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DLN: 93493136066622

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

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

A For	the 2	010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011				<u> </u>
B Che	ck ıf apı	olicable C Name of organization ST CLOUD STATE UNIVERSITY FOUNDATION INC		D Employ	er ident	ification number
Addı	ress cha	nge Doing Business As		41-60	19040	
•	ne chan	ee J		E Telepho	ne num	ber
Initia	al return	Number and street (or P O box if mail is not delivered to street address) 720 FOURTH AVENUE SOUTH	Room/suite	(320)	308-31	77
Tern				G Gross re	counts & 1	0.464.703
_	ended re	ST CLOUD, MN 56301		G Gloss le	ceibrs à 1	10,464,702
Appl	ication	pending				
		F Name and address of principal officer RUSS HAGEN	H(a) Is this a	group return for	affiliates?	Yes No
		720 FOURTH AVENUE SOUTH	H(b) Are all a	affiliates inclu	ded?	┌ Yes ┌ No
		ST CLOUD, MN 56301				ee instructions)
 I Тах	-exemp	t status	H(c) Group	exemption	n numbe	er ►
- 1 We	heite	► WWW.STCLOUDSTATE EDU/FOUNDATION				
			1		1	
K Form	of orga	nization Corporation Trust Association Other	L Year of for	nation 1958	→ M Sta MN	te of legal domicile
Par	t I	Summary			•	
		refly describe the organization's mission or most significant activities				
ا بو	<u>s</u>	JPPORT THE STUDENTS, FACULTY AND STAFF AT ST CLOUD STATE UN	IVERSITY			
ĕ						
를	_		·	-01 5 1		
Activities & Governance		heck this box 🚩 if the organization discontinued its operations or disposed outpers of the governing body (Part VI, line 1a)		o% of its no	et asser	ts 18
× 6		umber of voting members of the governing body (Part VI, line 1a)			4	18
§		otal number of individuals employed in calendar year 2010 (Part V, line 2a)			5	0
돌		otal number of volunteers (estimate if necessary)			6	18
폭		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0
	ьN	et unrelated business taxable income from Form 990-T, line 34			7b	0
			Prior	Year		Current Year
ا ۾	8	Contributions and grants (Part VIII, line 1h)		6,251,10	4	4,438,819
ž	9	Program service revenue (Part VIII, line 2g)			0	0
유니	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,241,00		1,563,454
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	<u> </u>		0	0
	12	12)	7,492,10	6	6,002,273	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		2,838,79	4	2,057,455
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,397,33	6	1,333,662
Ехрепзея	16a	Professional fundraising fees (Part IX, column (A), line 11e)		92,38	0	91,063
<u>\$</u>	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 787,988				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,134,29	9	1,077,956
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5,462,80	9	4,560,136
\longrightarrow	19	Revenue less expenses Subtract line 18 from line 12		2,029,29	7	1,442,137
\$ \$ \ \$ \$ \text{\$ \text{				of Current		End of Year
5 de	20	Total assets (Part X, line 16)			8	43,757,632
꽃	21	Total liabilities (Part X, line 26)		13,499,38		12,690,517
žĪ	22	Net assets or fund balances Subtract line 21 from line 20		26,563,52	1	31,067,115
Par	t II	Signature Block				
Part Hand	21 22 t III penalti edge ar	Net assets or fund balances Subtract line 21 from line 20	hedules and st	26,563,52 atements, a	7 1 nd to th	12,690,5 31,067,1 e best of my
		*****	20:	12-05-09		
Sign		Signature of officer	Da	te		
Here		RUSS HAGEN PRESIDENT				
		Type or print name and title	ı		-	
		reparer's name William a lectaire William a lectaire 20		Check if self- employed 🕨	PTII	N
Paid		TEPA CPA CPA CPA CPA Im's name ▶ CLIFTONLARSONALLEN LLP	v		<u> </u>	n's EIN 🕨
Prepa		ım's address ▶ 818 SECOND ST SO SUITE 320				
Use O	יוווא	WAITE PARK, MN 56387			9 Pho 550	ne no 🕨 (320) 203- 0
May th	ne IRS	discuss this return with the preparer shown above? (see instructions)				Yes No

Par		Program Serv			tIII			ত
ALUI UNIV AN A	Briefly describe the org FOUNDATION SERVES MNI AND FRIENDS IN SI /ERSITY IS A HIGHLY A .FFORDABLE PRICE FOF GRAM, FACILITIES, ANI	THE STUDENTS, I JPPORTING THE CCREDITED REG R A DIVERSE STU	FACULTY AND MISSION, PRO IONAL COMPR	GRAMS, AND GOREHENSIVE UNIV	OALS OF THE ERSITY THA	UNIVERSITY S T PROVIDES EX	T CLOUD ST	TATE DUCATION AT
	5.111							
2	Did the organization und the prior Form 990 or 99 If "Yes," describe these	90-EZ?				re not listed on	┌ Yes ┌	No
3	Did the organization cea services?	se conducting, or i	make sıgnıfıcar	nt changes in how	it conducts, a	ny program • • • •	┌ Yes ┌	No
4	Describe the exempt pu Section 501(c)(3) and 5 allocations to others, th	rpose achievement 01(c)(4) organizat	s for each of th	on 4947(a)(1) tru:	sts are require	ed to report the ar		ts and
4a	(Code DEPARTMENTAL SUPPORT - UNIVERSITY BENEFIT FROM		1,101,031 OVIDES SUPPORT T	including grants of \$		06,770) (Revenue \$) S OF THE
4b	(Code SCHOLARSHIPS - THE FOUN FUNDED THROUGH THE EFF			including grants of \$ TO THE UNIVERSITY		60,763) (Revenue \$ ESERVING STUDENTS) OLARSHIPS WERE
	(0.1) (F	754.465			50 400) (D		
4 c	(Code OTHER UNIVERSITY SUPPOR) (Expenses \$ RT - THE FOUNDATION	751,165 PROVIDES OTHER	including grants of \$		50,409) (Revenue \$ RIOUS OPERATIONAL) PURPOSES
4d	Other program service:	s (Describe in Sch	adula O) Soo :	also Additional Da	ta for Descrip	tion		
-Tu	(Expenses \$	•	luding grants o		39,512) (Re)
4e	Total program service e	expenses > \$	2,807,88	9				

art TV	Checkl	ist of	Required	Schedules
	CIICCKI			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	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, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	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? If "Yes," complete Schedule D, Part VII.	11b		No
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? If "Yes," complete Schedule D, Part VIII.	11c		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? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		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)	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	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? If "Yes," complete Schedule I, Parts I and III	22		No
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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	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)? If "Yes," complete Schedule R, Part V, line 2 \Box Yes \Box No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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	
		F.	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	<u>.</u>	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 30			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	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			
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		
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
b ka	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
a	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			
а	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?	_		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			,,,
	were not tax deductible?	6b		
2	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		l No
	services provided to the payor?			INC
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
	facilities	1		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or shareholders	1		
_	against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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			
c	Enter the amount of reserves on hand			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Voc " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O	14a	+	10

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.

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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			
а	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
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
тта	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		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed►MN			

- 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 Own website. Another's website. Upon request
 - 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 ► THE FOUNDATION

720 FOURTH AVE SOUTH ST CLOUD, MN 56301 (320) 308-3177

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

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

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

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

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

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) JOANNE E BENSON MEMBER	50	Х						0	0	0
(2) JOHN DUNKLEY MEMBER	50	Х						0	0	0
(3) JANESE EVANS MEMBER	50	х						0	0	0
(4) DAVID FOLSOM MEMBER	50	Х						0	0	0
(5) ANDREW GEORGE MEMBER	50	Х						0	0	0
(6) ROBERT GOFF MEMBER	50	Х						0	0	0
(7) AL GRUNDEI MEMBER	50	Х						0	0	0
(8) RUSS HAGEN CHAIRPERSON	50	Х		Х				0	0	0
(9) AL HEINEN VICE CHAIR	50	Х		Х				0	0	0
(10) LOWELL HELLERVIK MEMBER	50	Х						0	0	0
(11) JOHN KIMBROUGH MEMBER	50	Х						0	0	0
(12) ANTHONY LATTA MEMBER	50	Х						0	0	0
(13) JAMES MACIEJ MEMBER	50	Х						0	0	0
(14) SHERRY SMITH MEMBER	50	х						0	0	0
(15) ROBERT THUERINGER SECRETARY	50	Х		Х				0	0	0
(16) GEORGE TORREY MEMBER	50	х						0	0	0

\$100,000 in compensation from the organization **F**0

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

	(A) Name and Title	(B) Average hours	Posi t				II		(D) Reportable compensation	(E) Reportable compensation	Esti amoun	(F) mated t of other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	fro organiz re	ensation m the ation and ated izations
МЕ́МВ		50	х						0	(D	0
	EON WESTBROCK SURER	50	Х		Х				0		D	0
	CRAIG WRUCK R UNIV ADVANCEMENT	21 20			х				0	165,66	7	25,677
(20) F	ROGER LEWIS	40 00			х				0	72,02		9,531
DANCE	TON OF THE WILL											
1b	Sub-Total			•				►				
С	Total from continuation sheets t	to Part VII, Sec	tion A		•	•	>					
d								<u> </u>	0	237,687		35,208
2	Total number of individuals (inclusive \$100,000 in reportable compens					ted a	above,) who	received more tha	n		
											Yes	S No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy.	ee,o	or highest compens	ated employee	_	
4	For any individual listed on line 1 organization and related organiza	a, is the sum of	reporta	ible c	omp						3	No
	ındıvıdual			•	•		•	•		· · · ·	4 Yes	<u> </u>
5	Did any person listed on line 1a is services rendered to the organization		-				-		_	r individual for	5	No
Se	ction B. Independent Cont	tractors										
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	nt c	ontrac	tors	that received more	than		
		(A) ne and business add							Descr	(B) uption of services	Com	(C) pensation
2	Fotal number of independent contr	actors (includin	g but no	ot lim	nted	to t	hosel	ıste	d above) who receiv	ed more than		

rt VIII	Statement of	Revenue					
y⁄; 1a	Federated campaı	gns 1a		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
ਬ । .							
ਨੂ∣ ⊳							
튡 °	Fundraising event	s 1c					
<u>≒</u> d	Related organizati	ons 1d	1,510,799				
Ē	Government grants (c	ontributions) 1e					
° f	All other contributions, similar amounts not in		2,928,020				
Ĕ g		ıncluded ın lınes 1a-1f \$	68,943				
-							
두 h	Total. Add lines 1	a-1f	. ▶	4,438,819			
			Business Code				
2a							
Ь							
С							
d							
2a b c d e f							
f	All other program	service revenue					
	Total Addis	n 2f					
g 3		a-2f					
1	and other similar a		iest ≱ -	1,240,125			1,240,125
4		ent of tax-exempt bond proceeds	▶	· · ·			, ,
5			· · · .				
	,	(ı) Real	(II) Personal				
6a	Gross Rents						
ь	Less rental						
c	expenses Rental income						
d	or (loss) Net rental income	or (loss)	<u> </u>				
<u>"</u>		(i) Securities	(II) Other				
7a	Gross amount	4,785,758	(, 22)				
	from sales of assets other						
b	than inventory Less cost or	4,462,429					
"	other basis and sales expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
c	Gain or (loss)	323,329					
d	Net gain or (loss)			323,329			323,329
8a		n fundraising events					
	(not including						
	\$ of contributions re						
	See Part IV, line 1						
.	les dun '	a 					
	Less direct exper	nses b ss) from fundraising events					
-		n gaming activities See					
-	Part IV, line 19						
Ь	Less direct						
	expenses	b					
С	Net income or (los	ss) from gaming activities					
10a	Gross sales of inv						
	returns and allowa	nces .					
	Less costofgood						
	=	ss) from sales of inventory					
<u> </u>	Miscellaneous F		Business Code				
11a							
\							
	I All other revenue						
	• Total. Add lines 1		<u> </u>				
	I I I I I I I I I I I I I I I I I I I		•				
12	Total revenue. See	e Instructions	▶	6 000 0==		_	4 500 451
I				6,002,273	0	0	1,563,454

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
A	Section $501(c)(3)$ and $501(c)(4)$ organizations mus Il other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 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 $$	2,057,455	2,057,455		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and	455.242	17.000	110 113	27 200
6	key employees	155,312	17,909	110,113	27,290
7	Other salaries and wages	869,193	9,782	514,323	345,088
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	63,379	477	31,611	31,291
9	Other employee benefits	175,804	759	111,263	63,782
10	Payroll taxes	69,974	1,205	42,311	26,458
а	Fees for services (non-employees) Management				
b	Legal	3,658			3,658
c	Accounting	19,725		19,725	_
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	91,063			91,063
f	Investment management fees	56,606	56,606		
g	Other	18,192			18,192
12	Advertising and promotion	12,764	813	1,196	10,755
13	Office expenses	81,807	8,397	37,103	36,307
14	Information technology	39,519	20	12,204	27,295
15	Royalties				
16	Occupancy				
17	Travel	34,814	820	13,428	20,566
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,868	2,572	2,050	5,246
20	Interest	610,491	610,491		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,277		31,277	
23	Insurance	3,652		3,652	
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)				
а	RESEARCH/DEMOGRAPHIC MA	18,862	5,309	13,553	0
b	BANK FEES	7,331		7,331	
c	STAFF DEVELOPMENT	4,850	50	4,355	445
d	BOND PROJECT	2,100		2,100	
е	SUBSCRIPTIONS/MEMBERSHI	1,685	180	1,505	
f	All other expenses	120,755	35,044	5,159	80,552
25	Total functional expenses. Add lines 1 through 24f	4,560,136	2,807,889	964,259	787,988
26	Joint costs. Check here ► ☐ 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			<u> </u>	000 (2010)

2 Savings and temporary cash investments	Pa	rt X	Balance Sheet						
2 Savings and temporary cash investments								• •	
Pledges and grants receivable, net		1	Cash—non-interest-bearing			75	1	524,910	
4 Accounts receivable, net		2	Savings and temporary cash investments			6,802,857	2	6,836,515	
Securables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		3	Pledges and grants receivable, net			2,481,505	3	2,240,967	
highest compensated employees Complete Part II of Schedule		4	Accounts receivable, net				4		
Receivables from other discusified persons (as defined under section 4.9 58 (r)(1)), persons described in section 4.9 58 (r)(2)(8), and contributing employees beneficiary organizations (see instructions) 7		5		, key e	employees, and				
Second			Schedule L				5		
1		6	persons described in section $4958(c)(3)(B)$, and contributing ensponsoring organizations of section $501(c)(9)$ voluntary employed	nploye	rs, and				
1	ets		Schedule L				6		
1	8	7	Notes and loans receivable, net				7		
10a	⋖	8	Inventories for sale or use				8		
Part VI of Schedule D		9	Prepaid expenses and deferred charges			1,503	9	10,477	
11 Investments—publicly traded securities		10a		edule D 10a					
12 Investments—other securities See Part IV, line 11		ь	Less accumulated depreciation	10b	247,119	187,210	10 c	178,033	
13 Investments—program-related See Part IV, line 11		11	Investments—publicly traded securities			17,143,957	11	21,298,444	
14 Intangible assets		12	Investments—other securities See Part IV, line 11				12		
15 Other assets See Part IV, line 11		13	Investments—program-related See Part IV, line 11	lated See Part IV, line 11					
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets			14			
17		15	Other assets See Part IV, line 11		•	13,445,801	15	12,668,286	
18 Grants payable 18 19 Deferred revenue 19 19 12,820,000 20 12,095,000 20 12		16	Total assets. Add lines 1 through 15 (must equal line 34)			40,062,908	16	43,757,632	
19 Deferred revenue		17	Accounts payable and accrued expenses .			129,972	17	41,372	
Tax-exempt bond liabilities		18	Grants payable		18				
Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue			19			
persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities		12,820,000	20	12,095,000		
persons Complete Part II of Schedule L	eS	21	Escrow or custodial account liability Complete Part IV of Schedule	₽D.		161,285	21	91,696	
23 Secured mortgages and notes payable to unrelated third parties									
24 Unsecured notes and loans payable to unrelated third parties	ä		persons Complete Part II of Schedule L				22		
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties				23		
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties .				24		
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D			388,130	25	462,449	
through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25			13,499,387	26	12,690,517	
lines 30 through 34. 30 Capital stock or trust principal, or current funds	es —		·	lete lii	nes 27				
lines 30 through 34. 30 Capital stock or trust principal, or current funds	ă	27				7.140	27	734.696	
lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u>명</u>								
lines 30 through 34. 30 Capital stock or trust principal, or current funds						_			
lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ē		•	d com	plete	, ,		, ,	
30 Capital stock or trust principal, or current funds			•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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 26,563,521 33 31,067,115		30					30		
33 Total net assets or fund balances	ě	31					31		
33 Total net assets or fund balances	ΔS					32			
Z 34 Total liabilities and net assets/fund balances					26,563,521	33	31,067,115		
	Ż					40,062,908	34	43,757,632	

Pal	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		6.0	002,27		
2	Total expenses (must equal Part IX, column (A), line 25)	2			560,130		
3	Revenue less expenses Subtract line 2 from line 1	3		1,4	142,13		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3,0	061,45		
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		31,0	067,11		
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII			୮			
1	Accounting method used to prepare the Form 990			Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
b	Were the organization's financial statements audited by an independent accountant?	[2b	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		2 c	Yes			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Both consolidated and separated basis	sued					
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?		3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b				

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DLN: 93493136066622

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Employer identification number

ST CLOUD STATE UNIVERSITY FOUNDATION INC 41-6019040 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove docume	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 ?	
		inst ruct ions))	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.)

	under Fait III. II un	e organization i	alis to quality u	iluei tile tests i	isted below, pie	ase co	Tiplete F	art III.)
	ection A. Public Support	1						
Cal	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	4,141,842	6,317,839	3,643,718	6,251,104	4	,438,819	24,793,322
2	grants ") Tax revenues levied for the							
_	organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions	4,141,842	6,317,839	3,643,718	6,251,104	4	,438,819	24,793,322
	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							1,634,411
6	(f) Public Support. Subtract line 5							23,158,911
	from line 4 ection B. Total Support		1					
	endar year (or fiscal year						[
	beginning in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	A mounts from line 4	4,141,842	6,317,839	3,643,718	6,251,104	4	,438,819	24,793,322
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1,529,944	1,691,897	1,617,972	1,303,307	1	,240,125	7,383,245
9	Net income from unrelated business activities, whether or							
10	not the business is regularly carried on Other income Do not include gain or loss from the sale of							
	capital assets (Explain in Part IV)							
11	Total support (Add lines 7 through 10)							32,176,567
12	Gross receipts from related activit		-			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, third, fourth, or fi	fth tax year as a	501(c)(3	3) organız	ation, ►
	ection C. Computation of Pu							
14	Public Support Percentage for 201	•	,	11 column (f))		14		71 970 %
15 16a	Public Support Percentage for 200 33 1/3% support test—2010. If the	·	•	on line 13 and li	ne 14 is 33 1/30%	15 or more	checkt	70 290 %
	and stop here. The organization qu 33 1/3% support test—2009. If the box and stop here. The organizatio	alıfıes as a publıc e organızatıon dıd	ly supported orga not check the bo	nization k on line 13 or 16				▶ ▽
17a	10%-facts-and-circumstances test is 10% or more, and if the organization me	ation meets the "fa	acts and circumst	ances" test, chec	k this box and st	op here.	Explain	
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organization is part IV bow the organization.	nızatıon meets the	e "facts and circu	mstances" test, c	heck this box and	d stop he	ere.	▶┌
18	Explain in Part IV how the organization private Foundation If the organization							▶□
	instructions				,	unu		▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 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 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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 **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).

Schedule A (Form 990 or 990-EZ) 2010

Additional Data

Software ID: Software Version:

EIN: 41-6019040

Name: ST CLOUD STATE UNIVERSITY FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 53,924 including grants of \$ 39,512) (Revenue \$)

CAPITAL PROGRAM SUPPORT - THE FOUNDATION IS ACTIVELY ENGAGED IN SUPPORTING EXPANSION AND RENOVATIONS OF FACILITIES OF THE UNIVERSITY, INCLUDING THE COLLEGE OF EDUCATION AND ATHLETIC FACILITIES

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DLN: 93493136066622

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

Open to Public

ntema	l Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		In	spection
Name of the organization ST CLOUD STATE UNIVERSITY FOUNDATION INC				Employ	er identification	number
اد	CLOOD STATE UNIVE	EKSTIL LOOMDALTON TMC		41-60	19040	
Pa			lvised Funds or Other Similar Fo	unds or	Accounts. Co	omplete if th
	organiz	zation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b)	Funds and other	accounts
1	Total number a	at end of year	(a) Donor advised funds	(6)	T unus and other	accounts
2		tributions to (during year)				
3	Aggregate grar	nts from (during year)				
4	Aggregate valu	ue at end of year				
5	•	zation inform all donors and donor advi organization's property, subject to the	sors in writing that the assets held in don organization's exclusive legal control?	or advise		Yes No
6	used only for c conferring imp	haritable purposes and not for the ben ermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	ny other p		Yes No
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 9	990, Part IV, lın	ne 7.
2	Protection Preservat Complete lines	n of natural habitat ion of open space	on or pleasure) Preservation of an Preservation of a conservation contribution in the form	certified h	nistoric structure	nd area
	easement on t	ne last day of the tax year			Held at the End	of the Year
а	Total number o	of conservation easements		2a		
ь	Total acreage	restricted by conservation easements		2b		
c	Number of con	servation easements on a certified his	toric structure included in (a)	2c		
d	Number of con	servation easements included in (c) ac	equired after 8/17/06	2d		
3	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminate	ed by the	organızatıon durır	ng
	the taxable ye	ar ►				
1	Number of stat	tes where property subject to conserva	ition easement is located 🛌			
5		nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of vi		Yes No
5	Staff and volur	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents duri	ng the year ►	
7	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s durıng t	he year 🟲 \$	
8		nservation easement reported on line 2) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec	tion	Г	Yes No
9	balance sheet, the organization	, and include, if applicable, the text of t on's accounting for conservation easen		l stateme	nts that describe	
Par	Compl	ete if the organization answered '				
1a	art, historical t	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or researd ancial statements that describes these it	ch in furth		
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ii			
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$	
	(ii) Assets Inc	luded in Form 990, Part X			► \$	
2		tion received or held works of art, historints required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	or financia	al gain, provide th	e
а	Revenues incli	uded in Form 990, Part VIII, line 1			► \$	
b	Assets include	ed in Form 990. Part X				
_	Revenues incli	·	s 116 relating to these items		►\$ ►\$	

3	Using the organization's accession and othe											ontinuea)
•	items (check all that apply)	records, effect aff	y 01 ti	1011	owing th	ac are	z a signine	anic u	36 01 163 60	incection	•	
а	Public exhibition		d	Γ	Loan o	rexch	nange progi	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	/ further	the o	rganızatıor	's ex	cempt purpo	ose in		
	Part XIV											
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								nılar	Г	Yes	□ No
Par	t IV Escrow and Custodial Arrang								es" to For			
	Part IV, line 9, or reported an an											
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ons o	rotherass	ets	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving ta	able		_		Γ			
							-	_		Amou	ınt	
C	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
T	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						<u> </u>	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year)Prior			orm 990, vo Years Bacl		t IV, line I)Three Years		NEOUR V	'ears Back
1a	Beginning of year balance	17,362,314	(L	<u> </u>	,571,878	(0)11	18,375,2	_	Tyrinee rears	Dack (e	s)i oui i	ears back
ь	Contributions	660,913			380,862		288,8					
c	Investment earnings or losses	3,553,944		1	,865,648		-2,593,5	_				
d	Grants or scholarships	1,016,236			343,739		498,7	21				
e	Other expenditures for facilities	41,417			112,335							
	and programs											
f	Administrative expenses											
g	End of year balance	20,519,518		17	,362,314		15,571,8	78				
2	Provide the estimated percentage of the year	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	0 220 %										
ь	Permanent endowment 🕨 99 780 %											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that a	re held	and a	dministere	d for	the			
	organization by								1	- (1)	Yes	No
	(i) unrelated organizations							٠		3a(i)		No No
b	(ii) related organizations							•		3a(ii) 3b	<u> </u>	I
4	Describe in Part XIV the intended uses of th							•		30		<u> </u>
	t VI Investments—Land, Buildings					0. Pa	rt X. line	10.				
	·) Cost or		(b)Cost or		(c) Accum	ulated		
	Description of investment				sis (investi		basis (oth		deprecia		(d) B	ook value
1a	Land						175	,400				175,400
b	Buildings											
c	Leasehold improvements											
d	Equipment						249	,752	- 2	247,119		2,633
е	Other											
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colui	nn (B), line	10(c).)				▶			178,033
	•	·			-					ule D (I	Form 9	90) 2010

Part VII Investments—Other Securities. See	Form 990, Part X, line 17		. 4 . 6 1
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of end-o	i-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip	otion		(b) Book value
(1) BENEFICIAL INTEREST IN UNITRUSTS			288,091
(2) CONSTRUCTION BOND ISSUANCE COSTS, NET OF	ACCUMULATED AMORT		243,093
(3) FINANCE LEASE RECEIVABLE			10,558,390
(4) CONSTRUCTION BOND FUND ACCOUNTS			1,378,886
(5) INTEREST RECEIVABLE			99,826
(6) ASSETS HELD FOR SALE			100,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		12,668,286
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
CONSTRUCTION REVENUE BONDS INTEREST			
PAYABLE	99,826		
ANNUITIES PAYABLE	362,623		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	462,449		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
Con	policity this part to provide the descriptions required for Part II, lines 2, F, and 0. Part III, lines 15 and 4. Pr	art 11/ 1	noc 1 h and 2 h

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 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
	PART IV, LINE 2B	THE FOUNDATION HOLDS VARIOUS FUNDS TRANSFERRED TO THEM FROM VARIOUS CONSTITUENTS (INCLUDING, BUT NOT LIMITED TO, COLLEGES WITHIN THE UNIVERSITY, ACADEMIC DEPARTMENTS, AND SUPPORT DEPARTMENTS) FOR INVESTMENT MANAGEMENT PURPOSES THE FUNDS ARE TO BE DISTRIBUTED BACK TO THE CONSTITUENTS AS THEY REQUEST THEM
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO BE INVESTED ACCORDING TO POLICIES AND GOVERNING LAWS, TO PROVIDE A SOURCE OF FINANCIAL SUPPORT FOR THE FACULTY, STAFF, AND STUDENTS OF THE UNIVERSITY PER THE STIPULATION OF THE INDIVIDUAL FUND AGREEMENTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THEINTERNAL REVENUE CODE THEREFORE, NO EXPENSE HAS BEEN RECOGNIZED FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS THE FOUNDATION IS NOT A PRIVATE FOUNDATION AND CONTRIBUTIONS TO THE FOUNDATION QUALIFY AS CHARITABLE DEDUCTIONS BY THE CONTRIBUTOR THE FOUNDATION'S 2006-2009 TAX RETURNS ARE OPEN TO EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES THE FOUNDATION FILES AS A TAX EXEMPT ORGANIZATION SHOULD THAT STATUS BE CHALLENGED IN FUTURE PERIODS, ALL YEARS SINCE INCEPTION WOULD BE SUBJECT TO REVIEW BY THE IRS

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SCHEDULE G

(Form 990 or 990-EZ)

As Filed Data -

Supplemental Information Regarding

DLN: 93493136066622

2010

OMB No 1545-0047

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

Internal Revenue Service 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.						Open to Public Inspection			
Name of the organization ST CLOUD STATE UNIVER	SITY FOUNDATION IN	С				Employer ident	tification number		
Part I Fundraising	Activities. Complete	e ıf the o	rganızat	tion answered "Yes"	to Form	990, Part IV,	line 17.		
1 Indicate whether the organization raised funds through any of the following activities. Chec a						ment grants grants tors, trustees ng services? er which the fun	▼ Yes 		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		er have dy or rol of	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization		
ARIA COMMUNICATIONS CORP 11900 WAYZATA BLVD 23	TELEMARKETING, DIRECT MAIL 2		No	0		91,063	-91,063		
MINNETONKA, MN 55305									
Total			.►			91,063	-91,063		
IIcensing MN									

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Φ.		_	(event type)	(cromer, pe)	(total number)	
Revenue	1 2	Gross receipts Less Charitable				
₽		contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		
	11	Net income summary Combine li	nes 3 and 10 ın column	(d)		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
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				
9	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes%	┌ Yes%	│ Yes% │ No	
		Direct expense summary Add lines Net gaming income summary Com				
9 a	Ente	er the state(s) in which the organiza	ition operates gaming ac	ctivities		
b	If"N	No," Explain				
10a		re any of the organization's gaming l				· · Fyes Fno
b	T.L	es," Explain				

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable of	gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided			
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to provide instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

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Schedule I (Form 990)

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

DLN: 93493136066622

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ST CLOUD STATE UNIVERSITY FOUNDATION INC

Employer identification number

41-6019040

Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants	orassistance?					√ Yes
Form 990, Part I	V, line 21 for any	o Governments and recipient that receive eded.	d more than \$5,000	. Check this box if r	no one recipient rece	eived more than \$5,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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) ST CLOUD STATE UNIVERSITY720 4TH AVE SOUTH ST CLOUD, MN 56301	41-1687554	N/A	1,988,512	68,943	VARIOUS	SEE SCH M	ASSISTANCE TO SCSU AND STUDENT SCHOLARSHIPS
Enter total number of secEnter total number of other							<u>1</u> 0

Part III	Grants 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	·	SCHEDULE I, PART I, LINE 2 GRANTS AND SCHOLARSHIPS ARE DECIDED UPON BY THE UNIVERSITY THE FOUNDATION NOTIFIES THE UNIVERSITY OF THE AMOUNT OF FUNDS AVAILABLE FOR DISBURSEMENT THE
IN THE U S		UNIVERSITY COMMUNICATES WITH THE FOUNDATION THE AMOUNT OF GRANTS AND SCHOLARSHIPS TO AWARD

DLN: 93493136066622

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization CLOUD STATE UNIVERSITY FOUNDATION INC	Employer identification	n nun	nber	
51 '		41-6019040			
Pa	rt I Questions Regarding Compensation				
		_		Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person I 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding				
	First-class or charter travel	personal use			
	□ Travel for companions □ Payments for business use of person	nal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation.	on fees			
	Discretionary spending account Personal services (e.g., maid, chauf	feur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding preimbursement orprovision of all the expenses described above? If "No," complete Part III to expense the complete part III to expen		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in lin		2		
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 Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to t or a related organization	he filing organization			
а	Receive a severance payment or change-of-control payment from the organization or a related o	rganızatıon?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?		4 c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item i	n Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	ny			
	compensation contingent on the revenues of				
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	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 a compensation contingent on the net earnings of	ny			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	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 noi payments not described in lines 5 and 6? If "Yes," describe in Part III	n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that we subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," or in Part III		8		No

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(I) (II)	0 165,667	0	0	0 9,563	0 16,114		0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	ST CLOUD STATE UNIVERSITY PAYS THE SALARY FOR CRAIG WRUCK HIS COMPENSATION IS ALLOCATED 53% TO THE UNIVERSITY AND 47% TO THE FOUNDATION

Schedule J (Form 990) 2010

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DLN: 93493136066622

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization ST CLOUD STATE UNIVERSITY FOUNDATION INC **Employer identification number**

41-6019040

Pa	rt 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	(d) Method of determining onc amounts	ash contrib	ution
1	Art—Works of art	Х	2		DONOR ESTIMATE		
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications	Х		60	DONOR ESTIMATE		
5	Clothing and household						
good							
	Cars and other vehicles .						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded	Х	4	8,260	FAIR MARKET VALUE		
10	Securities—Closely held stock						
11	Securities—Partnership, LLC, or trust interests .						
	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles	Х	1	5,000	DONOR ESTIMATE		
	Food inventory						
20	Drugs and medical supplies						
	Taxidermy						
	Historical artifacts						
	Scientific specimens	Х	1	4,860	DONOR ESTIMATE		
	Archeological artifacts .						
25	O ther ► ()		See Add'l Data				
	O ther ►()						
27	O ther ▶()						
	O ther ► ()						
29	Number of Forms 8283 received by for which the organization complete				29	1	0
30a	During the year, did the organizatio					Yes	No
	must hold for at least three years fr			on, and which is not require	d to be used		
	for exempt purposes for the entire h	nolding p	eriod?		· · · · <u> </u>	80a	No
b	If "Yes," describe the arrangement	ın Part I	I				
31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions?	31 Yes	<u> </u>
32a	Does the organization hire or use the contributions?	nırd partı	es or related organizations	to solicit, process, or sell		_	
_					<u> </u>	32a	No
	If "Yes," describe in Part II		luman (-) for tour f		\ .		
33	If the organization did not report re	venues i	n column (c) for a type of p	roperty for which column (a) is checked,		
	describe in Part II						

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 41-6019040

Name: ST CLOUD STATE UNIVERSITY FOUNDATION INC

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d) Method of determining oncash contribution amounts
Other►(<u>EQUIPMENT</u>)	Х	5	4,385	DONOR ESTIMATE
COMPUTERS Other►(<u>& RELATED</u>)	Х	1	400	DONOR ESTIMATE
SCIENTIFIC Other►(<u>EQUIPMENT</u>)	Х	2	22,200	FAIR MARKET VALUE
Other ► (<u>REFRIGERATOR</u>)	Х	1	482	DONOR ESTIMATE
Other►(<u>OTHER</u>)	Х	11	30,656	DONOR ESTIMATE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136066622

OMB No 1545-0047 2010

> Open to Public Inspection

SCHEDULE 0 (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.

Name of the organization ST CLOUD STATE UNIVERSITY FOUNDATION INC. **Employer identification number**

41-6019040

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR AND THE CHAIRS OF EACH COMMITTEE. THE EXECUTIVE COMMITTEE MAY CONDUCT NECESSARY BUSINESS ON BEHALF OF THE BOARD MINUTES AND A RECORD OF ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE DISTRIBUTED TO THE BOARD

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE RETURN IS REVIEWED BY MANAGEMENT THE FINANCE/AUDIT COMMITTEE DISCUSSES THE 990 AFTER HAVING AN OPPORTUNITY TO REVIEW AND VOTES ON APPROVAL OF THE RETURN

Identifier	Return Reference	Explanation
	SECTION B, LINE 12C	ANNUALLY BOARD MEMBERS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST FORM THESE ARE THEN REVIEWED AND POTENTIAL ITEMS ARE DISCUSSED TYPICALLY, NONE ARE FOUND IF SUCH ARE FOUND, MEMBERS ABSTAIN FROM VOTING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	THE FOUNDATION'S PAYROLL EXPENSES ARE PAID BY THE UNIVERSITY THE UNIVERSITY PAID THE ENTIRE PAYROLL AMOUNT CRAIG WRUCK, VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT, IS AN OFFICER OF THE FOUNDATION AND SAINT CLOUD STATE UNIVERSITY, THE RELATED ORGANIZATION HIS REPORTABLE COMPENSATION IS ALLOCATED 53% TO SAINT CLOUD STATE UNIVERSITY AND 47% TO THE FOUNDATION

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,061,457

DLN: 93493136066622

2010

OMB No 1545-0047

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.

Open to Public . Inspection

Name of the organization ST CLOUD STATE UNIVERSITY FOUNDATION INC				Employer iden 41-6019040	tification number		
Part I Identification of Disregarded Entities (Com	nplete if the organizat	cion answered "Yes	s" on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	(a) ress, and EIN of disregarded entity (b) Primary activity Legal domicile (state or foreign country)		(d) te Total income)	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete g the tax year.)	e if the organizatio	n answered "Yes"	on Form 990, Par	 t IV, line 34 becau	se it had	one
(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) 512(b)(13 trolled nization
(1) ST CLOUD STATE UNIVERSITY 720 FOURTH AVE S ST CLOUD, MN 56301 41-1687554	SCHOOL	MN	N/A	N/A	N/A	Yes	No No
(2) ST CLOUD STATE ALUMNI ASSOCIATION 720 FOURTH AVE S ST CLOUD, MN 56301 41-6039732	SUPPORT SCHOOL	MN	501(C)3	5	N/A		No

Part III Identifi because	ication of Related to the it had one or mo	ed Org ore relat	<mark>anizations Taxa</mark> ted organizations t	ble as a Partner reated as a partne	ship (Co ership du	omplete if ring the t	the org ax year	ganization (f.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lıı	ne 34																																																																															
(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 Share of total income		(f) Share of total income		(f) Share of total income		(f) Share of total income		(f) Share of total income		Share of total income		(f) Share of total income Sh		(f) Share of total income Sh		(f) Share of total income Share		(g) Share of end-of-year assets		Share of end-of-year		al income Share of end-of-year		i) ortionate tions?	(i) Code V— amount in be Schedule (Form 10	ox 20 of K-1	(j Gene mana parti	ral or aging	(k) Percentage ownership																																																																
									Yes	No			Yes	No																																																																																
Part IV Identifi	ication of Relat because it had on	ed Orga e or mo	l anizations Taxa pre related organız	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	ı omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "Y	es" on	Form	990,	Part IV,																																																																															
Name, address, an	(a) Id EIN of related organiz	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	(f) f total income	Sha end-o	j) re of f-year sets		(h) Percentage ownership																																																																															
														+																																																																																

Part '	Transactions With Related Organizations (Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)							
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
1 Durir	ng the tax year, did the orgranization engage in any of the following transactions with one or more related o	rganizations listed in Part	s II-IV?								
a Re	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No					
b G	ıft, grant, or capıtal contribution to other organization(s)			1b	Yes						
c Gı	ıft, grant, or capıtal contribution from other organization(s)			1c		No					
d Lo	d Loans or loan guarantees to or for other organization(s)										
e Lo											
f Sa	ale of assets to other organization(s)			1f		No					
g Pu											
h Ex											
i Le	ase of facilities, equipment, or other assets to other organization(s)			1i	Yes						
j Le	ease of facilities, equipment, or other assets from other organization(s)			1j	Yes						
k P6	erformance of services or membership or fundraising solicitations for other organization(s)			1k		No					
I Pe	erformance of services or membership or fundraising solicitations by other organization(s)			11		No					
m Sh	m Sharing of facilities, equipment, mailing lists, or other assets										
n Si	n Sharing of paid employees										
o Re	eimbursement paid to other organization for expenses			10	Yes						
p Re	eimbursement paid by other organization for expenses			1 p		No					
q 0	ther transfer of cash or property to other organization(s)			1q	Yes						
r Ot	ther transfer of cash or property from other organization(s)			1r		No					
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	ne, including covered relat	ionships and transact	ıon thresholds							
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		ount					
(1)											
(2)											
(3)											
(4)											
(4)											
(5)											
(6)											

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
									+	-
							\vdash		+	╁
									-	-
									+	-
										t
										1

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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Schedule R (Form 990) 2010