










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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>	<div>OMB No 1545-0047</div> <div>2010</div> <div>Open to Public Inspection</div>
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



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 Iowa State University Foundation	D Employer identification number 42-1143702
	Doing Business As	E Telephone number (515) 294-4607
	Number and street (or P O box if mail is not delivered to street address) 2505 University Boulevard PO Box 2230	Room/suite
	G Gross receipts \$ 436,492,213	
	City or town, state or country, and ZIP + 4 Ames, IA 500102230	
	F Name and address of principal officer Daniel Saftig 2505 University Boulevard PO Box 2230 Ames,IA 500102230	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.foundation.iastate.edu		
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 1980
M State of legal domicile IA		

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities To secure & steward private gifts that support Iowa State University
	2 Check this box  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)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	
b Net unrelated business taxable income from Form 990-T, line 34	
Revenue	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25)  9,296,248	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	
19 Revenue less expenses Subtract line 18 from line 12	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20
	Beginning of Current Year
	End of Year

Part II	Signature Block
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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	2012-03-02 Date			
	 Lisa M Eslinger Sr VP of Finance & Operations Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Sarah Vogt	Preparer's signature Sarah Vogt	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name  Deloitte Tax LLP	Firm's EIN 			
	Firm's address  50 South Sixth Street Minneapolis, MN 554021538	Phone no  (612) 397-4000			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ 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

To inspire philanthropy to advance Iowa State University's mission of "Creating, sharing & applying knowledge to make Iowa and the world a better place " See Schedule O

2

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

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 \$ 16,112,020 including grants of \$ 16,112,020) (Revenue \$)

Student Support Iowa State undergraduate and graduate students received more than \$16 million in scholarships, fellowships, loans and awards from private gift support Students received both merit- and need-based scholarship support across all programs of the University As tuition and debt loads for students continue to increase, private gift support becomes more critical to ensuring that all willing students are able to explore their education In 2011, more than 4,400 students received scholarships as a result of private gift support See further description at Schedule O

4b

(Code) (Expenses \$ 19,041,891 including grants of \$ 19,041,891) (Revenue \$)

Faculty Support By providing more than \$19 million, Iowa State University Foundation was able to provide University faculty and staff with additional support allowing for increased research opportunities and improved classroom experiences for all students Private gift support helps meet the University's goal to attract and retain world-class faculty which ultimately attracts the best and brightest students See further description at Schedule O

4c

(Code) (Expenses \$ 14,602,035 including grants of \$ 14,602,035) (Revenue \$)

Facilities Iowa State University Foundation provided more than \$14 million to Iowa State University in support of new building construction, expansion and renovation, plus various equipment needs By providing state-of-the-art facilities, the University is able to attract high quality faculty and students, and create physical space and environments that will allow them to grow and excel within their arenas of teaching, learning and research See Schedule O

4d

Other program services (Describe in Schedule O) See also Additional Data for Description



















(Expenses \$ 3,368,201 including grants of \$ 1,120,449) (Revenue \$)

4e

Total program service expenses \$ 53,124,147

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 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? If "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 I 	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	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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, line 10? If "Yes," complete Schedule D, Part VI. 	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 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? 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	No
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	No
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
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," 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	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 ? 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	

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		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? <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	Yes	
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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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?	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
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)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ, VI 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	Yes	
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?	Yes	
16b	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?		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AZ , ME , NJ , WA , CA , MD , NY , WV , DC , MA , OH , WI , HI , MI , OK , IL , MN , OR , IA , NE , SC , KY , NH , UT
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 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 ▶ Lisa Eslinger 2505 University Boulevard Ames, IA 500102230 (515) 294-4607

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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 per week (describe hours for related organizations in Schedule O)	(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			
(1) Lloyd Bettis Director	1 00	X						0	0	0
(2) Lyle Campbell Director	1 00	X						0	0	0
(3) Mike Dubes Director	1 00	X						0	0	0
(4) Jim Frein Director	2 00	X						0	0	0
(5) Greg Geoffroy Director	1 00	X						0	0	0
(6) Cara Heiden Director	2 00	X						0	0	0
(7) Rudy Hermann Director	1 00	X						0	0	0
(8) Sharon Juon Director	1 00	X						0	0	0
(9) Dan Krieger Director	1 00	X						0	0	0
(10) Frankee Oleson Director	1 00	X						0	0	0
(11) Sheryl Sunderman Director	1 00	X						0	0	0
(12) Roger Underwood Director	2 00	X						0	0	0
(13) Stephen Watson Director	1 00	X						0	0	0
(14) Steve Schuler Chair	5 00	X		X				0	0	0
(15) James Stein Treasurer	2 00	X		X				0	0	0
(16) Len Rodman Secretary	1 00	X		X				0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Marla Franklin Vice Chair	2 00	X		X				0	0	0
(18) Daniel Saftig President	40 00			X				280,751	0	106,936
(19) Lisa Eslinger Sr VP of Finance & Ops	40 00			X				175,934	0	41,180
(20) Larissa Holtmyer Jones VP for Development	40 00				X			169,324	0	42,536
(21) Orrin Bundy VP for Development	40 00				X			159,468	0	31,393
(22) Lynda Jacobson Asst VP Gift Planning	40 00					X		119,866	0	29,960
(23) John Glover Executive Director of Development	40 00					X		105,766	0	28,935
(24) Stephen Biever Asst VP for Development	40 00					X		98,169	0	33,345
(25) Rosa Unal Asst VP for Information Technology	40 00					X		98,817	0	33,076
(26) Michael Wahlin Asst VP and Controller	40 00					X		99,284	0	33,112
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,011,109	0	280,940

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization6

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
IT Services University Info Systems ISU 2nd Floor ASB Ames, IA 500113601	IT Services	175,810
Belin McCormick PC 666 Walnut Street Suite 2000 Des Moines, IA 50309	Professional Service	131,349
Deloitte & Touche 1200 Two Ruan Center 601 Locust St Des Moines, IA 50309	Professional Service	131,110
Centerbeam Inc 310 Rio Robles Drive San Jose, CA 95134	IT Services	110,580

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization4

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					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	73,091,607				
	g	Noncash contributions included in lines 1a-1f \$		16,838,782				
	h	Total. Add lines 1a-1f			73,091,607			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
				4,131,696			4,131,696	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
				14,126			14,126	
	6a	(i) Real		(ii) Personal				
		Gross Rents		329,882				
		Less rental expenses						
		Rental income or (loss)		329,882				
	d	Net rental income or (loss)			329,882		329,882	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		351,927,072	4,199,973			
		Less cost or other basis and sales expenses		344,942,146	3,563,592			
		Gain or (loss)		6,984,926	636,381			
	d	Net gain or (loss)			7,621,307		7,621,307	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
		b Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b Less direct expenses		b				
		c Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances		a					
	b Less cost of goods sold		b					
	c Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	Administrative fee	541900	2,909,387			2,909,387		
b	Miscellaneous income	611710	55,584			55,584		
c	Partnership income	525990	-167,114		-167,114			
d	All other revenue							
e	Total. Add lines 11a-11d			2,797,857				
12	Total revenue. See Instructions			87,986,475	0	-167,114	15,061,982	

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	50,876,395	50,876,395		
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 key employees	955,849		229,436	726,413
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	6,414,535		1,162,864	5,251,671
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	525,500		106,711	418,789
9	Other employee benefits	919,425		257,747	661,678
10	Payroll taxes	411,103		86,700	324,403
a	Fees for services (non-employees) Management				
b	Legal	115,914		96,257	19,657
c	Accounting	162,355		162,355	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	30,432			30,432
f	Investment management fees				
g	Other	378,130		232,073	146,057
12	Advertising and promotion	85,929			85,929
13	Office expenses	788,475		393,279	395,196
14	Information technology	578,504		179,348	399,156
15	Royalties				
16	Occupancy	193,671		193,671	
17	Travel	593,771		82,592	511,179
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	368,350		42,862	325,488
20	Interest	134,042		134,042	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	188,405		188,405	
23	Insurance	84,111		84,111	
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	Annuity payments/actuar	2,247,752	2,247,752	0	0
b	Miscellaneous expenses	26,617	0	26,417	200
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	66,079,265	53,124,147	3,658,870	9,296,248
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	
	2	Savings and temporary cash investments			9,044,903	2	12,269,616
	3	Pledges and grants receivable, net			81,190,764	3	82,566,175
	4	Accounts receivable, net				4	
	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			2,098,844	7	2,147,995
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	14,523,581			
	b	Less: accumulated depreciation	10b	3,292,898	11,126,874	10c	11,230,683
	11	Investments—publicly traded securities			357,844,658	11	436,539,276
	12	Investments—other securities. See Part IV, line 11			149,419,053	12	167,972,482
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			24,689,891	15	25,657,007
16	Total assets. Add lines 1 through 15 (must equal line 34)			635,414,987	16	738,383,234	
Liabilities	17	Accounts payable and accrued expenses			1,572,786	17	968,603
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			2,862,310	20	2,772,686
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,461,842	23	1,745,910
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			25,195,013	25	29,207,037
	26	Total liabilities. Add lines 17 through 25			31,091,951	26	34,694,236
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			15,937,771	27	20,170,670
	28	Temporarily restricted net assets			189,077,487	28	205,795,585
	29	Permanently restricted net assets			399,307,778	29	477,722,743
	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			604,323,036	33	703,688,998
34	Total liabilities and net assets/fund balances			635,414,987	34	738,383,234	

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	87,986,475
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,079,265
3	Revenue less expenses Subtract line 2 from line 1	3	21,907,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	604,323,036
5	Other changes in net assets or fund balances (explain in Schedule O)	5	77,458,752
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	703,688,998

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 checked="" type="checkbox"/> Consolidated basis <input 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 Iowa State University Foundation	Employer identification number 42-1143702
--	--

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.")	70,649,995	104,207,225	76,047,949	65,391,531	73,091,607	389,388,307
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	70,649,995	104,207,225	76,047,949	65,391,531	73,091,607	389,388,307
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)						13,009,606
6 Public Support. Subtract line 5 from line 4						376,378,701

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	70,649,995	104,207,225	76,047,949	65,391,531	73,091,607	389,388,307
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,712,279	10,809,958	13,711,277	5,009,524	4,475,704	43,718,742
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,259,819	1,945,257	1,881,365	2,333,349	2,964,971	11,384,761
11 Total support (Add lines 7 through 10)						444,491,810
12 Gross receipts from related activities, etc (See instructions)					12	11,251,408
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	84 680 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	82 850 %
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 IIIPart 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 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 section501(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

Additional Data

Software ID:
Software Version:
EIN: 42-1143702
Name: Iowa State University Foundation

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

4d. Other program services			
(Code) (Expenses \$	3,368,201	including grants of \$ 1,120,449) (Revenue \$)
Other program services includes (1) Gifts-in-kind of \$1,120,449 and (2) Annuity payment and actuarial valuation of \$2,247,752, totaling \$3,368,201			

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.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Iowa State University Foundation	Employer identification number 42-1143702
--	--

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>YesNo</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>YesNo</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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

YesNo

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)?

YesNo

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

	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	399,307,777	358,360,551	434,432,841	
b	Contributions	22,045,531	13,533,880	20,828,512	
c	Investment earnings or losses	80,454,976	50,384,450	-74,977,661	
d	Grants or scholarships	5,659,435	5,601,400	5,543,199	
e	Other expenditures for facilities and programs	10,827,993	10,685,921	10,204,649	
f	Administrative expenses	7,598,113	6,683,783	6,175,293	
g	End of year balance	477,722,743	399,307,777	358,360,551	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

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)

Yes

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	8,167,667	960,000		9,127,667
b Buildings		2,679,901	797,174	1,882,727
c Leasehold improvements				
d Equipment		2,716,013	2,495,724	220,289
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				11,230,683

Schedule D (Form 990) 2010

Part XI

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

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	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	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		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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 XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per 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		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental 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
Description of Intended Use of Endowment Funds	Part V, Line 4	The Iowa State University Foundation uses the earnings from the endowment funds based upon the donor intent of individual endowed accounts. These uses include college program support, student financial aid, faculty and staff support, research, building, equipment and maintenance, as well as other uses.

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
Iowa State University Foundation

Employer identification number
42-1143702

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			
Marts & Lundy Inc 1200 Wall Street West Lyndhurst, NJ 07071	Campaign Consultant		No	0	30,432	-30,432
Total ▶					30,432	-30,432

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.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TX, UT, VT, VA, WA, WV, TN, MA, MI, MN, MS, MO, MT, NE, WI, WY

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 (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Direct Expenses	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	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 type="checkbox"/> Yes % <input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ 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
b	An outside facility	13b

14

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

Name

Address

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

Gaming manager compensation \$

Description of services provided

☐ 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 \$

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

Identifier	ReturnReference	Explanation
Explanation of Fundraising Payments	Schedule G, Part I, Line 2b, Column (v)	Per the agreement established between the Iowa State University Foundation and Marts & Lundy, Marts & Lundy will not solicit funds or assets. Marts & Lundy does not engage in any fundraising activities for the Foundation, so fund raising expenses are not applicable to the firm. Any additional fees which are paid to the firm are designated as expense payments or reimbursement for out-of-pocket expenses.

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
Iowa State University Foundation

Employer identification number
42-1143702

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) Iowa State University Beardshear Hall Ames, IA 50011	42-6004224	115	49,755,946	1,120,449	FMV	See Part IV	See Part IV

2

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

1

3

Enter total number of other organizations

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)Amount of cash grant	(d)Amount 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 in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grant funds are subject to the expenditure and disbursement policies of Iowa State University and the ISU Foundation, including allowability, appropriateness (business purpose, adequate documentation, and proper approvals), and donor intent The ISU Foundation provides further monitoring of the use of grant funds through its Donor Compliance Services Department On a monthly basis, the expenditures are reviewed and internal testing of transactions is completed The Donor Compliance Services Department strives to monitor the expenditures and balances of the various accounts, as well as develop strategies to ensure compliance with the donor gift agreements in place and other designations of donor intent as documented
Other Information	Part IV	Part II, line 1, Columns (g) and (h) Name of Organization or Government Iowa State University (g) Description of Non-cash Assistance Publicly traded securities, books, art, & other non-cash contributions (h) Purpose of Grant or Assistance Grants are provided to Iowa State University in the form of student support (scholarships, fellowships, loans, awards), faculty and staff support (endowed faculty positions, research, professional development), program support (academic and out-of-classroom programs and campus organizations), and facilities support (building construction and renovation, equipment)

Schedule J
(Form 990)

Compensation Information

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

Iowa State University Foundation

Employer identification number

42-1143702

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		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	Yes
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) Daniel Saftig	(i)	275,997	0	4,754	80,300	26,636	387,687	0
	(ii)	0	0	0	0	0	0	0
(2) Lisa Eslinger	(i)	175,768	0	166	18,117	23,063	217,114	0
	(ii)	0	0	0	0	0	0	0
(3) Larissa Holtmyer Jones	(i)	169,158	0	166	17,690	24,846	211,860	0
	(ii)	0	0	0	0	0	0	0
(4) Orrin Bundy	(i)	159,279	0	189	15,766	15,627	190,861	0
	(ii)	0	0	0	0	0	0	0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
	Part I, Line 1a	Charter travel was with the use of the University-owned plane. Travel for companions was provided for some fundraising events. These benefits are considered business expenses and therefore are not considered taxable income to the individuals.
	Part I, Line 4b	Daniel Saftig participates in a 457(f) Plan.
Supplemental Information	Part III	Form 990, Schedule J, Page 2, Part II, Column (c). All employees participate in a retirement plan consisting of a 403(b) defined contribution plan. Daniel Saftig also participates in a 457(f) deferred compensation plan.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
Iowa State University Foundation

Employer identification number
42-1143702

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	8	36,231	Opinions of experts
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		90,542	Opinions of experts
5 Clothing and household goods	X		12,012	Cost or selling price
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .	X	1	98,253	Opinions of experts
9 Securities—Publicly traded	X	143	10,568,910	Fair market value
10 Securities—Closely held stock	X	4	730,250	Fair market value
11 Securities—Partnership, LLC, or trust interests .	X	2	1,050,822	Fair market value
12 Securities—Miscellaneous	X	1	200,000	Fair market value
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial	X	1	1,800,000	Sale of similar property
17 Real estate—Other . .	X	2	1,236,000	Sale of similar property
18 Collectibles	X	1	900	Opinions of experts
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (<u>Bioresearch</u>)	X	3	477,960	Replacements Cost
26 Other ► (<u>Landscaping</u>)	X	2	100,301	Replacements Cost
Insurance				
27 Other ► (<u>Policies</u>)	X	6	100,678	Sale of similar property
28 Other ► (<u>Miscellaneous</u>)	X	46	335,923	Sale of similar property
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	3		

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?		Yes	No
b	If "Yes," describe the arrangement in Part II	30a		No
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	Yes	
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
Third Party Use	Part I, Line 32b	The Iowa State University Foundation hires real estate companies or similar organizations to sell any real estate or property Various stock gifts are sold through stock brokers where the ISU Foundation holds an account

SCHEDULE O
(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
Iowa State University Foundation

Employer identification number

42-1143702

Identifier	Return Reference	Explanation
Description of Organization Mission	Form 990, Part III, Line I	low a State University Foundation maximizes philanthropy in support of low a State University - its students, faculty and programs This is accomplished by promoting and nurturing volunteerism and philanthropy, collaborating and building partnerships with administrators and faculty, building long-term relationships with donors while representing their needs and interests, operating with openness and transparency while honoring donors' privacy, and providing staff and volunteers with the tools and resources needed to achieve these goals On July 1, 2003, ISU Foundation launched Campaign low a State With Pride and Purpose, a comprehensive fundraising campaign with an \$800 million goal which helped transform low a State University by providing support to students, faculty, programs and facilities The campaign concluded June 30, 2011 At the end of the campaign on June 30, 2011, more than \$867 million in gifts and commitments was received

Identifier	Return Reference	Explanation
Program Service Accomplishments	Form 990, Part III, Line 4a	During the campaign, more than 800 new scholarships were created, and approximately 42,000 scholarship awards totaling \$57 million were provided to low a State University students. Student support generated during the campaign was more than \$262 million. This generous support from low a State benefactors is providing additional support for existing students and creating new opportunities for new and future students.

Identifier	Return Reference	Explanation
Program Service Accomplishments	Form 990, Part III, Line 4b	In an effort to increase support for low a State University faculty and staff, low a State designated an increase in endowed faculty positions (chairs, professorships and fellow ships) to be a top campaign priority, w ith a goal of doubling these endowed positions (from 75 at the beginning of the campaign to 150 by its conclusion) The current number as of the end of the campaign was 158, surpassing the campaign goal Since the campaign began, \$182 million has been raised specifically for faculty and staff support w ith an additional \$284 million for programmatic support This support provides low a State faculty and staff w ith much needed resources to enhance programs and experiences for students and to continue vital research efforts

Identifier	Return Reference	Explanation
Program Service Accomplishments	Form 990, Part III, Line 4c	During the campaign, over two dozen University building projects, most of which are completed or in progress, were funded in whole or in part by private gifts. They include Hach Hall (chemistry), Lloyd Veterinary Medical Center, Coover Hall Electrical and Computer Engineering addition, King Pavilion (design), Hixson-Lied Student Success Center, Alumni Center, Memorial Union renovations, Morrill Hall renovations, Sukup Basketball Complex, Seed Science Center addition, Jack Trice Stadium renovations, BioCentury Research Farm, Vondra Geology Field Station (Smith Lodge), Horticulture Greenhouse Complex, Biorenewables Complex, Curtiss Hall (agriculture and life sciences), Troxel Hall (classroom building), Agricultural Pavilion, Football Training Center, and Cyclone Sports Complex. Since the campaign began, \$139 million has been raised specifically for buildings and equipment.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The members of the corporation shall be members as of the effective date of the current Amended and Restated Articles of Incorporation of the ISU Foundation. Upon nomination by the board governance committee, additional persons may be elected to serve as a member at any annual or special meeting of the corporation's members. Per the Articles, the affairs and business of the corporation shall be conducted by a board of directors.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		<p>The board of directors is composed of up to nineteen directors allocated among four classes of directors A) Class A directors shall be 12 in number, and shall be appointed from and by the members of the corporation upon nomination by the board of governance committee Each Class A director shall serve a term of the greater of four years or until their successor is elected and qualified Each Class A director may serve up to two (2) terms, which may be consecutive B) Class B directors shall be no more than four (4) in number, and shall consist of those individuals who are members of the corporation who are not then currently serving as Class A directors, but who are nevertheless nominated by the Chair and selected by the Board to serve as a chair of one of the following committees of the board, (I) Audit Committee, (II) Development Committee (or Campaign Committee), (III) Finance Committee, and (IV) Investment Committee Class B directors shall serve for the duration of their chairship C) Class C shall be comprised of one (1) director who shall be the individual then serving as President or interim President of Iowa State University The Class C director shall serve for the duration of his or her tenure as President or interim President of Iowa State University D) Class D shall be comprised of no more than two (2) additional directors appointed by the Board of Directors at a regular or special meeting Class D directors shall serve a term of the greater of the period selected by the Board of Directors upon such appointment or until their successor is elected and qualified Appointment of Class D directors, if any, shall be within the discretion of the board</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Each member of the corporation present shall be entitled to one vote on any question properly coming before the members at an annual or special meeting While the affairs and business of the corporation are directed to and conducted by the board of directors, the members of the corporation shall be responsible for approval of Class A directors and any amendments to the Articles of Incorporation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The information for Form 990 is prepared and compiled by the finance staff of the Iowa State University Foundation and provided to Deloitte Tax LLP. After inputting the data into their tax software, an initial draft of the Form 990 is provided to the Foundation for review by the Assistant Vice President and Controller, the Senior Vice President of Finance and Operations, and the President. After incorporating any changes and completing their review, Deloitte provides a final draft for presentation to the ISU Foundation audit committee for review and approval. After approval by the audit committee, the Form 990 is provided to the ISU Foundation Board of Directors for their review prior to filing. The Form 990 is then electronically filed with the IRS by Deloitte.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	The Iowa State University Foundation, on an annual basis, provides a copy of the conflict of interest policy to all responsible persons, including the Board of Directors, committee members, and all employees who influence the actions of the ISU Foundation. Responsible persons are asked to review the policy and disclose any conflicts of interest as outlined in the policy on an annual basis. Disclosed conflicts are reviewed by the audit committee and are handled on an individual basis. Completed disclosure forms are retained in the Foundation's permanent file.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	<p>Any changes to compensation for the President of the Iowa State University Foundation is authorized by the executive committee of the Board of Directors, acting as the entity's compensation committee. The President's compensation is determined by the executive committee based upon the recommendation of the Chair. The Chair's recommendation is based on 1) Gathering information regarding compensation being paid to persons in comparable positions around the country (prepared by the Human Resources Administrator), 2) Soliciting a self-evaluation from the President, together with evaluations from anyone else the Chair deems appropriate, 3) Conducting a performance review with the President and establishing new objectives for the year, and 4) Evaluating with other members of the committee the performance in light of the objectives established at the beginning of the year. Compensation related to the senior leadership team is determined by the President of the Foundation, who is also advised by Board members in regards to qualification standards. Compensation information for the President and the Foundation leadership is shared with the Board of Directors.</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Copies of all of the ISU Foundation's governing documents and conflict of interest policy can be requested through the ISU Foundation office. The financial statements and tax returns for the past three years are also provided on the ISU Foundation's website.

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 77,458,752

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
Iowa State University Foundation

Employer identification number
42-1143702

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) The Original University Foundation 2505 University Boulevard Ames, IA 500102230 42-0861651	Support ISU and ISU Foundation	IA	501(c)(3)	Line 11, Type I	ISU Foundation	Yes	
(2) Iowa State University Achievement Fund 2505 University Boulevard Ames, IA 500102230 42-6059969	Support ISU and ISU Foundation	IA	501(c)(3)	Line 11, Type I	ISU Foundation	Yes	

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) Disproportionate 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	
(1) Gateway Center Associates 2505 University Boulevard Ames, IA50010 42-1068825	Hotel oversight	IA	Gateway Center Holding Inc	Unrelated	-1,772	67,592		No			No	1 250 %

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
See Additional Data Table							

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

No

No

No

No

No

No

No

No

No

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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Software ID:

Software Version:

EIN: 42-1143702

Name: Iowa State University Foundation

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
Gateway Center Holdings Inc PO Box 2230 Ames, IA 500102230 42-1029851	Hold Partnership Trust	IA	ISU Foundation	C	-62,462	7,150,385	100 000 %
ISUF Charitable Remainder Unitrust #0701609 PO Box 2230 Ames, IA 500102230 52-6233536	Trust	IA	N/A	T		106,807	100 000 %
ISUF Charitable Remainder Annuity Trust #0704609 PO Box 2230 Ames, IA 500102230 42-6293735	Trust	IA	N/A	T	79,088		100 000 %
ISUF Charitable Remainder Unitrust #0704909 PO Box 2230 Ames, IA 500102230 23-7356657	Trust	IA	N/A	T		405,549	100 000 %
ISUF Charitable Remainder Unitrust #0705609 PO Box 2230 Ames, IA 500102230 52-1213987	Trust	IA	N/A	T		117,873	100 000 %
ISUF Charitable Remainder Annuity Trust #0707309 PO Box 2230 Ames, IA 500102230 42-1253743	Trust	IA	N/A	T		4,208	100 000 %
ISUF Charitable Remainder Unitrust #0707409 PO Box 2230 Ames, IA 500102230 42-1254309	Trust	IA	N/A	T		165,827	100 000 %
ISUF Charitable Remainder Unitrust #0707909 PO Box 2230 Ames, IA 500102230 42-6389345	Trust	IA	N/A	T	18,022		100 000 %
ISUF Charitable Remainder Unitrust #0708209 PO Box 2230 Ames, IA 500102230 42-6389343	Trust	IA	N/A	T		55,582	100 000 %
ISUF Charitable Remainder Annuity Trust #0708309 PO Box 2230 Ames, IA 500102230 42-1268112	Trust	IA	N/A	T		44,810	100 000 %
ISUF Charitable Remainder Annuity Trust #0708509 PO Box 2230 Ames, IA 500102230 42-1308151	Trust	IA	N/A	T		178,151	100 000 %
ISUF Charitable Remainder Unitrust #0708809 PO Box 2230 Ames, IA 500102230 42-1308152	Trust	IA	N/A	T		2,250	100 000 %
ISUF Charitable Remainder Annuity Trust #0710309 PO Box 2230 Ames, IA 500102230 42-1350938	Trust	IA	N/A	T		38,476	100 000 %
ISUF Charitable Remainder Annuity Trust #0710409 PO Box 2230 Ames, IA 500102230 42-1350940	Trust	IA	N/A	T		36,696	100 000 %
ISUF Charitable Remainder Unitrust #0710809 PO Box 2230 Ames, IA 500102230 42-1364089	Trust	IA	N/A	T		141,535	100 000 %
ISUF Charitable Remainder Annuity Trust #1800011 PO Box 2230 Ames, IA 500102230 42-6484762	Trust	IA	N/A	T		29,683	100 000 %
ISUF Charitable Remainder Annuity Trust #1800012 PO Box 2230 Ames, IA 500102230 42-6484761	Trust	IA	N/A	T		27,664	100 000 %
ISUF Charitable Remainder Unitrust #1800033 PO Box 2230 Ames, IA 500102230 42-6484921	Trust	IA	N/A	T		193,920	100 000 %
ISUF Charitable Remainder Unitrust #1800034 PO Box 2230 Ames, IA 500102230 42-6484917	Trust	IA	N/A	T		57,840	100 000 %
ISUF Charitable Remainder Unitrust #1800040 PO Box 2230 Ames, IA 500102230 42-6484760	Trust	IA	N/A	T		96,401	100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
ISUF Charitable Remainder Unitrust #1800044 PO Box 2230 Ames, IA 500102230 42-6559153	Trust	IA	N/A	T		233,453	100 000 %
ISUF Charitable Remainder Unitrust #1800061 PO Box 2230 Ames, IA 500102230 42-1389466	Trust	IA	N/A	T		54,099	100 000 %
ISUF Charitable Remainder Annuity Trust #1800091 PO Box 2230 Ames, IA 500102230 42-6506835	Trust	IA	N/A	T		139,351	100 000 %
ISUF Charitable Remainder Unitrust #1800096 PO Box 2230 Ames, IA 500102230 42-6509836	Trust	IA	N/A	T		52,980	100 000 %
ISUF Charitable Remainder Unitrust #1800198 PO Box 2230 Ames, IA 500102230 42-1431103	Trust	IA	N/A	T		92,056	100 000 %
ISUF Charitable Remainder Unitrust #1800203 PO Box 2230 Ames, IA 500102230 39-6664785	Trust	IA	N/A	T		74,749	100 000 %
ISUF Charitable Remainder Annuity Trust #1801006 PO Box 2230 Ames, IA 500102230 42-6512343	Trust	IA	N/A	T		64,804	100 000 %
ISUF Charitable Remainder Unitrust #1801007 PO Box 2230 Ames, IA 500102230 42-1416106	Trust	IA	N/A	T		62,565	100 000 %
ISUF Charitable Remainder Unitrust #1801014 PO Box 2230 Ames, IA 500102230 42-6516754	Trust	IA	N/A	T		276,411	100 000 %
ISUF Charitable Remainder Unitrust #1801019 PO Box 2230 Ames, IA 500102230 42-6518170	Trust	IA	N/A	T		115,156	100 000 %
ISUF Charitable Remainder Unitrust #0801035 PO Box 2230 Ames, IA 500102230 42-6523105	Trust	IA	N/A	T		142,114	100 000 %
ISUF Charitable Remainder Unitrust #1801036 PO Box 2230 Ames, IA 500102230 42-6523106	Trust	IA	N/A	T		134,861	100 000 %
ISUF Charitable Remainder Unitrust #1801037 PO Box 2230 Ames, IA 500102230 42-6523108	Trust	IA	N/A	T		261,377	100 000 %
ISUF Charitable Remainder Annuity Trust #1801038 PO Box 2230 Ames, IA 500102230 42-6523113	Trust	IA	N/A	T		61,748	100 000 %
ISUF Charitable Remainder Annuity Trust #1801047 PO Box 2230 Ames, IA 500102230 42-6533189	Trust	IA	N/A	T	27,369		100 000 %
ISUF Charitable Remainder Unitrust #1801054 PO Box 2230 Ames, IA 500102230 42-6536151	Trust	IA	N/A	T		166,414	100 000 %
ISUF Charitable Remainder Annuity Trust #1801055 PO Box 2230 Ames, IA 500102230 42-6537746	Trust	IA	N/A	T		149,256	100 000 %
ISUF Charitable Remainder Annuity Trust #1801056 PO Box 2230 Ames, IA 500102230 42-1439917	Trust	IA	N/A	T		110,648	100 000 %
ISUF Charitable Remainder Annuity Trust #1801081 PO Box 2230 Ames, IA 500102230 42-6549967	Trust	IA	N/A	T		298,766	100 000 %
ISUF Charitable Remainder Unitrust #1801082 PO Box 2230 Ames, IA 500102230 42-6553335	Trust	IA	N/A	T		238,588	100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
ISUF Charitable Remainder Unitrust #1801083 PO Box 2230 Ames, IA 500102230 42-6552070	Trust	IA	N/A	T		853,857	100 000 %
ISUF Charitable Remainder Unitrust #1801085 PO Box 2230 Ames, IA 500102230 42-6552077	Trust	IA	N/A	T		101,673	100 000 %
ISUF Charitable Remainder Annuity Trust #1801088 PO Box 2230 Ames, IA 500102230 42-1389560	Trust	IA	N/A	T		72,058	100 000 %
ISUF Charitable Remainder Annuity Trust #1801089 PO Box 2230 Ames, IA 500102230 42-6559154	Trust	IA	N/A	T		72,236	100 000 %
ISUF Charitable Remainder Annuity Trust #1801090 PO Box 2230 Ames, IA 500102230 42-6559155	Trust	IA	N/A	T		70,846	100 000 %
ISUF Charitable Remainder Unitrust #1801094 PO Box 2230 Ames, IA 500102230 42-6561630	Trust	IA	N/A	T		383,108	100 000 %
ISUF Charitable Remainder Unitrust #1801095 PO Box 2230 Ames, IA 500102230 42-6561631	Trust	IA	N/A	T		248,828	100 000 %
ISUF Charitable Remainder Unitrust #1801098 PO Box 2230 Ames, IA 500102230 42-6562408	Trust	IA	N/A	T		52,031	100 000 %
ISUF Charitable Remainder Annuity Trust #1801100 PO Box 2230 Ames, IA 500102230 39-6649195	Trust	IA	N/A	T		63,399	100 000 %
ISUF Charitable Remainder Unitrust #1801101 PO Box 2230 Ames, IA 500102230 39-6657199	Trust	IA	N/A	T	1,011,181		100 000 %
ISUF Charitable Remainder Unitrust #1801102 PO Box 2230 Ames, IA 500102230 39-6664779	Trust	IA	N/A	T		283,637	100 000 %
ISUF Charitable Remainder Unitrust #1801110 PO Box 2230 Ames, IA 500102230 42-6563194	Trust	IA	N/A	T		331,021	100 000 %
ISUF Charitable Remainder Annuity Trust #1801119 PO Box 2230 Ames, IA 500102230 42-6569404	Trust	IA	N/A	T		185,366	100 000 %
ISUF Charitable Remainder Annuity Trust #2700011 PO Box 2230 Ames, IA 500102230 39-6694353	Trust	IA	N/A	T	739,938		100 000 %
ISUF Charitable Remainder Annuity Trust #2700044 PO Box 2230 Ames, IA 500102230 42-6577754	Trust	IA	N/A	T		70,864	100 000 %
ISUF Charitable Remainder Unitrust #2700128 PO Box 2230 Ames, IA 500102230 42-6584634	Trust	IA	N/A	T		58,046	100 000 %
ISUF Charitable Remainder Annuity Trust #2700133 PO Box 2230 Ames, IA 500102230 42-6584638	Trust	IA	N/A	T		17,482	100 000 %
ISUF Charitable Lead Trust #2700134 PO Box 2230 Ames, IA 500102230 20-6105576	Trust	IA	N/A	T	55,526	288,972	100 000 %
ISUF Charitable Remainder Unitrust #2700136 PO Box 2230 Ames, IA 500102230 42-6584637	Trust	IA	N/A	T		110,839	100 000 %
ISUF Charitable Remainder Annuity Trust #2700163 PO Box 2230 Ames, IA 500102230 95-7077759	Trust	IA	N/A	T		5,721,581	100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
ISUF Charitable Remainder Unitrust #2700189 PO Box 2230 Ames, IA 500102230 42-6498135	Trust	IA	N/A	T		42,749	51 000 %
ISUF Charitable Remainder Unitrust #2700201 PO Box 2230 Ames, IA 500102230 42-6608393	Trust	IA	N/A	T		60,057	100 000 %
ISUF Charitable Remainder Annuity Trust #2700231 PO Box 2230 Ames, IA 500102230 42-6590445	Trust	IA	N/A	T		6,555	100 000 %
ISUF Charitable Remainder Annuity Trust #2700268 PO Box 2230 Ames, IA 500102230 42-6594815	Trust	IA	N/A	T		196,267	100 000 %
ISUF Charitable Remainder Unitrust #2700444 PO Box 2230 Ames, IA 500102230 42-6608396	Trust	IA	N/A	T		57,384	55 000 %
ISUF Charitable Remainder Annuity Trust #2700466 PO Box 2230 Ames, IA 500102230 42-6587865	Trust	IA	N/A	T		85	100 000 %
ISUF Charitable Remainder Unitrust #2700467 PO Box 2230 Ames, IA 500102230 41-6448889	Trust	IA	N/A	T		356,833	100 000 %
ISUF Charitable Remainder Unitrust #2700479 PO Box 2230 Ames, IA 500102230 42-6608398	Trust	IA	N/A	T		50,611	100 000 %
ISUF Charitable Remainder Unitrust #2700480 PO Box 2230 Ames, IA 500102230 20-6105889	Trust	IA	N/A	T		338,857	51 000 %
ISUF Charitable Remainder Unitrust #2700482 PO Box 2230 Ames, IA 500102230 42-6610554	Trust	IA	N/A	T		45,499	100 000 %
ISUF Charitable Remainder Unitrust #2700543 PO Box 2230 Ames, IA 500102230 42-6610563	Trust	IA	N/A	T		105,180	100 000 %
ISUF Charitable Remainder Unitrust #2700547 PO Box 2230 Ames, IA 500102230 42-6615230	Trust	IA	N/A	T		84,820	100 000 %
ISUF Charitable Remainder Unitrust #2700736 PO Box 2230 Ames, IA 500102230 39-6766978	Trust	IA	N/A	T		94,681	100 000 %
ISUF Charitable Remainder Annuity Trust #2700768 PO Box 2230 Ames, IA 500102230 39-6767897	Trust	IA	N/A	T		398,593	100 000 %
ISUF Charitable Remainder Unitrust #2700854 PO Box 2230 Ames, IA 500102230 90-0065751	Trust	IA	N/A	T		101,316	100 000 %
ISUF Charitable Remainder Unitrust #2700879 PO Box 2230 Ames, IA 500102230 76-6185216	Trust	IA	N/A	T		91,710	100 000 %
ISUF Charitable Remainder Unitrust #2701003 PO Box 2230 Ames, IA 500102230 20-6021784	Trust	IA	N/A	T		100,078	100 000 %
ISUF Charitable Remainder Unitrust #2701105 PO Box 2230 Ames, IA 500102230 20-6105732	Trust	IA	N/A	T		346,496	100 000 %
ISUF Charitable Remainder Unitrust #2701150 PO Box 2230 Ames, IA 500102230 20-6189194	Trust	IA	N/A	T		71,363	100 000 %
ISUF Charitable Remainder Annuity Trust #2701469 PO Box 2230 Ames, IA 500102230 20-6788933	Trust	IA	N/A	T		737,620	100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
ISUF Charitable Remainder Annuity Trust #2701542 PO Box 2230 Ames, IA 500102230 20-6788934	Trust	IA	N/A	T		2,769,421	51 000 %
ISUF Charitable Remainder Unitrust #2701546 PO Box 2230 Ames, IA 500102230 39-6786920	Trust	IA	N/A	T		867,510	60 000 %
ISUF Charitable Remainder Unitrust #2701689 PO Box 2230 Ames, IA 500102230 20-6779567	Trust	IA	N/A	T		479,129	100 000 %
ISUF Charitable Remainder Unitrust #2701789 PO Box 2230 Ames, IA 500102230 20-6956588	Trust	IA	N/A	T		224,029	100 000 %
ISUF Charitable Remainder Unitrust #2701896 PO Box 2230 Ames, IA 500102230 35-2288906	Trust	IA	N/A	T		56,331	100 000 %
ISUF Charitable Remainder Unitrust #2702170 PO Box 2230 Ames, IA 500102230 20-7540228	Trust	IA	N/A	T		270,793	66 000 %
ISUF Charitable Remainder Annuity Trust #2702228 PO Box 2230 Ames, IA 500102230 26-6132392	Trust	IA	N/A	T		80,672	100 000 %
ISUF Charitable Remainder Unitrust #2702239 PO Box 2230 Ames, IA 500102230 26-6133256	Trust	IA	N/A	T		49,750	100 000 %
ISUF Charitable Remainder Unitrust #2702390 PO Box 2230 Ames, IA 500102230 26-6751315	Trust	IA	N/A	T		130,552	51 000 %
ISUF Charitable Remainder Annuity Trust #2702408 PO Box 2230 Ames, IA 500102230 26-6531371	Trust	IA	N/A	T		101,120	100 000 %
ISUF Charitable Remainder Unitrust #2703175 PO Box 2230 Ames, IA 500102230 30-6274330	Trust	IA	N/A	T		2,083,738	100 000 %