.11111
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			-
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		···	
16a				
	with a taxable entity during the year?	16a	.	Х
h	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?	16b		
Sec	tion C. Disclosure			
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed WA			
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			
	Own website			
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			
20	·			
	organization ▶ Devon Anderson, Secretary of the Corp (509) 335-1686			

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not cor	(B)	T	, un			liusie		(D)	<u> </u>	
Name and Title	Average	(C) Position (check all that apply)						(D)	(E)	(F)
	hours per week	I t d nri dur se v t c i e t de o u r a o	l t n r s u t s i t t e u e	P	K	Hcemployeenstated	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Allred Dougals C										
Board Member	0.40	X						0	0	0
Angelo Craig										
Board Member	0.50	X			Ì			0	0	0
Bustad Leo										
Board Member	0.50	Х	L	L				0	0	0
Cowles Allison										
Board Member	0.40	X						0	0	0
Creighton John										
Board Member	0.60	X				1		0	o l	0
Culver Larry										
Board Member	0.70	X						0	0	0
Doane Richard										
Board Member	1.40	X	<u>_</u>			_		o	o_	0
Eschbach Joseph										
Board Member	0.40	X			ĺ			j o	0	0
Felton Robert										
President of Board	1.60	X						0	0	0
Floyd Elson										
Board Member Ex-Officio	0.50	X						0	o	0
Goertzen Kathryn										
Board Member	0.40	X						0	0	0
Grim Douglas										
Board Member	0.70	X				L		0	0	0
Hargrove G Thomas										
Board Member	0.40	Х			L	<u></u>		0	0	0
Iwasaki Koichiro										
Board Member	0.20	Х						0	0	0
Jacklin Doyle										
Board Member	0.60	X	L					0	0	0
Jones DMichael										
Board Member	0.50	Х						0	0	0

Part VII	Section A. Officers, Directors, Trustees	Key Emplo	yees,	and	Hiç	jhes	t Com	pen	sated Employees	(continued)			
	(A)	(B)			(C)			(D)	(E)	!	(F)	
•	Name`and Title	Average hours per week	I t d	l t	ļ	K	Hce Iom	F	Reportable compensation from	Reportable compensation from related		stimate nount o other	
			dure l sect de r a o	t t e e	cer	y emp-oyee	g mp l o y e e e e e e e	r m e r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or ar	npensat from the ganizati d relate janizatio	e ion ed
King Jam			7,										
Board Me		0.50	X	-	-	 —	<u> </u>	-	0	0			0
Board Me	hristopher	0.80	X										
Ellswort		0.80	1-2	-	-	-	 	-	0	0	<u> </u>		0
	mber Ex-Officio	0.20	X						0	o			0
	i Donald	0.20	<u> </u>	-	-	╁		<u> </u>	<u>'</u>	<u> </u>			
Board Me	(0.50	X						0	o			0
Redmond		0.30	f. <u>**</u>	╁╴	1	-			· · · · · · · · · · · · · · · · · · ·	-			
Board Me		0.40	Х						0	0			0
Rojas An	thony			<u> </u>	\vdash	1		-					
Board Me	mber- VP/Treasurer	1.80	X		İ			ł	0	o			0
Schneidn	iller Gary				•								
Board Me	mber-Secretary	0.70	X	<u> </u>					0	0			0
Carson S	cott												
Board Me	mber Ex-Officio	0.20	X				<u>L</u>		0	0	0		
Rogers J	udy				}	1			1				
Board Me	mber	0.50	X	<u> </u>	<u> </u>	<u> </u>	ļ		0	0	0		
Thompson													
Board Me	· · · · · · · · · · · · · · · · · · ·	0.40	X	0 0					0				
Thomsen					}	1	1	1					
Board Me		0.60	X	-		-	 		0	0	-		0
Voiland	-		17	•						_			_
Board Me Wilson D		0.90	X	├	-	┼	 		0	0			0
Board Me		0.40	x						0	o			0
1b Total	See J-2			!		<u> </u>	<u> </u>		2,085,968			98,4	
	umber of individuals (including but not limited									·		. 30, 9	:03
	ble compensation from the organization ▶		u ubo	••,		100				15			
0 5:14			•							I		Yes	No
	organization list any former officer, director of		•	-		•					3		Х
	ee on line 1a? If "Yes," complete Schedule J for individual listed on line 1a, is the sum of repo												_^_
-	anization and related organizations greater tha	=											
-	tal										4	х	İ
	person listed on line 1a receive or accrue cor									· · · · · · · · · · · · · · · · · · ·	· · ·	-11	
•	s rendered to the organization? If "Yes," comp	•		-			_				5	i i	Х
	B. Independent Contractors						···		<u> </u>				
	ete this table for your five highest compensated	d independe	nt con	trac	tors	that	receiv	ed r	more than \$100,00	0 of			
·-	nsation from the organization	·											
(A) (B)							(C)						
							Comp	ensatio					
Hammond & Assoc 101 S Hanley Rd, Saint Louis, MO 63105 Investment Mgt.									,120				
RuffalCo	dy PO Box 3018 Cedar Rapids, 1	LA 52406		-				-	Fundraisi	щ		503	,270
									 				
2 Total n	umber of independent contractors (including b	ut not limited	d to the	ose	liste	d at	ove) v	vho	received			·······	
	san \$100,000 in compensation from the organi			•			, •			2			

91-1075542

Part 1	<i>(</i> 41)	Statement of Revenue					<u></u>
	*			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
Contri- butions, gifts, grants and other similar	1a b c d e	Federated campaigns	29.135.326	,			
amounts	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	1,485,679	29,135,326			
Program Service Revenue		All other program service revenue	Business Code				
	3	Total. Add lines 2a-2f	, and • • • • • • ►	2,054,936			2,054,936
	5 6a b	Income from investment of tax-exempt bond pro Royalties		,		‡ ‡ ‡ ‡ ‡	
O t	7a b	Net rental income or (loss)	(ii) Other 21,413,020	1	,		
her Revenue	8a b c	Net gain or (loss)		2,728,258		######################################	2,728,258
-	10a	See Part IV, line 19					
	11a b	Net income or (loss) from sales of inventory Miscellaneous Revenue Support from WSU Advancement fees Other Endowment Income	Business Code 900099 900099 900099	5,668,004 4,108,248 1,259,155			5,668,004 4,108,248 1,259,155
	1	All other revenue		11,035,407			15.818.601

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21	34,900,451	34,900,451		
2	Grants and other assistance to individuals in		1		
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments.				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			······································	******
4 5	Benefits paid to or for members	-			
3	Compensation of current officers, directors, trustees, and key employees	2 092 140		399,638	1 603 503
6	Compensation not included above, to disqualified	2,083,140		399,636	1,683,502
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,713,541		1,332,690	1,380,851
8	Pension plan contributions (include section 401(k)	2,713,341		1,332,030	1,300,031
•	and section 403(b) employer contributions)	362,749		131,007	231,742
9	Other employee benefits	591,146		213,493	377,653
10	Payroll taxes	389,620		140,712	248,908
11	Fees for services (non-employees)	- 303,7020			
''а	Management			+	
b	Legal	91,976			91,976
c	Accounting	18,445		18,445	•
d	Lobbying				
e	Professional fundraising services See Part IV, line 17.	437,276	····		437,276
f	Investment management fees	1,193,001		1,193,001	
g	Other	29,991	-		29,991
12	Advertising and promotion				
13	Office expenses	538,241		155,363	382,878
14	Information technology	163,986		163,986	
15	Royalties				
16	Occupancy	371,515		371,515	
17	Travel	340,482		62,706	277,776
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	372,797		229,052	143,745
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	98,954		98,954	
23	Insurance				
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)				
а	Constituency Support	1,188,927			1,188,927
b	Cultivation	202,805			202,805
С	Campaign and Marketing	160,659			160,659
d	Equipment and Furniture	8,878		8,878	
е	Phonathon expense recovery	(198,106)			(198,106
f	All other expenses	12,859		8,669	4,190
25	Total functional expenses. Add lines 1 through 24f	46,073,333	34,900,451	4,528,109	6,644,773
26	Joint Costs. Check here ▶ ☐ 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.			1	

Part X **Balance Sheet** (A) (B) End of year Beginning of year 650 1 250 715,041 2 2 996,509 3 18,830,292 3 15,065,593 18,250 4 7,432 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Α 6 s 7 295,246 7 278,329 R 8 t 9 Prepaid expenses and deferred charges 21,801 12,748 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D. 10a 3.570.234 Less accumulated depreciation 10b 10c 696,227 3,434,754 2,874,007 Ь 11 223,015,063 11 240,488,543 12 12 13 13 14 14 15 15 42,073,982 46,690,592 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 288,405,079 306,414,003 17 17 288,620 737,844 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 16,375,843 16,890,187 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 15,216,893 16,350,763 25 26 26 31,881,356 33,978,794 Organizations that follow SFAS 117, check here ▶ 🔯 and complete lines 27 through 29, and lines 33 and 34. NF 27 1,464,769 1,269,688 e t u 27 n d 28 5,803,968 7,583,147 28 29 263,582,374 29 249,254,986 В Organizations that do not follow SFAS 117, check here ▶ □ s а and complete lines 30 through 34. Ī е 30 t а 30 s n Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 0 е 32 256,523,723 33 272,435,209 33 306,414,003 288,405,079 34

Form 990 (2009)	Washington S	tate University	Foundation
Part XI Financ	ial Statements and	Reporting	

Yes No Other Accounting method used to prepare the Form 990 Cash X Accrual If the organization changed its methods of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of Х the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Χ 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3ь

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91-1075542

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

2009

Open to Public Inspection

	ame of the organization Employer identification								on number				
	~	gton State Uni								075542			
-	rt I			y Status (All organiza					uctions				
	orgai			nuse it is (For lines 1 thre	-	· -							
1	님			association of churches		in section	170(0)(1)((A)(I).					
2				1)(A)(ii). (Attach Schedu		470/L	. V 4 V & V:::	`					
3 4	H			rvice organization descri ited in conjunction with a					(
7	L	city, and state	organization opera	ited in conjunction with a	a riospilar i	jescribed i	n section	170(0)(1)	(A)(III). En	ter the nos	pitaisni	ame,	
5	ΙΏΙ		rated for the henef	fit of a college or univers	ity owned	or operate	d by a go	vernmenta	Lunt dosc	ribod in			
	KĀ	section 170(b)(1)(A		=	only Ownled	or operate	u by a go	venninent	ii uriit uest	inped III			
6	П		•	r governmental unit desc	cribed in s	ection 170	(ь)(1)(д)(v).					
7	П		-	a substantial part of its					the gener	ral public			
	_	described in section				3			J	т. р			
8	П			n 170(b)(1)(A)(vi). (Com	plete Part	II)							
9	Ō			(1) more than 33 1/3%			ontribution	s, membe	rship fees	, and gross	5		
	_	=		empt functions - subject						-			
		support from gross	investment income	and unrelated business	taxable in	come (less	s section 5	11 tax) fro	m busines	sses			
		acquired by the orga	anization after June	e 30, 1975 See section	509(a)(2).	(Complete	Part III)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ety See se	ection 509	(a)(4).					
11		An organization orga	anızed and operate	ed exclusively for the be	nefit of, to	perform th	e function	s of, or to	carry out t	he			
				oorted organizations des						e section			
			box that describe	s the type of supporting	-				ough 11h	_			
		a ∐ Type I	b ∐ Typ:	_	Type III				d		II-Other	•	
е	Ш			organization is not contro									
		•	-	ers and other than one o	or more pu	blicly supp	orted orga	anızatıons	described	in section			
		509(a)(1) or section						*					
f		_		etermination from the IR					_				
_		•		zation accepted any gift									• • ∟
g		following persons?	oo, nas the organia	zation accepted any gin	OI COITHIND		arry or trie						
			directly or indirectly	y controls, either alone o	or together	with nerso	ns describ	ned in (iı)				Yes	No
				dy of the supported orga							11g(ĭ)		
				cribed in (i) above?							11g(ii)		
				on described in (i) or (ii)							11g(iii)	1	
h				it the supported organization									
	(i) N	lame of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou notify	(vi)	ls the	(vii)	Amoun	t of
		organization		(described on lines 1-9 above or IRC section	1	sted in your document?		nization in of your		tion in col zed in the	s	upport	
				(see instructions))	governing			port?	U	S?			
					Yes	No	Yes	No	Yes	No			
				1							•		
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Tota			,		I				‡				
100			L.,	‡	. T T	<u> </u>	<u> </u>	1 .	Ŧ	<u> </u>			

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	43,096,537	48,764,332	48,359,039	40,986,054	29,135,326	210,341,288
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 5	Total. Add lines 1 through 3 The portion of total contributions by each	43,096,537	48,764,332	48,359,039	40,986,054	29,135,326	210,341,288
	person (other than a governmental unit or	1					
	publicly supported organization) included	1	`				
	on line 1 that exceeds 2% of the amount	ĺ			,		
	shown on line 11, column (f)	1	:				
6	Public support. Subtract line 5 from In 4				***************************************		210,341,288
Sec	tion B. Total Support		<u> </u>				· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	43,096,537	48,764,332	48,359,039	40,986,054	29,135,326	210,341,288
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,632,123	5,019,187	6,053,772	2,701,297	2,054,936	19,461,315
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)	5,846,980	7,799,466	10,900,216	14,711,112	11,035,407	50,293,181
11	Total support. Add lines 7 through 10 .					i	280,095,784
12	Gross receipts from related activities, etc. (see instructions) .	. .	<i>.</i>		12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	e		rth, or fifth tax year	as a section 501(c)(3)	▶ 🗌
<u>Sec</u>	tion C. Computation of Public Su			··			<u> </u>
14	Public support percentage for 2009 (line 6,						75.10 %
15	Public support percentage from 2008 Sche						76.40 %
16a	33 1/3% support test - 2009. If the organi						_
	and stop here. The organization qualifies a		•				▶ 🛚
Ь	33 1/3% support test - 2008. If the organi						_
	box and stop here. The organization quali		-				▶ ∐
17a	10%-facts-and-circumstances test - 20				•		
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums		•		· ·		
b	10%-facts-and-circumstances test - 20	=					r
	more, and if the organization meets the "fa		-				_
18	organization meets the "facts-and-circums Private foundation. If the organization did				_		_

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . c Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support (e) 2009 (f) Total (b) 2006 (c) 2007 (d) 2008 (a) 2005 Calendar year (or fiscal year beginning in) ▶ Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12). . 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) Section C. Computation of Public Support Percentage 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2008 Schedule A, Part III, line 17...... 19a 33 1/3% support tests - 2009. 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 - 2008. 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 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 Washington State University Foundation	91-1075542	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, III	ne 10,	
Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information. See instructions.		
		
Other income (Part II, line 10 or Part III, line 12)		
Other Tagens is semanted of a Advancement for at 400. Survey, for at 41.	. .	
Other Income is comprised of : Advancement fee at 40%, Support from Washingto	n State	
University 52% and Miscellaneous income of 8%.		
		
		
•		
	·	
	····	
		
	 	
		
•	 	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

	of the organization				Identification number	
	shington State University Fo				1075542	
Pa	<u></u>		Other Similar Fund	ds or Accoun	Its. Complete if	
	the organization answered "Yes" to Form 990, P	art IV, line 6		<u> </u>		
	_	(a) Donor	advised funds	(b) Fund	ds and other accounts	
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·	1		<u> </u>	
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)		4,250			
4	Aggregate value at end of year		100,896			
5	Did the organization inform all donors and donor advise	•				
	funds are the organization's property, subject to the organization				🛚 X Yes	☐ No
6	Did the organization inform all grantees, donors, and de					
	used only for charitable purposes and not for the bene-		·			
	purpose conferring impermissible private benefit? .				· · · · · 🔀 Yes	☐ No
Pa	TII Conservation Easements. Complete			, Part IV, line 7		
1	Purpose(s) of conservation easements held by the orga		at apply)			
	Preservation of land for public use (e.g., recreation	or pleasure)	Preservation of an hist	orically important	land area	
	Protection of natural habitat		Preservation of a certif	ied historic struct	.ure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a	qualified conservatio	n contribution in the form	of a conservation	n	
	easement on the last day of the tax year					
				Hele	d at the End of the T	ax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements .			2b		
c	Number of conservation easements on a certified histo-	ric structure included	ın (a)	2c		
d	Number of conservation easements included in (c) acq	uired after 8/17/06 .		2d		
3	Number of conservation easements modified, transferre	ed, released, extingui:	shed, or terminated by the	e organization du	ring	
	the tax year ▶	•	·	•	•	
4	Number of states where property subject to conservation	on easement is locate	d ▶			
5	Does the organization have a written policy regarding t					
	violations, and enforcement of the conservation easem		•		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing of	onservation easements o	luring the year	_	_
	>	0.		5		
7	Amount of expenses incurred in monitoring, inspecting	, and enforcing conse	rvation easements during	the year		
	▶ \$		`	•		
8	Does each conservation easement reported on line 2(d	i) above satisfy the re	guirements of section			
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?				TYes	∏No
9	In Part XIV, describe how the organization reports cons					_
	balance sheet, and include, if applicable, the text of the					
	the organization's accounting for conservation easeme	•				
Pa	rt III Organizations Maintaining Collecti		orical Treasures, or	Other Simila	ar Assets.	
F.T	Complete if the organization answered "Yes" t					
1a	If the organization elected, as permitted under SFAS 1			alance sheet wor	rks of	
	art, historical treasures, or other similar assets held for					
	provide, in Part XIV, the text of the footnote to its finance			a.	3077100,	
ь	If the organization elected, as permitted under SFAS 1:			nce sheet works o	of art	
D	historical treasures, or other similar assets held for pub					
	provide the following amounts relating to these items	CALIDITION, EQUICATION	on research at futuleic	or public 361		
	(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, historic			ai gain, provide tr	le	
	following amounts required to be reported under SFAS					
a	Revenues included in Form 990, Part VIII, line 1				P \$	
ь	Assets included in Form 990, Part X				> \$	

Da		Collections of A			PASIIFAS	or Ot	her Similar A		nage z
•	till Organizations Maintaining Using the organization's acquisition, accession,							SELS (COILLI	iueu)
3	•	and other records, c	neck any or	ine ione	wing mat an	a sign	meant use or its		
	collection items (check all that apply)								
	Public exhibition		or exchange	progra	ıms				
	Scholarly research	e 🗌 Othe	r				 		
	Preservation for future generations								
4	Provide a description of the organization's college	ections and explain he	ow they furth	er the c	organization's	exemp	t purpose in		
	Part XIV								
5	During the year, did the organization solicit or r							□ v	□ M-
	assets to be sold to raise funds rather than to be							L Yes	☐ No
Par	Escrow and Custodial Arra			ization	answered t	es to F	orm 990,		
	Part IV, line 9, or reported an amount								
1a	Is the organization an agent, trustee, custodian							🛚 Yes	∏No
	included on Form 990, Part X?							Mites	□ мо
ь	If "Yes," explain the arrangement in Part XIV an	id complete the follow	ving table				1		
						-		nount	
C	Beginning balance		• • • • • •	• • • •		· 1c			75,843
d	Additions during the year					. 1d			09,132
е	Distributions during the year		• • • • •			. 1e			94,788
f	Ending balance					. <u>1f</u>			90,187
2a	Did the organization include an amount on For	m 990, Part X, line 21	٠	• • • •				XI Yes	☐ No
	If "Yes," explain the arrangement in Part XIV								
Pa	TV Endowment Funds. Complete	if the organization ar							
		(a) Current year	(b) Prior y	ear	(c) Two year	s back	(d) Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance	223,015,063	285,355	,432					
ь	Contributions	13,682,136	15,217	,814	************************************	,,, ,	· 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c	Net investment earnings, gains, and losses .	19,844,572	(59,612	2,049	}				
d	Grants or scholarships				: !!!!. !*! !!!				
e	Other expenditures for facilities					1		1	
	and programs	16,053,228	17,946	,134	: 		********************	····	+++++++++++++++++++++++++++++++++++++++
f	Administrative expenses								
g	End of year balance	240,488,543	223,015	,063				<u> </u>	
2	Provide the estimated percentage of the year of	end balance held as							
а	Board designated or quasi-endowment >	7.00 %							
b	Permanent endowment ▶ 93.00 %								
c	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	sion of the organization	on that are he	eld and	administered	d for the	•		
	organization by							Y	es No
	(i) unrelated organizations							. 3a(i)	X
	(ii) related organizations							. 3a(ii)	X
ь	If "Yes" to 3a(II), are the related organizations i	isted as required on	Schedule R?					. 3b	
4	Describe in Part XIV the intended uses of the o								
	rt VI Investments - Land, Build			Form 9	90, Part X, li	ne 10			
E	Description of investment	(a) Cost or ott			st or other		Accumulated	(d) Book	/alue
		(Investm	h	• •	s (other)		depreciation		
1a	Land			2	,305,500			2,3	05,500
Ь	Buildings								
С	Leasehold improvements				34,868		8,374		26,494
d	Equipment				345,954		322,365		23,589
е	OtherSTMI				883,912		365,488	5	18,424
	il. Add lines 1a through 1e (Column (d) must e		X, column (B), line 1	0(c))		▶	2,8	74,007

Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
Financial derivatives			
Closely-held equity interests			
Other			
	<u> </u>		
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuati	
		Cost or end-of-year mark	et value
		·	
· · · · · · · · · · · · · · · · · · ·			·
	 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Im	e 15		
	Description		(b) Book value
Trust Assets			31,114,769
			8,884,560
Beneficial int in Perpetual Trust			6,001,273
Contributions recv from Trust			
Donor Advised Fund			100,896
Due from Washington State Univ			589,094
•			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		46,690,592
Part X Other Liabilities. See Form 990, Part X,			10,000,002
Employed		T	
1 (a) Description of liability	(b) Amount	-	•
Federal income taxes		4	
Annuities Payable	13,520,981	_	
Remainder Interest payable	2,829,782	」、	
			,
		1	
		1	,
		†	
		-{	
	 	┥ 、	
		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	16,350,763		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 Washington State University Foundation	91-107554	2 Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	44,953,927
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	46,073,333
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(1,119,406)
4	Net unrealized gains (losses) on investments	4	17,933,812
5	Donated services and use of facilities	5	2.,,555,612
6	Investment expenses	6	1,193,001
7	Prior period adjustments	7	1,133,001
8	Other (Describe in Part XIV)	8	(2,035,378)
9	Total adjustments (net) Add lines 4 through 8		17,091,435
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	 	15,972,029
	Reconciliation of Revenue per Audited Financial Statements With Revenue		13,312,023
1	Total revenue, gains, and other support per audited financial statements		60 0E2 016
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	60,852,816
		_	
а	Net unrealized gains on investments	2	`
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV)	 (1	
е	Add lines 2a through 2d		15,898,889
3	Subtract line 2e from line 1	3	44,953,927
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	44,953,927
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Returi	n
1	Total expenses and losses per audited financial statements	1	44,880,787
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		•
а	Donated services and use of facilities		
Ь	Prior year adjustments	┦ ┃	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d		455
3	Subtract line 2e from line 1		
	1 1		44,880,332
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	<u>-</u>	
ь	Other (Describe in Part XIV)	.	
_	Add lines 4a and 4b	4c	1,193,001
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	46,073,333
سسبي	rt XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	lb	
and :	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete	•	
this :	part to provide any additional information.	و	
Esc	crow account liability (Part IV, line 2b)		
-Do	nations received on behalf of Ruckelshaus Center Foundation - these as are	not	
rec	ognized on the Foundation's Financial Statements.		
	Continued on next page.		
		·	
			····
			

contributions receivable, and remainder interest payable. b) Cougar Property Holdings transactions which is part of the consolidated financial statements.

04. Other revenues not included on Form 990 (Part XII, line 2d)

This reflects: Trust activities that include adjustments to annuities payable,

contributions receivable, and remainder interest payable.

05. Other expenses not included on Form 990 (Part XIII, line 2d)

Schedule D (Form 990) 2009 Washington State University Foundation	91-1075542	Page 5
Part XIV Supplemental Information (continued)		
financial statements		
, ,		
	(=	
06. Footnote for uncertain tax position under FIN 48 ((Part X)	
Note 1 - Organization and Summary of Significant Accounting Policies		
	· · · · · · · · · · · · · · · · · · ·	
FASB issued new guidance on accounting for uncertainty in income taxes	The Poundation	
TABLE 1884 GAI GAIRE ON ACCOUNTING FOR MICE CARES	. The Foundacion	
adopted this new guidance for the year ended June 30, 2010. Managemen	t evaluated the	.
Foundation's tax positions and concluded that the Foundation had taken	no uncertain tax	
positions that require adjustment to the financial statements to compl	y with provisions of	
	<u> </u>	
this guidance.		
	· · · · · · · · · · · · · · · · · · ·	
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1		
		
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	<u> </u>	

Schedule F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

State University Foundation

Employer identification number

Washington State Univers					75542
		ities Outsid	e the United States. Co	emplete if the organization	answered
"Yes" to Form 990, Pa 1 For grantmakers. Does the org		ain records to si	instantiate the amount of the	ranto or	
assistance, the grantees' eligibil			-		
the grants or assistance?	-				. Tyes No
-					
2 For grantmakers. Describe in I	Part IV the organ	nization's proced	lures for monitoring the use of	grant funds outside the	
United States					
2 Astronom and Barrier (Use Cale		000\ 4 = 1.1. ===	-1		
3 Activities per Region (Use Scho		ſ	T T T T T T T T T T T T T T T T T T T	T	T
(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e.,	(e) If activity listed in (d) is a program service,	(f) Total expenditures in
	region	agents in	fundralsing, program services,	describe specific type of	region
		region	grants to recipients located in the region)	service(s) in region	
East Asia and the			Fundraising		
Pacific	None	None	activities	N/A	0
Europe (including	.,,,,,		Fundraising		0
Iceland and Greenland)	None	None	activities	N/A	0
Middle East and	None	None	Fundraising		0
North Africa	NONE	None	activities	N/A	ļ
North America (Not	None	None	Fundraising	-/-	0
the United States) Russia and the newly			activities Fundraising	N/A	
Independent States	None	None	activities	N/A	0
	···-		Fundraising		
Sub-Saharan Africa	None	None	activities	N/A	0
Europe (including			Investing		0
Iceland and Greenland)	None	None	activities	N/A	0
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			 	<u> </u>	
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				<u> </u>	<u> </u>
		 		 	
		 	 		
Totals ▶	L	lo	<u> </u>	<u> </u>	

(f) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt (e) Amount of cash grant (d) Purpose of grant Use Schedule F-1 (Form 990) if additional space is needed (b) IRS code section and EIN (if applicable) (a) Name of organization N

EEA

Page 2

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000............... m990) 2009 Washington State University Foundation

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Schedule F (Form 990) 2009

Part II Grants

Page 3

91-1075542

Washington State University Foundation

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Schedule F (Form 990) 2009

Part III Grants a

Use Schedule F-1 (Form 990) if additional space is needed.

(g) Description of non-cash of non-cash (book, FMV, assistance appraisal,	olner									
. (f) Amount of non-cash assistance										
(e) Manner of cash disbursement							-			
(c) Number of cash grant of cash grant										
(a) Type of grant or assistance										

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer Identification number

vasnington State Un	liversity Fo	oundat:	Lon		91-10	75542
Part 1 Fundraising Activ	ities. Complete if the not required to comple	organization ete this part	n answered	l "Yes" to Form 990, Pa	art IV, line 17	
1 Indicate whether the organization			following a	ctivities Check all that	apply	
a X Mail solicitations		e 🏻	Solicitation	of non-government g	rants	
b X Internet and email solicitation	ns			of government grants		
c 🔲 Phone solicitations				draising events		
d 🗓 In-person solicitations		3 🗀				
2a Did the organization have a writ	ten or oral agreement	with any ind	lividual (inc	luding officers, directo	re truetone	
or key employees listed in Form						. □ No
b If "Yes," list the ten highest paid						
to be compensated at least \$5,0			, paisauit	to agreements under v	Which the fundraiser is	
(i) Name of individual	(ii) Activity	(iii) Did fund	Iralser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		custody or contrib		from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
RuffaloCody		_	X	1 004 355	427.076	655 101
dilalocody	Solicitatio		_^	1,094,377	437,276	657,101
Marts Lundy Inc	Advisors		X		29,991	(29,991
					-	
		 				
		 				
		ļ				
						
Total				1,094,377	467,267	627,110
3 List all states in which the organia registration or licensing	ration is registered or	licensed to s	solicit funds	or has been notified if	is exempt from	
	See Attach	ment 1				
				 		
						

EEA

		111010 111011 4 10,000 0111 01111 55	0-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
R e		-	(event type)	(event type)	(total number)	col (c))
٧	1	Gross receipts				
e n	2	Less Charitable				
u e		contributions				
	3	Gross revenue (line 1				
		minus line 2)				
	4	Cash prizes				
D						
r	5	Non-cash prizes		 		
e c	6	Rent/facility costs				
t	-					
E	7	Food and beverages				
p e	8	Entertainment				
n	ľ	Linertenimont.				
s e	9	Other direct expenses				
S	10	Direct expense summary Add lines	Athrough Cin column (s	1)	_	
	10	Net income summary Combine line				
Pa	rt I					· · · · · · · · · · · · · · · · · · ·
	,	than \$15,000 on Form 990-EZ	, line 6a.	· -	y====================================	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
ň		0				
	1	Gross revenue				
Direct	2	Cash prizes				
č				1	1	
Ê	3	Non-cash prizes				
Expe	4		, , , , , , , , , , , , , , , , , , ,			
Experso		·				
Expenses		·				
n	4 5	Rent/facility costs	☐ Yes %		☐ Yes %	
n	4	Rent/facility costs	☐ Yes% ☐ No	☐ Yes%	% No	
n	4 5	Rent/facility costs	No	□ No	□ No	()
n	4 5 6 7	Rent/facility costs	No S 2 through 5 in column (o	No No	▶	()
n	5	Rent/facility costs	No S 2 through 5 in column (o	No No	▶	()
n	4 5 6 7 8	Rent/facility costs	No s 2 through 5 in column (d), a	No	▶	()
nses	4 5 6 7 8	Rent/facility costs	No s 2 through 5 in column (d), anbine line 1, column (d), attion operates gaming action	No and line 7	▶	() Yes No
n s e s	4 5 6 7 8 Er	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com	No s 2 through 5 in column (d), anbine line 1, column (d), attion operates gaming action	No and line 7	▶	() Yes No
n s e s	4 5 6 7 8 Er	Rent/facility costs	No s 2 through 5 in column (d), anbine line 1, column (d), attion operates gaming action	No and line 7	▶	() Yes No
n s e s	4 5 6 7 8 Er s is if	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com Inter the state(s) in which the organiza the organization licensed to operate and the operate and t	No 2 through 5 in column (d), and the line 1, column (d), and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 2 and the	No d)	□ No	() Yes No
9 a l	4 5 6 7 8 Er s is if	Rent/facility costs	No 2 through 5 in column (d), and the line 1, column (d), and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 2 and the	No d)	□ No	() Yes No 9a
9 a l	4 5 6 7 8 Er s is if	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com Inter the state(s) in which the organiza the organization licensed to operate "No," Explain	No 2 through 5 in column (d), and the line 1, column (d), and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 1 and the line 2 and the	No d)	□ No	() Yes No 9a
9 2 1 10a	4 5 6 7 8 Er s is if work if work if work if work in the content of the content o	Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com Inter the state(s) in which the organiza the organization licensed to operate "No," Explain Vere any of the organization's gaming "Yes," Explain	No 2 through 5 in column (a), and the line 1, column (d), a tion operates gaming actigaming activities in each licenses revoked, susper	No d)	No	Yes No 9a
9 a l	4 5 6 7 8 Erra Is of If W	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com Inter the state(s) in which the organiza the organization licensed to operate "No," Explain	No s 2 through 5 in column (d), and the line 1, column (d), a tion operates gaming actigaming activities in each licenses revoked, susper activities with nonmember	No d)	No	() Yes No 9a

Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance The grants or assistance, the grants or assistance, and starce? Assistance A	/066 III/01		60Ve	Governments, and Ir	and individuals in the United States	ne onnea sta	les		2003
Assistance Assistance the grants or assistance, the grantees' eligibility for the grants or assistance, and stance' The grant of grant turbed States. The grants and Organizations in the United States. The grants are the organizations answered Tyes' to received more than \$5,000 Use all spaces in received more than \$5,000 Use all spaces in the grant of the grant of the grants of the grant of the grants of the grant of the grants of the grant of the grants of the gran	ertment of the Treasury		Complete	if the organization ans	wered "Yes," to Forn	n 990, Part IV, line 21	or 22.	0	Open to Public
Foundation Of Clanis and Assistance Of Cooper and Clanis and Organizations in the United States Stance to Cooper and Cooper and Clanis and Organizations in the United States Of Cooper and Cooper and Organizations in the United States Of Cooper and Coope	rnal Revenue Service			•	ttach to Form 990.				Inspection
Assistance The amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and monitroming the use of grant funds in the United States. The amount of the grants or assistance and requirements and Organizations in the United States. Complete if the organization answered "Yes' to receive the style of the control of the propose of the space is needed. The amount of the control of the control of the control of the propose of the space is needed. The amount of the control of the c	ne of the organization shington State	University For	undation					Employer identification 91-1075542	n number
Another organizations in the United States. Complete if the organization answered "Yes" to reconstruct the use of gan funds in the United States. Complete if the organization answered "Yes" to received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use al space is needed. A (a) increasing and increasing and increase in the organization of increase in the organization of increase in the organization of increase in the organization of increase in the organization answered "Yes" in the Organization of the Organizations in the Organizations in the Organizations in the Organizations in the Organizations in the Organizations in the Organizations in the Organization answered "Yes" in the Organization and "Yes" in the Organization and "Yes" in the Organization answered	art I General Ir	formation on G	rants and Assist	ance					
procedures for monitoring the use of grant times in the United States. Stance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to any recipient received more than \$5,000 Check this box if no one neoppent received more than \$5,000 Check this box if no one neoppent received more than \$5,000 Check this box if no one neoppent received more than \$5,000 Check this box if no one neoppent received more than \$5,000 Check this box if no one neoppent received more than \$5,000 Check this box if no one neoppent received more than \$5,000 Check this posterior is applicable. Part Does the organizati	on maintain records t	o substantiate the amo	ount of the grants or assi	stance, the grantees'	eligibility for the grants	or assistance, and			
Stance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to asstrain that received more than \$6,000 Check this box if no or recipient treceived more than \$6,000 Check this box if no or recipient received more than \$6,000 Check this box if no or recipient received more than \$6,000 Check this box if no or recipient received more than \$6,000 Check this box if no or recipient received more than \$6,000 Check this part is applicable (a) Rice section (d) Amount of non-cash (book thinks) (b) Description of assistance (a) Expert (c) (3) 33,414,772 1,485,679 (book thinks) (b) Check this part is concernable to the part is c	the selection criteria	a used to award the g	rants or assistance?				:	:	. 🛚 Yes 🗀 No
Stance to Governments and Organizations in the United States. Complete if the organization answered "Ves to may be used to be used t	๋อเ	the organization's pro	cedures for monitoring	g the use of grant funds	n the United States				
any scene more more man about or not need that about of assistance (b) EtN (i) Received more man about of assistance (c) EtN (c) (c) (d) (d) (d) Amount of assistance (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		d Other Assista	nce to Governme	ents and Organizat	ions in the Unite	ed States. Complet	e if the organization answ	rered "Yes" to	
91-6001108 SO1(c) (3) 33,414,772 1,485,679 See Part IV See Par	Form 990, Pa	irt IV, line 21, for any i chedule i-1 (Form 99	recipient that received	more than \$5,000 Che	ck this box if no one r	ecipient received more	than \$5,000 Use		△
hington State University Jacob Ja	(a)	s of organization	(b) Ein	(c) IRC section		(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
91-6001108 501(c) (3) 33,414,772 1,485,679 See Part IV	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					otner)		
Ther of section 501(c)(3) and government organizations	llman 99164	OIIIVELBICY	91-6001108	501(c)(3)	33,414,772	1,485,679	See Part IV	See Part IV	See Part IV
Enter total number of section 501(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations							in the facilities in		
Enter total number of section 501(c)(3) and government organizations									
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Enter total number of section 501(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations									
	1	of section 501(c)(3) a	and government organ					•	

T C The distributions were in accordance with the mission of the Foundation which, in part, purports to solicit and accept support to the WSU program account specified by and the (f) Description of non-cash assistance Both WSU Distributions are used in accordance with the contract or Gift Use Agreement between the Foundation and the donor. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) The Foundation accesses WSU's accounting system to process and review the distributions Gifts that do not require a formal contract with the donor are deposited, by the Foundation, non-cash assistance - All non cash donations were distributed to the University. See Sch M. (d) Amount of (c) Amount of cash grant Use Part IV and Schedule I-1 (Form 990) if additional space is needed Column F - Cost, FMV, appraisal & Other . See Sch M. (b) Number of 01. Supplemental information (Part IV, additional) reciplents - Monitoring the use of grants

Page 2

Washington State University Foundation

Schedule I (Form 990) 2009

Part III

(a) Type of grant or assistance

Foundation keep a copy of the contract.

donor.

for WSU and its regional campuses

Column H -

Column G

Part IV

PART 1 Line 2

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

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

► Attach to Form 990. ➤ See separate instructions. OMB No 1545-0047

2009

Open to Public. Inspection

Employer identification number

Name	of the organization	E	imployer identifica	ation nu	mber	
Wash	nington State University Foundation		91-1075542	<u> </u>		
Par						
	<u> </u>		_		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a personal	on listed in F	orm	- 1		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding					
	First-class or charter travel Housing allowance or res					
	Travel for companions Payments for business us	e of persona	I residence			
	Tax indemnification and gross-up payments Health or social club dues		F		-	
	☐ Discretionary spending account ☐ Personal services (e.g., m	naid, chauffei	ır, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regardin	g payment o	r			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III			1ь		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred					
_	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in lin			2		
	officers, directors, flustees, and the October 2 motor, regularing the norms eventually					
3	Indicate which, if any, of the following the organization uses to establish the compensation of t	he				
•	organization's CEO/Executive Director. Check all that apply					
	☐ Compensation committee ☐ Written employment contributions of the contribution of th	ract				
	☐ Independent compensation consultant ☐ Compensation survey or					,
	☐ Independent compensation constitution ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		on committee			
	M Form 330 of other organizations Ed. Approver by the best of the					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to	the filina				
4	organization or a related organization.					
_	have a financial management?			4a	ĺ	x
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			4b		X
D	Participate in, or receive payment from, an equity-based compensation arrangement?			4c		X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item					
	If Yes to any of lines 4a-c, list the persons and provide the applicable amounts for each term	ini i ait iii				
	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	anv		ļ.		
•	compensation contingent on the revenues of					ľ
•	The organization?			5a]	X
a h	Any related organization?			5b		X
	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	anv				
•	compensation contingent on the net earnings of.	/				
_	The organization?			6a		X
a L	Any related organization?			6b	 	X
D				<u> </u>	ļ	
_	If "Yes" to line 6a or 6b, describe in Part III	on-fixed				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any nepayments not described in lines 5 and 6? If "Yes," describe in Part III	OH-HAGU		7		X
_	payments not described in lines 5 and 6' if fes, describe in Fatt in					+
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that	was occube				
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," d			8		X
.=	in Part III			-	 -	+^-
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure descri	nea in		9		1
	Regulations section 53 4958-6(c)?	<i>.</i>			1	

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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 Part II

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name	(f) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported in prior Form 990 or Form 990-EZ
	(i) 262,188			24,500	7,836	294,524	
Wilson-Hale, Brenda	(ii)						
	(i) 138,551			9,475	7,091	155,117	
Boyle, Virginia	(ii)						
	(i) 132,394			9,923	7,836	150,153	
Connell, Micheal	(ii)						
	(i) 141,878			14,052	7,836	163,766	
Hermanson, Mark	(ii)						
	(i) 192,400			14,250	7,836	214,486	
Puckett, Richard	(ii)						
	(!)						
	(ii)						
	(.						
	(ii)						
	(1)						
	(ii)						
	(3)						
	(II)						
	(i)						
	(ii)						
	(3)						
	(ii)						
	(i)						
	(II)						-
	(!)						
	(ii)						,
	(i)						
	(E)						
	(3)						
	(E)						
	(9)						
	(!!)						
	(1)						
	(ii)						
							Schedule J (Form 990) 2009

Schedule J-2 (Form 990)

Continuation Sheet for Form 990

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the Organization

▶ See the Instructions for Form 990.

Open to Public Inspection

Employer identification number

Washington State University Foundation 91-1075542
Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees			_		_					
(A)	(B)			(c)			(D)	(E)	(F)
Name and title	Average				k all 1	that app	oly)	Reportable	Reportable	Estimated
	hours per	l t d n r i d u r i s t c i d e v e t o	l t	o f	K e	Hce i o m	F	compensation	compensation	amount of
	week	dur	s u	f	ÿ	g mp e n e t a e t	r m	from	from related	other compensation
		vtc	i t	c e	e m	eeo	e	the	organizations	from the
		deo	u e t	ř	٢	tse	ļ '	organization	(W-2/1099-MISC)	organization
	1	a o	i		y e	t e	Ì	(W-2/1099-MISC)	,	and related
			n		e	ď				organizations
		<u> </u>	Ī	<u> </u>	-		 			
Wright HS III	0.60	\ v			İ		ĺ			
Board Member Harmon Dan	0.60	X	-	<u> </u>			├	0	0	0
Board Member - Treasurer	1 20	X								
Wilson-Hale Brenda	1.20	 ^ -			ļ	 		0	0	0
	40.00	X		v	ļ					
Vice Pres& Board Mem Ex-Officio	40.00	 ^- -	_	X	_	 	-	262,188	0	32,336
Anderson Devon	40.00		1	v		1		100		22.216
Associate Vice President	40.00	 -		X		 	 	129,116	0	20,846
Boyle Virginia	40.00		İ	l v		ŀ				
Associate Vice President Connell Micheal	40.00	 		X		 	ļ	138,551	0	16,566
	40.00				ļ		l			
Associate Vice President	40.00		-	X	ļ	 	├	132,394	0	17,759
Durham Trevor	40.00			X				25 225		11 600
Associate Vice President Harrelson Cheryl	40.00			-^	-		-	75,775	0	11,629
-	40.00			X				111 055		1.6.00.6
Associate Vice President Hermanson Mark	40.00	-					-	111,856	0	16,236
-	40.00			Х				141 070		21 222
Associate Vice President Jampol Ellen	40.00	 -						141,878	0	21,888
Associate Vice President	40.00			Х				127 922	o	20 741
Monterio Beth	40.00	 	_	_^		├──	-	127,823	0	20,741
Associate Vice President	40.00			X			i	110 202	o	16 201
Morgan Sharon	40.00			^	_			110,283		16,291
Assistant Vice President	40.00	1		X		1	1	102 000	o	15 520
Picciotto Gil	40.00			1		 -		101,098		15,520
Associate Vice President	40.00			Х		İ	İ	120,216	o	16,836
Puckett Richard	10.00	-	_	_^	_		-	120,210		10,030
Snr. Associate Vice President	40.00	[X		[192,400	0	22,086
Harvey Kevin	40.00		-		 		├-	132,400	-	22,000
Associate Vice President	40.00			X				131,373	o	17,759
Ogden Gail	40.00		-		_		-	131,373		11,135
Director of Development	40.00					Х		107,988	0	18,546
Olsen Karin					-		\vdash	107,388		10,510
Snr Director of Development	40.00					Х		101,955	o	18,090
Alexander Eric	10.00				_	<u> </u>	\vdash	101,955	,	20,000
Director of Development	40.00					Х		101,074	0	15,336
Director or peasiobment						<u> </u>	 	101,074	ļ -	13,330
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		 	<u> </u>		_	 	\vdash		-	
)		1]		Ì		•
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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number Washington State University Foundation 91-1075542 Types of Property (b) (a) (c) (d) Check if Number of contributions Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art-Works of art Х 140,446 Expert Opinion 2 Art-Historical treasures 3 Art-Fractional interests 4 Books and publications Х 12,666 Fair Mkt Value 5 Clothing and household goods X 7,491 Fair Mkt Value 6 Cars and other vehicles 7 Boats and planes X 1 4,565 Fair Mkt Value R 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 Qualified conservation 14 contribution - Other. 15 Real estate-Residential 16 Real estate-Commercial Real estate-Other. 17 18 Collectibles X 3 1,722 Fair Mkt Value 19 Food inventory X 57 26,508 Cost 20 Drugs and medical supplies . . . X 1 7,000 Fair Mkt Value 21 Taxidermy 22 Historical artifacts 23 Scientific specimens X 4 11,692 Expert Opinion 24 Archeological artifacts 25 Other ▶(Animals 22 2,811 See Part II Х 279,396 Fair Mkt Value 26 Other ▶(Equipment X 20 27 617 991,382 Fair Mkt Value Other ▶(Miscellane X 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 30a Х 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 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X b If "Yes." describe in Part II. 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

Schedule I	M (Form 990) 200 Washington State University Foundation	91-1075542	Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I,	lines 30b,	
	. 32b, and 33 Also complete this part for any additional information		
The Foun	dation reported the number of contributions in column (b) Part 1.		
		-	
Method o	Determining Revenues - Live Animals		
A minima	l value of approximately \$1.00 is assigned to animals who failed/d	id not have a	
madiani.	owen and these of advenged warms. The fair market walne is used for		
medical .	exam and those of advanced years. The fair market value is used fo	r all other	
animals.			
		· · · · · · · · · · · · · · · · · · ·	
Line 32a			
The Found	dation utilized the services of the professional fundraiser Ruffa	loCody for	
<u></u>	addon dollind the belyloss of the professional functions will	10cody 101	
solicita	tion of non-cash gifts.		
		-	
All non-	cash gifts were distributed to Washington State University for sal	e or use by the	
Universi			
Ourversi	-y•		
-			
-			
	•		
-			
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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

Employer identification number

2009

Open to Public Inspection

Washington State University Foundation	91-1075542
01. Members or stockholder classes and rights (Part VI, line 6)	
Composition: The members of the Foundation (Members) shall consist of i	ndividuals who
are designated as Members by right (i.e., without the need for further	action to be taken)
or ex officio (i.e. by virtue of office), and those individuals electe	ed to the Board of
Trustees of the WSU Foundation. The Board of Trustees shall have no fi	duciary
responsibility for the general business and affairs of the Foundation a	and is not the
governing board.	
Rights of Members:	
To amend, alter, modify, repeal or restate the Articles of Incorporation	on and/or Bylaws of
the WSU Foundation; to modify the business structure of the Foundation,	to sell lease or
dispose of property; to dissolve and wind-up the business and affairs of	f the WSU
Foundation; and elect members and Governors of the Foundation.	
	
02. Member election for additional members (Part VI, line 7a)	
Refer to "Members or stockholder classes and rights" above.	
03. Governing body decisions (Part VI, line 7b)	
Refer to "Members or stockholder classes and rights" above.	
04. Form 990 governing body review (Part VI, line 11)	· · · · · · · · · · · · · · · · · · ·
Review of Form 990 Prior to submission to the IRS - The Form 990, with	all required
schedules, is reviewed by the WSU Foundations independent Audit Committ	ee for
presentation to the WSU Foundation Board of Directors, which includes	the key officers of
the corporation. The Form 990 is then reviewed and accepted by all vot	ing members of the

Hanle of the digalization	Employer identification number
Washington State University Foundation	91-1075542
Board in accordance with the Revised Code of WA Section 19.09.500 which re	quires the Board
ensure that the financial information included in all filings to the Secre	tary of States
Office represents, in all material respects, the financial condition and r	esults of
operations of the organization. The Form 990, with schedules, is sent to	each Board
Member prior to their acceptance of the document.	
05. Conflict of interest policy compliance (Part VI, line 12c)	
Refer to page 4.	,
06. CEO, executive director, top management comp (Part VI, line 15a)	
Refer to page 5.	
	,,
07. Governing documents, etc, available to public (Part VI, line 19)	
The Foundation makes it governing documents, conflict of interest policy,	and financial
statements available to the public through its website - http://wsufoundat	ion.wsu.edu/ and
by request.	
08. General explanation attachment	
Part 1 - Line 5: Washington State University processes the payroll and fi	les all payroll
related returns for the Foundation. Cross reference (Part V, line 2a and 2	b).
Part 1 - Line 6: Part-Time volunteer services are provided by the Board o	f Governors, and
members of the following committees: Audit, Executive, Investment, Gift Ac	ceptance and
Management, Finance, Nominating, Athletics Advisory Council, Corporate & F	oundation
Relations, Scholarships, Special Events, Recognition, Cougar Parent Adviso	ry Board, Recent
Graduate President's Committee, Cougar Colleagues, and Presidents Associat	e & Annual
Giving.	

Name of the organization Employer Identification numbe Washington State University Foundation 91-1075542 Part 111 - Statement of Program Services Accomplishments 4d Research - Expense and grants \$1,727,730 The Foundation does not directly provide this program service. However, contributions received for this purpose were distributed to the University for disbursement in accordance with donor agreements. Contributions were received to further research projects at the University. Plant and Equipment - Expense and Grants \$3,229,973 The Foundation does not directly provide facility and maintenance program services. However, contributions received for this purpose are distributed to the University for use in accordance with donor agreements. Contributions were received for the purchase and maintenance of buildings and equipment. Schedule G - Supplemental Information Regarding Fundraising or Gaming Activities Part 1 Column (v) Amounts paid to Fundraisers Per the agreements with the fundraisers, noted below, the Foundation paid both fees for services and expenses. The payments were made after the fundraisers submitted itemized invoices. The expenses for the fiscal year were as follows: RuffaloCody: \$8,919.00 Marts and Lundy: \$491.00 Schedule R - Related Organizations and Unrelated Partnerships - Part V Column C Cougar Property Holdings The \$840,433 amount reported is a loan repayment by CPH to the Foundation. Ruckelshaus Center The \$485,059 amount reported is the value of gifts that the Foundation received on behalf of the Center.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

<u>20</u>0

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organizationEmployer identification numberWashington State University Foundation911075542

Monitoring conflict of Interest policy (Part VI Line 12c)
Annually, after the Fall Meeting of the Corporation the Board of Directors, all officers, and all other members of the WSU
Foundation Standing Committees are provided a copy of the WSU Foundation Conflicts of Interest Policy along with a
Questionnnaire and Certification Statement. The policy is designed to help fiduciaries of the WSU Foundation identify
situations that present potential conflicts of interest and to emphasize the importance of adhering to high standards of
responsibility, accountability, and public scrutiny. The policy contains an active list of current and anticipated vendors
engaged by the WSU Foundation. It describes what a conflict of interest is and the process necessary if one is identified.
Under the policy, each Board Member, Officer, and Standing Committee Member must file the annual certification
statement, at or immediately following the Annual Meeting of the WSU Foundation. This statement must set forth any
conflicts of interest that might be expected to occur within the coming year. The statement shall disclose as fully as
possible the nature of the potential conflicts and the nature of the individual's (or their family members) interest in the
potential transactions. All statements that anticipate conflicts of interest are then circulated to the full Board.
In the interim, if any Governor or Committee Member or member of his/her family has or is about to assume an interest
or other relationship which might result in a conflict of interest, it is the Governor's or Committee Member's responsibility
to immediately disclose all material facts to the Chair of the Board of Governors or the Chair of the Audit Committee.
This conflict of interest process is managed by the internal WSU Foundation Board Relations team which tracks and
monitors submission of the annual certification statements and processes instances where a conflict is identified.
·

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number **Washington State University Foundation** 1075542 Determining compensation (Part VI, Line 15) Background: The WSU Foundation utilizes an internal Compensation Task Force to set, monitor, and recommend increases to employee compensation. The Task Force's role is to conduct comprehensive research on current market salaries for all development personnel - back office to front line fundraising. This effort is complementary to the employee evaluation system which is designed to tie salary increases to clearly articulated development performance benchmarks and take into account both merit and market salary adjustments. Methodology: Development is a distinct career field and there exist many sources of information on salary trends, current salaries, and historical data. In particular, the Task Force relys on the following sources: 1. Council for Advancement and Support of Education (CASE) – Advancement Compensation Survey. 2. The Chronicle of Philanthropy – Median Salaries of College Fund-Raising Officials. 3. Association of Fundraising Professionals – Compensation & Benefits Survey 4. University of Washington Office of Development and Alumni Relations - Complete, Current Salary Data 5. Published Salary Data from IRS Form 990s for the Following Institutions: a. Texas A&M Foundation f. Mississippi State University Foundation b. University of Wisconsin Foundation g. Iowa State University Foundation c. Kansas State University Foundation h. Colorado State University Foundation d. University of Georgia Foundation i. University of Minnesota Foundation e. Oklahoma State University Foundation j. Louisiana State University Foundation The Task Force also reviews the current development structure and divides development positions based on the following factors: 1. Size of the College/Unit 2. Fundraising Goal 3. Number of Development Personnel Assigned

4. Number of Prospects & Potential Fundraising Goals

5 control Page 2

Name of the organization	Employer identification number
Washington State University Foundation	91 1075542
5. Level of management responsibility	
6. Experience levels, length of service, special experience or training/certifications, and	job responsibilities
Utilizing the above criteria and information, the WSU Foundation Compensation Matrix is	updated annually. The
Task Force overlays current salaries of employees with the matrix and makes recommen	dations for market adjustments
to salaries after determination of merit based increases.	
The Companyation Matrix is used in the biring of new amulauses to get any acceptance	
The Compensation Matrix is used in the hiring of new employees to set appropriate salar	les.
······································	***************************************
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Schedule R (Form 990) 2009 OMB No 1545-0047 Direct controlling Direct controlling Open to Public inspection 2009  $\mathbf{\Xi}$ Employer identification number N/A N/A 91-1075542 Public charity status (if section 501(c)(3)) End-of-year assets **e** Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it Type I Туре І Exempt Code section **Total Income** ► Cornplete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. 501(c)(3) 501(c)(3) E Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) Legal domicile (state or foreign country) Legal domicile (state or foreign country) ▶ See separate instructions. WA EEA MA assets for WSU&Fnd Holds and manages problem solving Collaborative Primary activity Primary activity ▶ Attach to Form 990. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. had one or more related tax-exempt organizations during the tax year ) Name, address, and EIN of related organization Name, address, and EIN of disregarded entity Washington State University Foundation Cougar Property Holdings 91-2031421 Ruckelshaus Center 20-4490085 215 Hulbert Hall, 99164-1962 P.O. Box 641927, 99163-1927 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part ! Part II

Schedule R (Form 990) 2009

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Schedule R (Form	Name, address, and EIN	of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of ent (C corp, S o or trust)		псоте	Share of end-of-year assets	Percentage ownership
Schedule R (Form											
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Foundation	
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ton State U	
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Schedule R (Form 990) 2009	

Part V

**Transactions with Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36 )

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830,433 485,059 Schedule R (Form 990) 2009 × × × × × × Amount involved Yes × × × છ 르 19 2 9 ٥ **;** <u>t</u>a 5 ပ္ 5 # 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 Transaction type (a-r) <u>@</u> ឥ q ש н ж, 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? Reimbursement paid to other organization for expenses .......... EEA Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . . . Name of other organization Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Gift, grant, or capital contribution to other organization(s) . . . r Other transfer of cash or property from other organization(s) Sale of assets to other organization(s) . . . . . . (1) Cougar Property Holdings (2) Cougar Property Holdings (3) Cougar Property Holdings (5) Ruckelshaus Center (4) Ruckelshaus Center Sch 0 9 ڡ

91-1075542

Schedule R (Form 990) 2009

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

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

(a) (b) (c) (d)	( <b>q</b> )	(2)	(P)		<u> </u>		<u>e</u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section	Share of end-of-year	Disproportionate allocations?		General or managing
		country)	501(c)(3) organizations?			of Schedule K-1 (Form 1065)	partner?
			Yes No		Yes No		Yes No
						-	
			FFA			Cchadida D (F	Schedule B (Form 990) 2009

### Attachment 1

### WASHINGTON STATE UNIVERSITY FOUNDATION

EIN - 91-1075542

Schedule G – Supplemental Information Regarding Fundraising or Gaming Activities PART I (3)

List of All states in which the organization is registered to or licensed to solicit funds

ALABAMA	AL
ALASKA	AK
ARIZONA	AZ
ARKANSAS	AR
CALIFORNIA	CA
COLORADO	CO
CONNECTICUT	
	CT
DELAWARE	DE
FLORIDA	FL
GEORGIA	GA
HAWAII	HI
IDAHO	ID
ILLINOIS	$_{ t IL}$
INDIANA	IN
AWOI	ΙA
KANSAS	KS
KENTUCKY	KY
LOUISIANA	LΑ
MAINE	ME
MARYLAND	MD
MASSACHUSETTS	MA
MICHIGAN	MI
MINNESOTA	MN
MISSISSIPPI	MS
MISSOURI	MO
MONTANA	MT
NEBRASKA	NE
NEVADA	NV
NEW HAMPSHIRE	NH
NEW JERSEY	NJ
NEW MEXICO	NM
NEW YORK	NY
NORTH CAROLINA	NC
NORTH DAKOTA	ND
OHIO	OH
OKLAHOMA	OK
OREGON	OR
PENNSYLVANIA	PA
RHODE ISLAND	RI
SOUTH CAROLINA	SC
SOUTH DAKOTA	SD
TENNESSEE	TN
TEXAS	TX
UTAH	UT
VERMONT	VT
VIRGINIA	VA
WASHINGTON	WA
WEST VIRGINIA	WV
WISCONSIN	WI
WYOMING	WY