














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<div>Form 990</div> <div></div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</div> <div> The organization may have to use a copy of this return to satisfy state reporting requirements</div>	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHERN ILLINOIS UNIVERSITY FOUNDATION	D Employer identification number 37-6024575
	Doing Business As	E Telephone number (618) 453-4900
	Number and street (or P O box if mail is not delivered to street address) 1235 DOUGLAS DR	Room/suite
	G Gross receipts \$ 87,632,961	
	City or town, state or country, and ZIP + 4 CARBONDALE, IL 62901	
	F Name and address of principal officer ELIZABETH A BANYCKY SAME AS C ABOVE Carbondale, IL 62901	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number 
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ()  (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website:  WWW.SIUF.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other 		L Year of formation 1942
		M State of legal domicile IL

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDING PRIVATE SUPPORT FOR THE MISSION OF SOUTHERN ILLINOIS UNIVERSITY AND THE POPULATION IT SERVES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)		3 25
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4 21
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5 155
6 Total number of volunteers (estimate if necessary)		6 2,500	
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a -17,187	
b Net unrelated business taxable income from Form 990-T, line 34		7b -17,187	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,654,022	Current Year 11,471,251
	9 Program service revenue (Part VIII, line 2g)	29,475	31,284
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,860,562	11,471,213
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	518,577	1,429,891
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,062,636	24,403,639
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,126,856
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		452,433	265,141
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 956,877			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		6,449,720	3,517,912
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		16,029,009	11,391,346
19 Revenue less expenses Subtract line 18 from line 12		1,033,627	13,012,293
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	126,334,121	151,959,549
	21 Total liabilities (Part X, line 26)	6,151,816	6,137,080
	22 Net assets or fund balances Subtract line 21 from line 20	120,182,305	145,822,469

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	 Signature of officer			2011-10-28 Date	
	 Elizabeth Banycky Treasurer & Interim CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name 				Firm's EIN 
	Firm's address 				Phone no 
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No					

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

THE MISSION OF THE SOUTHERN ILLINOIS UNIVERSITY FOUNDATION IS TO PROVIDE ALUMNI AND OTHER FRIENDS A MEANS TO INVEST IN THE FUTURE OF OTHERS BY PROVIDING PRIVATE SUPPORT FOR THE ACADEMIC, RESEARCH AND PUBLIC SERVICE MISSION OF SOUTHERN ILLINOIS UNIVERSITY AND THE POPULATION IT SERVES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 4,041,720 including grants of \$ 2,888,699) (Revenue \$ 0)

ACADEMIC AND RESEARCH SUPPORT FUND ACTIVITIES THAT BENEFIT ACADEMIC AND RESEARCH ACTIVITIES OF THE UNIVERSITY AND THE INDIVIDUALS IT SERVES

4b

(Code) (Expenses \$ 2,812,420 including grants of \$ 2,066,389) (Revenue \$ 31,284)

UNIVERSITY AND COMMUNITY PROGRAMS FUND ACTIVITIES THAT BENEFIT RELATED PUBLIC SERVICE PROGRAMS OF THE UNIVERSITY AND THE INDIVIDUALS IT SERVES

4c

(Code) (Expenses \$ 2,678,296 including grants of \$ 2,653,205) (Revenue \$ 0)

STUDENT ASSISTANCE PROVIDE SCHOLARSHIPS AND OTHER AWARDS PROGRAMS TO ASSIST INDIVIDUALS IN ACADEMIC EXCELLENCE, ALSO, GRANTING FUNDS TO SOUTHERN ILLINOIS UNIVERISTY FOR THE PURPOSE OF PROVIDING STUDENT LOANS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e

Total program service expenses

\$ 9,532,436

Form 990 (2010)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part I.</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part IV.</i>	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
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 U.S.? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
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 U.S.? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	Yes	
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	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 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	77		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	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.	2a	155		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	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			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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			No
b	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).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 21		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶AK , AZ , CA , DC , IL , KY , MA , MD , ME , MI , MN , NH , NJ , NY , OH , OK , OR , SC , UT , WA , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ELIZABETH A BANYCKY 1235 DOUGLAS DRIVE CARBONDALE, IL 62901 (618) 453-4918

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2010)

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	0
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Section B. Independent Contractors

Section B. Independent Contractors

Form **990** (2010)

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	5,669				
	b Membership dues 1b	425				
	c Fundraising events 1c	589,810				
	d Related organizations 1d	0				
	e Government grants (contributions) 1e	14,676				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	10,860,671				
	g Noncash contributions included in lines 1a-1f \$	647,766				
	h Total. Add lines 1a-1f		11,471,251			
	Program Service Revenue		Business Code			
2a SUPPORT SERVICES		900099	24,744	24,744		
b MEMBERSHIP DUES		900099	6,540	6,540		
c						
d						
e						
f All other program service revenue			0			
g Total. Add lines 2a-2f			31,284			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)				
			3,390,501		3,696	3,386,805
	4 Income from investment of tax-exempt bond proceeds . .					
	5 Royalties		7,558			7,558
		(i) Real	(ii) Personal			
	6a Gross Rents	0				
	b Less rental expenses	123				
	c Rental income or (loss)	-123	0			
	d Net rental income or (loss)		-123			-123
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	71,061,903	0			
	b Less cost or other basis and sales expenses	62,981,191	0			
	c Gain or (loss)	8,080,712	0			
	d Net gain or (loss)		8,080,712		1,630	8,079,082
	8a Gross income from fundraising events (not including \$ 589,810 of contributions reported on line 1c) See Part IV, line 18					
	a	262,762				
	b Less direct expenses b	235,606				
	c Net income or (loss) from fundraising events . .		27,156			27,156
	9a Gross income from gaming activities See Part IV, line 19 . a	34,894				
	b Less direct expenses b	12,402				
c Net income or (loss) from gaming activities . .		22,492			22,492	
10a Gross sales of inventory, less returns and allowances						
a	770					
b Less cost of goods sold b	0					
c Net income or (loss) from sales of inventory . .		770			770	
Miscellaneous Revenue	Business Code					
11a ACTUARIAL ADJUSTMENT	900099	1,245,553			1,245,553	
b PREMIUMS	900099	104,419			104,419	
c PARTNERSHIP INCOME	523000	-21,007		-22,513	1,506	
d All other revenue		43,073			43,073	
e Total. Add lines 11a-11d		1,372,038				
12 Total revenue. See Instructions		24,403,639	31,284	-17,187	12,918,291	

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,054,280	6,054,280		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,467,658	1,467,658		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	86,355	86,355		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	208,395		33,366	175,029
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	39,403	38,924		479
10	Payroll taxes	17,343		2,778	14,565
a	Fees for services (non-employees) Management				
b	Legal	2,898		2,898	
c	Accounting	36,290		36,290	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	227,047		227,047	
g	Other	344,498	212,421	96,343	35,734
12	Advertising and promotion	99,503	17,139		82,364
13	Office expenses	973,308	574,496	129,414	269,398
14	Information technology	177,510	408	43,067	134,035
15	Royalties				
16	Occupancy	109,416	40,661	52,746	16,009
17	Travel	291,058	153,754	26,261	111,043
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	65	65		
19	Conferences, conventions, and meetings	612,394	475,176	18,997	118,221
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	480,337	357,126	123,211	
23	Insurance	31,572	8,665	22,907	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT EXPENSE	87,256	0	87,256	0
b	PREMIUM ITEMS FOR SALE	45,308	45,308	0	0
c	UBIT TAXES	-948	0	-948	0
d	MISCELLANEOUS	400	0	400	0
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	11,391,346	9,532,436	902,033	956,877
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	1,475
	2	Savings and temporary cash investments			238,804	2	1,059,997
	3	Pledges and grants receivable, net			12,158,168	3	13,995,469
	4	Accounts receivable, net			104,849	4	113,120
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			4,102	8	3,863
	9	Prepaid expenses and deferred charges			66,426	9	109,350
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,520,686			
	b	Less: accumulated depreciation	10b	577,274	872,125	10c	943,412
	11	Investments—publicly traded securities			73,660,568	11	119,412,486
	12	Investments—other securities. See Part IV, line 11			35,728,050	12	13,398,487
	13	Investments—program-related. See Part IV, line 11			190,000	13	
	14	Intangible assets			2,633,802	14	2,276,676
	15	Other assets. See Part IV, line 11			677,227	15	645,214
	16	Total assets. Add lines 1 through 15 (must equal line 34)			126,334,121	16	151,959,549
Liabilities	17	Accounts payable and accrued expenses			402,479	17	162,465
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			1,727,526	21	2,077,383
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			4,021,811	25	3,897,232
	26	Total liabilities. Add lines 17 through 25			6,151,816	26	6,137,080
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			1,778,366	27	8,272,095
	28	Temporarily restricted net assets			46,973,753	28	60,779,673
	29	Permanently restricted net assets			71,430,186	29	76,770,701
		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			120,182,305	33	145,822,469
	34	Total liabilities and net assets/fund balances			126,334,121	34	151,959,549

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,403,639
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,391,346
3	Revenue less expenses Subtract line 2 from line 1	3	13,012,293
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,182,305
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,627,871
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	145,822,469

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

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

2010

Open to Public
Inspection

Name of the organization SOUTHERN ILLINOIS UNIVERSITY FOUNDATION	Employer identification number 37-6024575
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☒

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	23,354,994	34,900,127	21,551,216	11,662,495	11,477,686	102,946,518
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	59,299	66,827	45,717	59,696	45,448	276,987
4 Total. Add lines 1 through 3	23,414,293	34,966,954	21,596,933	11,722,191	11,523,134	103,223,505
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,132,161
6 Public Support. Subtract line 5 from line 4						97,091,344

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	23,414,293	34,966,954	21,596,933	11,722,191	11,523,134	103,223,505
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,113,023	3,395,326	2,811,190	3,053,884	3,168,822	15,542,245
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,128,288	-86,942	-1,321,938	529,285	1,258,260	1,506,953
11 Total support (Add lines 7 through 10)						120,272,703
12 Gross receipts from related activities, etc (See instructions)					12	5,401,336
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	80 726 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	81 55 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
Schedule A , Part II, Line 10 - EXPLANATION FOR OTHER INCOME ACTUARIAL ADJUSTMENT, PREMIUM ON LIFE INSURANCE, OTHER

Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 37-6024575

Name: SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLENN W POSHARD PRESIDENT - SIU	2	X						0	403,335	5,831
RITA CHENG CHANCELLOR -SIU	2	X						0	231,707	35,145
JOHN S BREWSTER DIRECTOR	1	X						0	0	0
MICHAEL C CARR DIRECTOR	2	X						0	3,501	406
ROBERT A CHAMBERLIN DIRECTOR	1	X						0	0	0
JUH WAH CHEN DIRECTOR	1	X						0	0	0
PAUL L CONTI DIRECTOR	2	X						0	0	0
GREG N COOK DIRECTOR	1	X						0	0	0
LARRY R DEJARNETT DIRECTOR	2	X						0	0	0
JOHN C DOSIER DIRECTOR	1	X						0	0	0
JAMES T GILDERSLEEVE DIRECTOR	2	X						0	0	0
ROGER G GRAY DIRECTOR	2	X						0	0	0
MICHAEL R HOWELL DIRECTOR	1	X						0	0	0
KENNETH J HULL DIRECTOR	2	X						0	0	0
MARVIN K KAISER DIRECTOR	1	X						0	0	0
F LYNN MCPHEETERS DIRECTOR	2	X						0	0	0
DIANNE MEEKS DIRECTOR	1	X						0	0	0
CHRISTOPH E MICHA DIRECTOR	1	X						0	0	0
MARY KAY MOORE DIRECTOR	2	X						0	0	0
THOMAS E NIELSEN DIRECTOR	1	X						0	0	0
PAMELA K PFEFFER DIRECTOR	2	X						0	0	0
MARSHA G RYAN DIRECTOR	2	X						0	62,720	1,606
HOWARD M SPIEGEL DIRECTOR	1	X						0	0	0
ROGER B TEDRICK DIRECTOR	2	X						0	0	0
H WESLEY WILKINS DIRECTOR	2	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICKEY N MCCURRY CHIEF EXECUTIVE OFFICER	42			X				0	219,541	34,536
JEFF LORBER DIRECTOR OF DEVELOPMENT	46			X				0	136,537	31,162
BRYAN C VAGNER MANAGING DIRECTOR	32			X				0	124,607	27,249
ELIZABETH A BANYCKY TREASURER	50			X				0	99,710	29,060
NANCY A VALLINO CORPORATE SECRETARY	12			X				0	58,967	19,707
BETH L MOHLENBROCK EXECUTIVE DIRECTOR	41					X		0	100,421	29,066

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SOUTHERN ILLINOIS UNIVERSITY FOUNDATION	Employer identification number 37-6024575
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0													
c Total lobbying expenditures (add lines 1a and 1b)		0													
d Other exempt purpose expenditures		11,391,346													
e Total exempt purpose expenditures (add lines 1c and 1d)		11,391,346													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		719,567													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		179,892													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount		818,794	951,450	719,567	2,489,811
b Lobbying ceiling amount (150% of line 2a, column(e))					3,734,717
c Total lobbying expenditures		2,500	0	0	2,500
d Grassroots non-taxable amount		204,699	237,863	179,892	622,454
e Grassroots ceiling amount (150% of line 2d, column (e))					933,681
f Grassroots lobbying expenditures		2,500	0	0	2,500

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Employer identification number
37-6024575

Part I

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

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

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____ 0
	(ii) Assets included in Form 990, Part X	▶ \$ _____ 0
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____ 0
b	Assets included in Form 990, Part X	▶ \$ _____ 225,882

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☒ Other HELD FOR INVESTMENT PURPOSES

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☒ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	76,174,251	64,876,820	81,705,804		
b Contributions	5,389,837	2,935,454	2,005,634		
c Investment earnings or losses	18,645,076	11,741,130	-18,042,559		
d Grants or scholarships	615,999	0	0		
e Other expenditures for facilities and programs	2,434,209	2,097,686	599,180		
f Administrative expenses	1,238,212	1,281,467	192,879		
g End of year balance	95,920,744	76,174,251	64,876,820		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 1 45 %

b

Permanent endowment ▶ 95 77 %

c

Term endowment ▶ 2 78 %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	130,000	315,672		445,672
b Buildings	60,000	0	0	60,000
c Leasehold improvements	0	0	0	0
d Equipment	0	1,015,014	577,274	437,740
e Other	0	0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				943,412

Schedule D (Form 990) 2010

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,403,639
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,391,346
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,012,293
4	Net unrealized gains (losses) on investments	4	12,627,871
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	12,627,871
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	25,640,164

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	42,041,318
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	12,627,871
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	5,236,855
e	Add lines 2a through 2d	2e	17,864,726
3	Subtract line 2e from line 1	3	24,176,592
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	227,047
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	227,047
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	24,403,639

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	16,401,154
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	5,236,855
e	Add lines 2a through 2d	2e	5,236,855
3	Subtract line 2e from line 1	3	11,164,299
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	227,047
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	227,047
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,391,346

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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.

Identifier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	DONATED ARTWORK TO HELP BENEFIT THE STUDENT SCHOLARSHIP PROGRAM
SchD_P04_S00_L02b	Schedule D, Part IV, Line 2b	THE FOUNDATION ENTERED INTO AN AGREEMENT WITH SOUTHERN ILLINOIS UNIVERSITY TO ADMINISTER AS AGENCY FUNDS ANY ENDOWMENT FUNDS RECEIVED BY THE UNIVERSITY
SchD_P05_S00_L04	Schedule D, Part V, Line 4	SCHOLARSHIPS, RESEARCH, INSTRUCTION, LOANS, CAPITAL PROJECTS AND OTHER
SchD_P10_S00_L02	Schedule D, Part X, Line 2	TAX EXEMPT STATUS - THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS ONLY SUBJECT TO FEDERAL INCOME TAX ON NET UNRELATED BUSINESS INCOME. THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE IMPLEMENTATION OF THIS GUIDANCE HAD NO IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR THE YEARS 2008 THROUGH 2011 ARE OPEN TO EXAMINATION. THE FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT STATUS.
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	RELATED ENTITY TRANSACTIONS 4,988,724, FUNDRAISING EVENT EXPENSES 235,606, GAMING EXPENSES 12,402, RENTAL EXPENSES 123,
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	RELATED ENTITY TRANSACTIONS 4,988,724, FUNDRAISING EVENT EXPENSES 235,606, GAMING EXPENSES 12,402, RENTAL EXPENSES 123,

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Employer identification number
37-6024575

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No

2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3

Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean			Investments		6,000,000
East Asia and the Pacific	0	0	Program Services	TRAVEL	100
Europe (including Iceland and Greenland)	0	0	Program Services	TRAVEL	9,096
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	TRAVEL	2,741
Russia and the newly independent States	0	0	Program Services	SURVEY & TRAVEL	9,844
Central America and the Caribbean	0	0	Fundraising		43
East Asia and the Pacific	0	0	Fundraising		847
Europe (including Iceland and Greenland)	0	0	Fundraising		146
Middle East and North Africa	0	0	Fundraising		92
North America (including Canada and Mexico, but not the United States)	0	0	Fundraising		79
Russia and the newly independent States	0	0	Fundraising		1
South America	0	0	Fundraising		59
South Asia	0	0	Fundraising		71
Sub-Saharan Africa	0	0	Fundraising		79
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			6,023,198

1

(i) Method of valuation (book, FMV, appraisal, other)

3 Enter total number of other organizations or entities ►

Part IIIGrants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	East Asia and the Pacific	16	57,755	CHECK TO SIU	0		
SCHOLARSHIPS	Europe (including Iceland and Greenland)	2	9,635	CHECK TO SIU	0		
SCHOLARSHIPS	Middle East and North Africa	1	300	CHECK TO SIU	0		
SCHOLARSHIPS	Russia and the newly independent States	1	100	CHECK TO SIU	0		
SCHOLARSHIPS	South Asia	4	8,300	CHECK TO SIU	0		
SCHOLARSHIPS	Sub-Saharan Africa	3	1,990	CHECK TO SIU	0		
STUDY ABROAD	East Asia and the Pacific	2	1,375	CHECK TO SIU	0		
STUDY ABROAD	Europe (including Iceland and Greenland)	3	3,500	CHECK TO SIU	0		
AWARD	Middle East and North Africa	2	400	CHECK	0		

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2010

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public
Inspection

Name of the organization
SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Employer identification number
37-6024575

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>DENIM & DIAMONDS</u>	<u>INSPIRING WOMEN</u>	<u>24</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	307,469	144,896	400,207	852,572	
	2	Less Charitable contributions	211,689	85,574	292,547	589,810	
3	Gross income (line 1 minus line 2)	95,780	59,322	107,660	262,762		
Direct Expenses	4	Cash prizes	0	0	0	0	
	5	Non-cash prizes	0	0	8,364	8,364	
	6	Rent/facility costs	0	0	25,933	25,933	
	7	Food and beverages	30,752	30,353	25,102	86,207	
	8	Entertainment	0	0	0	0	
	9	Other direct expenses	38,667	52,221	24,214	115,102	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					235,606
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					27,156

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue			34,894	34,894
Direct Expenses	2 Cash prizes			2,611	2,611
	3 Non-cash prizes			8,778	8,778
	4 Rent/facility costs				0
	5 Other direct expenses			1,013	1,013
	6 Volunteer labor	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input checked="" type="checkbox"/> Yes 90 % 90 % <input type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				12,402
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				22,492

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableIL

a Is the organization licensed to operate gaming activities in each of these states?

☒ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

☒ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	0 %
b	An outside facility	13b	1 00 %

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ BRYAN C VAGNER

Address ▶ 1235 DOUGLAS DR
CARBONDALE,IL 62901

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ BRYAN C VAGNER

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ MONITOR NEEDED LICENSES AND REPORTING

☒ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Employer identification number
37-6024575

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOUTHERN ILLINOIS UNIVERSITY CARBONDALE1265 LINCOLN DRIVE CARBONDALE,IL 62901	37-6005961	501(C)(3)	5,862,820	149,387	FAIR MARKET VALUE	EQUIPMENT	PROGRAM ACTIVITIES
(2) AMERICAN HEART ASSOCIATION2524 FARRAGIT DR SUITE A SPRINGFIELD,IL 62704	23-1591999	501(C)(3)	15,000				SPONSORSHIP OF EVENT

2

Enter total number of section 501(c)(3) and government organizations

2

3

Enter total number of other organizations

0

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS AND FELLOWSHIPS	1057	1,455,211			
(2) NON-SCHOLARSHIP GRANTS AND AWARDS	50	10,950			
(3) NON-CASH AWARDS	3		1,497	COST	IPAD/INCENTIVE FOR EARLY REGISTRATION

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	ALL SCHOLARSHIPS ARE PLACED DIRECTLY IN THE INDIVIDUAL'S BURSAR'S ACCOUNT TO PAY FOR TUITION, FEES, HOUSING, ETC IF A STUDENT WITHDRAWS BEFORE DATE TO OBTAIN A REFUND, THE SCHOLARSHIP AMOUNTS ARE RETURNED TO SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization SOUTHERN ILLINOIS UNIVERSITY FOUNDATION	Employer identification number 37-6024575
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Part I

Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GLENN W POSHARD	(i)	0	0	0	0	0	0	0
	(ii)	403,335	0	0	0	5,831	409,166	0
(2) RITA CHENG	(i)	0	0	0	0	0	0	0
	(ii)	231,707	0	0	20,096	15,049	266,852	0
(3) RICKEY N MCCURRY	(i)	0	0	0	0	0	0	0
	(ii)	219,541	0	0	15,028	19,508	254,077	0
(4) JEFF LORBER	(i)	0	0	0	0	0	0	0
	(ii)	136,537	0	0	10,810	20,352	167,699	0
(5) BRYAN C VAGNER	(i)	0	0	0	0	0	0	0
	(ii)	124,607	0	0	12,694	14,555	151,856	0
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	CHARTER TRAVEL - SIU CHARTER PLANE SERVICE (UTILIZES SIU STUDENTS) RICKEY N MCCURRY - ONE ROUND TRIP FLIGHT FOR \$654 RITA CHENG - ONE ROUND TRIP FLIGHT FOR \$654. NONE OF THE ABOVE AMOUNTS WERE INCLUDIBLE IN THE INDIVIDUALS' COMPENSATION. TRAVEL FOR COMPANIONS - RICKEY N MCCURRY'S SPOUSE - \$55. THIS AMOUNT WAS NOT INCLUDED IN RICKEY MCCURRY'S COMPENSATION BECAUSE THE RELATED ORGANIZATION THAT EMPLOYED RICKEY MCCURRY DETERMINED IT TO BE A DE MINIMIS AMOUNT (LESS THAN \$75).
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	THE CEO'S COMPENSATION IS DETERMINED BY THE SOUTHERN ILLINOIS UNIVERSITY SYSTEM, A RELATED ORGANIZATION. THE SOUTHERN ILLINOIS UNIVERSITY SYSTEM USES THE FOLLOWING TO DETERMINE THE CEO'S COMPENSATION: 1. COMPENSATION COMMITTEE; 2. COMPENSATION SURVEYS OR STUDIES; 3. APPROVAL BY THE BOARD OF DIRECTORS OR A COMPENSATION COMMITTEE.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Employer identification number
37-6024575

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	157	44,868	SALES PRICE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		8,553	SALES PRICE
5 Clothing and household goods	X		79,299	SALES PRICE
6 Cars and other vehicles . .	X	2	92,290	USED SALES PRICE
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded	X	27	63,044	AVERAGE SALES PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial	X	1	155,062	SALES PRICE
17 Real estate—Other . . .				
18 Collectibles	X	8	925	SALES PRICE
19 Food inventory	X	191	43,797	SALES PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . . .				
23 Scientific specimens . . .				
24 Archeological artifacts .				
LIFE				
25 Other ► (INSURANCE)	X	12	18,545	ACTUAL COST
NON-CAP				
26 Other ► (AUTOPARTS)	X	2	91,300	SALES PRICE
OTHER				
27 Other ► (NON-CAP)	X	84	50,083	SALES PRICE
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a			No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

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.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization SOUTHERN ILLINOIS UNIVERSITY FOUNDATION	Employer identification number 37-6024575
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Identifier	Return Reference	Explanation
F990_P06_S0A_L01a	Form 990, Part VI, Section A, Line 1a	THE EXECUTIVE COMMITTEE IS COMPRISED OF NOT FEWER THAN EIGHT NOR MORE THAN ELEVEN DIRECTORS APPOINTED BY THE BOARD THE EXECUTIVE COMMITTEE INCLUDES THE PRESIDENT, PRESIDENT ELECT, AUDIT COMMITTEE CHAIR, INVESTMENT COMMITTEE CHAIR AND THE BOARD OF TRUSTEES REPRESENTATIVE ADDITIONALLY, THE PRESIDENT OF THE SIU SYSTEM AND THE CHANCELLOR OF SIU CARBONDALE ARE EX-OFFICIO MEMBERS OF THE COMMITTEE WITHOUT VOTE THE EXECUTIVE COMMITTEE CONDUCTS THE NECESSARY BUSINESS OF THE FOUNDATION WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION THE BOARD DELEGATES POWER TO THE EXECUTIVE COMMITTEE AS APPROPRIATE, THOSE POWERS TO BE EXERCISED ONLY IN CONSONANCE WITH POLICIES EARLIER ESTABLISHED BY THE BOARD

Identifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	Line 11b - AFTER MANAGEMENT REVIEW, THE PUBLIC INSPECTION COPY OF THE FORM 990 WAS SENT TO MEMBERS OF THE BOARD'S AUDIT COMMITTEE FOR REVIEW IN ADDITION, THE PUBLIC INSPECTION COPY OF THE FORM 990 WAS FORWARDED TO THE GOVERNING BODY BEFORE FILING

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	AN INTERESTED PERSON DISCLOSES ANY FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING THERETO TO THE BOARD OR COMMITTEE AS SOON AS THE INTERESTED PERSON BECOMES AWARE OF A POSSIBLE CONFLICT OF INTEREST UPON THE DISCLOSURE BY AN INTERESTED PERSON OF A FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING THERETO AND DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE LEAVES THE MEETING WHILE THE REMAINING MEMBERS OF THE BOARD OR COMMITTEE DISCUSS THE MATTER AND DETERMINE, BY MAJORITY VOTE WITHOUT THE INTERESTED PERSON VOTING, WHETHER OR NOT THE FINANCIAL INTEREST OF THE INTERESTED PERSON CONSTITUTES A CONFLICT OF INTEREST IF A CONFLICT IS DETERMED TO EXIST, THE BOARD OR COMMITTEE 1 REQUIRES THE INTERESTED PERSON TO LEAVE THE MEETING DURING THE DISCUSSION OF AND THE VOTE ON THE TRANSACTION THAT RESULTS IN THE CONFLICT, PROVIDED, HOWEVER THAT THE INTERESTED PARTY MAY MAKE A PRESENTATION AT THE MEETING PRIOR TO LEAVING 2 APPOINTS, IF DEEMED APPROPRIATE, A NON-INTERESTED PARTY TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION 3 DETERMINES, BY MAJORITY VOTE WITHOUT THE INTERESTED PERSON VOTING, WHETHER THE TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FOR THE ORGANIZATION'S OWN BENEFIT AND IS FAIR AND REASONABLE TO THE ORGANIZATION THE POLICY APPLIES TO ANY TRANSCTION OR ARRANGEMENT BETWEEN THE ORGANIZATION AND ANY INTERESTED PERSON AN INTERESTED PERSON IS A DIRECTOR, OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	THE CEO EVALUATION AND COMPENSATION COMMITTEE EVALUATES THE CEO BASED ON A SET OF IDENTIFIED GOALS AND EXPECTATIONS THE COMMITTEE MEETS WITH THE CEO TO REVIEW THESE GOALS AND EXPECTATIONS THE COMMITTEE THEN RECOMMENDS A SALARY BASED ON COMPARATIVE DATA TO THE CHANCELLOR OF THE UNIVERSITY THE PROCESS LAST INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2011 THE CEO EVALUATES THE OTHER OFFICERS

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
F990_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a	AVERAGE HOURS PER WEEK DEVOTED TO THE SOUTHERN ILLINOIS UNIVERSITY FOUNDATION (SIU FOUNDATION) AND TO THE RELATED ORGANIZATION, SOUTHERN ILLINOIS UNIVERSITY GLENN W POSHARD - SIU FOUNDATION 2 HOURS, SOUTHERN ILLINOIS UNIVERSITY 75 HOURS, RITA CHENG - SIU FOUNDATION 2 HOURS, SOUTHERN ILLINOIS UNIVERSITY 75 HOURS, MICHAEL C CARR - SIU FOUNDATION 2 HOURS, SOUTHERN ILLINOIS UNIVERSITY 4 HOURS, MARSHA G RYAN - SIU FOUNDATION 2 HOURS, SOUTHERN ILLINOIS UNIVERSITY 8 HOURS, ROGER B TEDRICK - SIU FOUNDATION 2 HOURS, SOUTHERN ILLINOIS UNIVERSITY 20 HOURS THROUGH 03/31/2011, 0 HOURS THEREAFTER, RICKEY N MCCURRY - SIU FOUNDATION 42 HOURS, SOUTHERN ILLINOIS UNIVERSITY 6 HOURS, BRYAN C VAGNER - SIU FOUNDATION 32 HOURS, SOUTHERN ILLINOIS UNIVERSITY 10 HOURS, NANCY A VALLINO - SIU FOUNDATION 12 HOURS, SOUTHERN ILLINOIS UNIVERSITY 26 HOURS

Identifier	Return Reference	Explanation
F990_P09_S00_L09	Form 990, Part IX, Line 9	EXPLANATION OF OTHER EMPLOYEE BENEFITS LISTED AS PROGRAM SERVICE EXPENSES RECRUITMENT/MOVING EXPENSE FOR EMPLOYEES OF RELATED ORGANIZATION - 26,233, EMPLOYEE (AND RETIREMENT) GIFTS AND PARTIES FOR EMPLOYEES OF RELATED ORGANIZATION - 12,691

Identifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	EXPLANATION OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES UNREALIZED INVESTMENT GAIN

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Employer identification number
37-6024575

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) SOUTHERN ILLINOIS UNIVERSITY CARBONDALE 1265 LINCOLN DRIVE CARBONDALE, IL 62901 37-6005961	STATE UNIVERSITY	IL	501(C)(3)	LINE 6	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

Yes

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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