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# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Open to Public

•						<u> </u>		- 22		
<u>A</u>			ndar year, or tax year beginn			nd ending	Jur	e 30	, 20 12	
В		applicable	C Name of organization Pittsbu	rg State University Founda	ation, inc.			D Employe	er identification n	umber
닏	Address	change	Doing Business As						48-6104332	
닏	Name ch	nange	Number and street (or P O box	if mail is not delivered to street	address)	Room/suite		E Telephor		
	Initial ret	urn	401 E. Ford		, ,				620-231-7000	
	Terminal	ted	City or town, state or country, a	nd ZIP + 4						
$\checkmark$	Amende	d return	Pittsburg, KS 66762					<b>G</b> Gross re	cerpts \$ 89	285,468.
	Applicat	on pending	F Name and address of principal of	officer J Bradford Hodson	n		H(a) is this a	group return	for affiliates? 🔲 Yes	<b>✓</b> No
			401 E Ford, Pittsburg, KS 66	762			H(b) Are al	l affiliates in	icluded? Tes	☐ No
$\overline{}$	Tax-exe	mpt status	✓ 501(c)(3) □ 501	(c) ( ) ◀ (insert no ) ☐ 4	1947(a)(1) or [	527	lf "N	o," attach a	list (see instruction	ns)
J	Website	: ► N/A				•	H(c) Group	exemption	number >	
ĸ	Form of	organization	✓ Corporation ☐ Trust ☐ Ass	ociation ☐ Other ►	L Year	r of formation	1985	M State	of legal domicile	KS
Р	art I	Summ	ary							
	1	Briefly de	escribe the organization's m	nission or most significan	t activities:	The miss	sion of the	Pittsburg	State Universit	y
_			on, Inc. is to maximize privat							
Activities & Governance			ay the groundwork for future	<del>-</del>						
ца			ent functions and to develop		<i></i>					
ě	2		is box ▶□ if the organizati							
ဇ္ဗ	3		of voting members of the g					1 - 1		40
ඡ	4		of independent voting mem							40
ţį	5		nber of individuals employe		• .	-		5		0
ξį	1		· · · · · · · · · · · · · · · · · · ·	•	•	•		6		<u>o</u>
Ą	6		mber of volunteers (estimate					$\vdash$		0.
	7a		related business revenue fro					7a		
_	Ь.	ivet unre	lated business taxable inco	me from Form 990-1, line	34	· · ·	Pnor Ye	7b	Current Yo	0.
	1 _			41.5						
ē	8		tions and grants (Part VIII, I	·		· ·	6	,215,062.	8	183,877.
ē	9	-	service revenue (Part VIII, I	<u> </u>				184,986.		54,877.
Revenue	10		ent income (Part VIII, columi				4	,789,735.	3	,622,352.
_	11		venue (Part VIII, column (A),					0.		<u> </u>
_	12		enue-add lines 8 through 1					,189,783.	11	<u>,861,106.</u>
	13	Grants a	nd sımılar amoluttapadı (P	art IX Golumn (A), lines 1-	-3)	· ·  _	7	,525,457.	8	,181,121.
	14	Benefits	paid to or for members (Pa	<del>rt-IX<del>, c</del>olu</del> րը A), line 4)				0.		0.
S	15	Salaries,	other compensation, employ	ee benefits@Part IX, colum	ın (A), lınes 5	5–10)		0.		0.
nse.	16a	Profession	onal fundraising (ees\Partl)	(Acolumn (A), line 11e)				0.		0.
Expenses	b	Total fun	draising expenses (Part IX,	column (Ditine 25) 🕨		,576.	z 4	<b>美大学</b>		
ũ	17	Other ex	penses (Part (X) column (A)	lines 177a-11d, 11f-24e)				970,495.	1	,054,874.
	18	Total exp	penses (Part i <b>X) column: (A)</b> penses. Add <del>.lines 13-17 (m</del>	ist-equal- <u>R</u> art IX, column	(A), line 25)	) . [	8	,495,952.	9	,235,995.
	19		less expenses. Subtract lin				2	,693,831.	2	,625,111.
5	3						ginning of Cu	rrent Year	End of Ye	ar
Net Assets or	20	Total ass	sets (Part X, line 16)			$ abla$	74	,962,321.	80	,341,068.
Ass	21		oilities (Part X, line 26)			$ abla$	15	,078,518.	21	,343,360.
Ž	22		ets or fund balances. Subtra	ct line 21 from line 20		🗀	59	,883,803.	58	,997,708.
	art II		ture Block							
	_		iry, I declare that I have examined	this return, including accompany	vina schedules	and stateme	ents, and to t	he best of r	nv knowledge and	belief, it is
tn	ie, correc	t, and comp	lete. Declaration of preparer (other	than officer) is based on all info	mation of whic	h preparer h	as any know	ledge	,	
			11.12hul +	took			T		<del></del>	
Sig	an	Sign	nature of officer	10000			Da	ıte		
	ere		Bradford Hodson	, Executive Dire	otor/so	aratar		Tanua	12 201	,
		T/0	e or print name and title	., DACCULIVE DILE	.c.ur/se	CICLUI	<b>y</b>	اهسمر	ry 13, 201	4
_	• •	<del></del>	pe preparer's name	Preparer's signature		Date		Τ	PTIN	
	aid	•		,				Check [	#	
	epare						Τ_	<u> </u>	5.0760	
Us	se On				<del></del>			n's EIN ▶		
N.4	ny tha If		address >	ror ohown above? /aac :=	otructio ===>		Pho	one no		
_			s this return with the prepar		SITUCTIONS)			· · ·		No No
FO	r Papen	vork Redu	iction Act Notice, see the sep	parate instructions.		Cat No.	11282Y		Form 3	<b>990</b> (2011)

-arτ	Checklist of Required Schedules		Vaa	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	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓_	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		1
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		*	- ,
a	complete Schedule D, Part VI	11a	✓	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
С	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		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	<b>√</b>	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>V</b>
14 a		14a	-	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
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		/
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		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	<b>✓</b>
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	I	1

Form 99	0 (2011)		F	age 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<b>√</b>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	(0011)

				ugo e
Part				
_	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 1a 50			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ز ـ ـ ـ
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- <u>-</u> -		ـُـــر
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		1
_	account)?	4a		<b> </b>
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			!
			,	<b></b>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		<u> </u>
b		5c	-	_
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>		
Ou.	organization solicit any contributions that were not tax deductible?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		<u> </u>
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>✓</b>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	<b>✓</b>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		- ·	ļ ,—
•	organization, have excess business holdings at any time during the year?	8	<u> </u>	<b>✓</b>
9	Sponsoring organizations maintaining donor advised funds.	- 9a	-	,
a b	Did the organization make any taxable distributions under section 4966?	9b		1
10	Section 501(c)(7) organizations. Enter:	35		· •
а	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 . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	ļ	
	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?	12a		]
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	1		1
С	Enter the amount of reserves on hand	<del>                                     </del>	<del>                                     </del>	<del>  _</del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	<b>/</b>
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	174h	1	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	struct	ions.
Secti	on A. Governing Body and Management			
10	Enter the number of voting members of the governing body at the end of the tax year . 1a 40		Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    1b 40  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	-	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5	<b>-</b>	1
6 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<b>√</b>	
_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-	
a b	The governing body?	8a 8b	<b>√</b>	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	•	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Diddha arrangalian ha a lacalahasta a harrata a marka a	40	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>-</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	<b>√</b>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14	Did the organization have a written whistleblower policy?	13 14	<b>√</b> ✓	
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?	_		ا ا
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>-</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		_	
Secti	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed <b>KS</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	Own website  Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization:   J. Bradford Hodson - (620)231-7000, PSU Foundation, 401 F. Ford, Pittsburg, KS 66762	of the	)	

### PITTSBURG STATE UNIVERSITY FOUNDATION.

48-6104332 Form 990 (2011) 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 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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.
   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 organiza	tion nor any related	orga	ınıza	ation	cor	mpei	nsat	ed any current officer, o	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more th				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot or/trus	h an	compensation	compensation	amount of
	week	<del></del>			1	17444	,	from	from related	other
	(describe hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9	stee			is is		(W-2/1099-MISC)	(***2/1099-141100)	organization
	organizations	ts	al tru		yee	E E		(** =* ********************************		and related
	ın Schedule	ndividual trustee or director	Institutional trustee	<u>بة</u>	籄	loyee	161			organizations
	O)	힐	lnsti	Officer	ě	Highest compensated employee	Form			
(1) LYNDA S WILKINSON										
PRESIDENT	1.00	X	ļ	X		ļ		0.	0.	0.
(2) CHARLES MYERS				1				_		•
VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) J. BRADFORD HODSON								_		_
EXECUTIVE DIRECTOR/SECRETA	16.00	X	ļ	X	L	ļ		0.	136,180.	0.
(4) JOHN D PATTERSON										_
TREASURER	8.00	X		X				0.	146,393.	0.
(5) CATHERINE M ALBRIGHT		l							_	_
TRUSTEE	1.00	X		ļ <u>.</u>		<u> </u>		0.	0.	0.
(6) PAULA F BAKER										_
TRUSTEE	1.00	X	<u> </u>			<u> </u>		0.	0.	0.
(7) KENNETH K BATEMAN										_
TRUSTEE	1.00	X	<u> </u>		_	<u> </u>		0.	0.	0.
(8) BARRY BEDENE	1 2 22	l								_
TRUSTEE	1.00	X		_		<u> </u>		0.	0.	0.
(9) RITA J BICKNELL	4 00									
TRUSTEE	1.00	X	<b>.</b>			<u> </u>		0.	0.	0.
(10) DEBRA L BROCK	1 00	, ,								_
TRUSTEE	1.00	X				├		0.	0.	0.
(11) GARY J CINOTTO	1 00								•	
TRUSTEE	1.00	X		-		├		0.	0.	0.
(12) RICHARD COLEMAN	1 1 00	\ \ \							•	
TRUSTEE	1.00	X	-			├		0.	0.	0.
(13) GORDON ELLIOT	1 00	<b>.</b>							•	_
TRUSTEE	1.00	X	<del> </del>	_	┢	-		0.	0.	0.
(14) VICKI S DENNETT	1 00	₹.			ĺ				•	_
TRUSTEE	1.00	^		-	┢	├		0.	0.	0.
(15) TAD A DUNHAM	1 00								^	_
TRUSTEE	1.00	<u>^</u>	<u> </u>	$\vdash$	$\vdash$	├-		0.	0.	0.
(16) FRANK D DUNNICK	_ 1.00	<b>.</b>							_ 0.	_
TRUSTEE		^		├	╁	$\vdash$	$\vdash$	0.		
(17) LARRY D EVANS	1 00	•						0.	0.	
TRUSTEE	1.00	14	Щ-	Ц	Ц			<u> </u>	<u> </u>	0.

TNC

Part VII   Section A. Officers, Directors, Ti	rustees, Key E	mple	oyee	s, a	nd l	High	ies	t Compensated Employ			<u> </u>		
(A) (B)					C)			(D)	(E)		(F)		
Name and title	Average	(40		Pos		า e than	one	Reportable	Reportable		Es	tımate	∌d
	hours per	box	, unle	ss pe	rson	is po	th ar	compensation	compensation	ı [	an	nount	of
	week	<del>-</del>	⊝era⊪ ∏	o a o	irecto	or/trus	Stee)	-  "om	from related			other	
	(describe hours for	or director				L		the organization	organizations (W-2/1099-MIS	~		pensa	
	related	5 6	trustee			Safe		(W-2/1099-MISC)	(44-2/1099-141130	ا ('	from the organization		
	organizations		al trii		e X	m be		(11 27 1000 111100)			•	d relat	
	ın Schedule	Individual	Institutional t	, 5	Key employee	Highest compensated employee	١				orga	ınızatı	ons
	0)	Ē	먑	Officer	ě	₹5	ğ						
(18) DONNA J GEISLER													
TRUSTEE	1.00	X	ļ			ļ	L	0.		0.			0.
(19) ERIC T GROOMS		l											_
TRUSTEE	1.00	X	_		<u> </u>	ļ	L	0.		0.			0.
(20) JAMES L HARLIN	1 22									_			_
TRUSTEE	1.00	X	_		<u> </u>		├-	0.		0.			0.
(21) ROGER A HECKERT	1 00									_			_
TRUSTEE	1.00	X	<u> </u>				╀	0.		0.			0.
(22) DONALD M HOLSINGER	1 00	١,,							54.04	_			_
TRUSTEE	1.00	X				-	L	0.	74,84	2.			0.
(23) CHARLES HOSMAN	1 00	٦,					ľ			,			_
TRUSTEE	1.00	X	-				-	0.		0.			0.
(24) ROBERT J JOHNSON, SR.	1 00	J.						_		_			0
TRUSTEE	1.00	X					-	0.		0.			0.
(25) SARA S BEEZLEY KELLER	1.00	x					İ	0.		ο.			0
TRUSTEE (26) RICHARD HINES	1.00	<u> </u>	_		-	$\vdash$	H	0.		٠.			0.
TRUSTEE	1.00	$ \mathbf{x} $						0.		0.			0.
1h Sub total	1.00	122	<b>!</b>		l	_	<u> </u>	0.	357,41				0.
c Total from continuation sheets to Part \	 /IL Section A							0.		<u>.</u>	-		0.
d Total (add lines 1b and 1c)	, 0000.0		•					0.	357,41				0.
2 Total number of individuals (including but	not limited to th	nose	liste	d at	DOVE	e) wi	10 1			_ ,			
compensation from the organization						•		·	,				0
								*				Yes	No
3 Did the organization list any former officer			e, ke	y en	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for	such individual									L	3		X
4 For any individual listed on line 1a, is the s									the organization				
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual		.	4		X
5 Did any person listed on line 1a receive or							ela	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," cor	nplete Schedul	e J f	or su	ıch į	pers	son		•			5		<u> </u>
Section B. Independent Contractors	<del> </del>								<u> </u>				
Complete this table for your five highest or									•	ensa	ation fr	rom	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	vith	or w	rthi		/ear.				
(A) Name and busines:	s address	NT/	\\TE	,				(B) Description of s	ervices	C	(C omper		n
		146	ONE	<u> </u>				Возоприот от	0.11000		ompo.		<u>.                                    </u>
							_					-	
	<del></del>												
		•											
2 Total number of independent contractors	(including but r	ot lir	mite	d to	tho	se li	ste	d above) who received m	ore than				

Part	VIII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ا ق ت	С	Fundraising events .	1c					
a it	d	Related organizations		973,657.				
S, E	e	Government grants (cont						
i ii	f	All other contributions, gri						
돌	_	and similar amounts not inc		7,210,220.				
₹ <u></u> 5	g	Noncash contributions includ		1,2.0,220.				
2 5	h	Total. Add lines 1a-1f		•	8,183,877.			
	- "	Total: Add iii co Tu Ti	· · · · · ·	Business Code	0,100,077.			· · · · · · · · · · · · · · · · · · ·
- Pu	2a	Rental Income		900002	35,577.	35,577.		
Š	b	Misc Sales		900099	17,059.	17,059.		
8	C	Student Loan Interest	9. Eooc	900099	2,241.	2,241.		
ا گِ	_			300033	2,241.	2,241.		
ဖွဲ့	d							
檀	e	All other program com						
Program Service Revenue	f	All other program serv			54.077			
	<del>9</del>	Total. Add lines 2a-2f Investment income (			54,877.			
	3	and other similar amo			4 404 207	464 207		
			•		1,464,287.	1,464,287.		
	4	Income from investment	•	•		<del></del>		
	5	Royalties	(i) Real	(ii) Personal				
	6-	C	(I) Floai	(ii) i craonar				}
	6a	Gross rents	_					,
	b	Less rental expenses						
	C	Rental income or (loss)			=			-
	d	Net rental income or (	(i) Securities	▶				
	7a	Gross amount from sales of assets other than inventory	<u> </u>	<b>+</b> ''				
	_	·	79,932,561.					ĺ
	b	Less cost or other basis and sales expenses .						İ
	_	· · · · · · · · · · · · · · · · · · ·	77,774,496.					
	C .	Gain or (loss)	2,158,065.					
	d	Net gain or (loss) .		<u> </u>	2,158,065.	2,158,065.		
<u>o</u>	0-	C						
venue	8a	Gross income from fu events (not including \$	naraising					ı
•								
Other R		of contributions reporte	•					
he		See Part IV, line 18 .	-					
ō		Less: direct expenses						
		Net income or (loss) fr		events . ►				
	9a	Gross income from ga See Part IV, line 19 .						
			_					
		Less: direct expenses						
		Net income or (loss) fr		ivities		<u></u>		
	iva	Gross sales of in- returns and allowance						
				<b>-</b>				
		Less: cost of goods so			ļ	ļ		
	С	Net income or (loss) fr						<del></del>
	4.4	Miscellaneous Re	evenue	Business Code			-	
	11a			<u> </u>				
	b							
	C	A.11		<b></b>	ļļ.			<u> </u>
	d	All other revenue .						
	e	Total. Add lines 11a-						
_	12	Total revenue. See in	istructions	🟲	11,861,106.	3,377,229.	0.	0.

### 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).

	Check if Schedule O contains a respons	se to any question i	n this Part IX	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,420,133.	5,420,133.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	2,760,988.	2,760,988.		<u> </u>
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2/100/000			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management	12,525.		12,525.	
d e	Lobbying				
f g	Investment management fees Other	251,547. 30,384.		251,547. 30,384.	
12	Advertising and promotion	16,091.	7,775.		8,316.
13 14	Office expenses	135,453.			135,453.
15	Royalties				
16	Occupancy	46,933.		21,274.	25,659.
17	Travel	55,404.			55,404.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization .	61,599.			61,599.
23	Insurance	11,394.		11,394.	<del> </del>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schoolide (A)				
_	(A) amount, list line 24e expenses on Schedule O.)  Contractual Services	251 007			251 007
a b	General Operating	251,007. 143,036.	-	-	251,007. 143,036.
C	Alumni Activities	29,399.		29,399.	173,030.
d		10,102.		20,000.	10,102.
e	All other expenses				,
25	Total functional expenses. Add lines 1 through 24e	9,235,995.	8,188,896.	356,523.	690,576.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing		1	
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	230,679.	3	401,304
4	Accounts receivable, net	3,969,049.	4	5,333,853
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of	<del></del>	-	
	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		1	
	employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<u>-</u> -	
7			6	
7	Notes and loans receivable, net	25,774.	7	33,781
-   •	Inventories for sale or use		8	
9 10a	Prepaid expenses and deferred charges	<del></del>	9	
IVa				
	, , , , , , , , , , , , , , , , , , , ,	604.060	100	976 966
b		694,960. 40,792,997.	11	876,865 39,986,490
12	Investments—publicly traded securities	29,045,619.	12	33,525,640
13	Investments—other securities, see Part IV, line 11	29,043,019.	13	33,525,640
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	203,243.	15	183,135
16	Total assets. Add lines 1 through 15 (must equal line 34)	74,962,321.	16	80,341,068
17	Accounts payable and accrued expenses	1,870,724.	17	1,820,294
18	Grants payable	1,0,0,724.	18	1,020,201
19	Deferred revenue	12,127,094.	19	17,933,162
20	Tax-exempt bond liabilities	12,127,00 11	20	.,,,,,,,,,,,
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
	Payables to current and former officers, directors, trustees, key			_
22	employees, highest compensated employees, and disqualified persons.			
<u> </u>	Complete Part II of Schedule L		22	-
23	Secured mortgages and notes payable to unrelated third parties	586,000.	23	1,066,600
24	Unsecured notes and loans payable to unrelated third parties	· · ·	24	<u>-</u>
25	Other liabilities (including federal income tax, payables to related third			-
	parties, and other liabilities not included on lines 17-24). Complete Part X	494,700.		523,304
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	15,078,518.	26	21,343,360
3	Total liabilities. Add lines 17 through 25			
27	Unrestricted net assets	19,307,244.	27	19,461,331
28	Temporarily restricted net assets	7,525,301.	28	5,237,625
29	Permanently restricted net assets	33,051,258.	29	34,298,752
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	<del>-</del> <del></del> -	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	59,883,803.	33	58,997,708
34	Total liabilities and net assets/fund balances	74,962,321.	34	80,341,068

Page	1	2

Part	XI Reconciliation of Net Assets		•			
	Check if Schedule O contains a response to any question in this Part XI				_ <b></b>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,816	6,106.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,235,995.		
3 Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				3,803.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3,51	1,206.	
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		58,997	7,708.	
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:  Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın	İ			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓	
b	Were the organization's financial statements audited by an independent accountant?		2b	✓		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o					
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c	✓		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın				
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar were				
	issued on a separate basis, consolidated basis, or both:				ļ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				l	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	-			
	the Single Audit Act and OMB Circular A-133?		3a		✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•	1			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b			
			For	n <b>990</b>	(2011)	

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

OMB No 1545-0047

Employer identification number

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.

Open to Public Inspection

Pitts	burg State Universi	ty Foundation, In	c.						48-610	04332	
Pai	t I Reason f	or Public Cha	<b>rity Status</b> (All orga	nization	s must c	omplete	this par	rt.) See i	nstructio	ns.	
The o	organization is not	a private founda	ation because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)			
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in <b>sec</b>	tion 170(	(b)(1)(A)(i	).		
2			170(b)(1)(A)(ii). (Attac		•						
3			spital service organiza								
4		earch organizatione, city, and state	on operated in conjunct e:	ction with	n a hospit	al descril	oed in <b>se</b>	ction 170	D(b)(1)(A)(	iii). Enter the	
5		on operated for )(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit described	ın
6	☐ A federal, state	e, or local gover	nment or government	al unit de	scribed in	section	170(b)(1	)(A)(v).			
7	An organization	on that normally	receives a substantia	al part of					nit or from	the general pub	olic
8	☐ A community t	trust described i	n <b>section 170(b)(1)(A</b> )	)(vi). (Cor	nplete Pa	ırt II.)					
9	_		receives: (1) more that				om contri	butions,	members	hip fees, and gro	SS
	_	•	d to its exempt funct								
			ent income and unrel						n 511 ta	x) from business	es
	acquired by th	ie organization a	ifter June 30, 1975. Se	ee <b>sectio</b>	n 509(a)(	<b>2).</b> (Com	plete Pari	t III )			
10	☐ An organizatio	n organized and	l operated exclusively	to test fo	or public s	safety. Se	e <b>sectio</b>	n 509(a)(	4).		
11			nd operated exclusive								
			olicly supported organ								on
			describes the type of					te lines 1			
	_a ∐ Type I			• •	III-Funct	-	-			Type III-Other	
е			that the organization								
		-	ers and other than one	e or more	e publicly	support	ed organ	izations d	described	in section 509(a)	(1)
	or section 509				IDO 1		- T	. T	T	- 111	
f	_		a written determination		the IRS 1	inat it is	атуре	ı, ıype	ıı, or ıyp	e III supporting Ι	_
_							n from o	nu of the			_
g	following pers		ne organization accep	pieu any	giit oi ce	Sittibutio	iii iioiii a	ary or the	;		
	٠.		ndirectly controls, eiti	her alone	or toget	her with	persons	describe	d in (u) an	d Yes N	lo
			ody of the supported							11g(i)	
			on described in (i) abo	_						11g(ii)	
		-	a person described in							11g(in)	
h			on about the support					• • •		1.2()	
(i)	Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi)	s the	(vii) Amount of	_
	organization		(described on lines 1–9		sted in your document?		nization in of your	organizat	tion in col zed in the	support	
			above or IRC section (see instructions))	governing	document		port?		S?		
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											_
				-							
(C)											
(D)											
(E)										-	
Tota											
Tota	1										

Schedul	e A (Form 990 or 990-EZ) 2011			_			Page 2
Part	Support Schedule for Organiza	itions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi	<u> </u>
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")	3701273.	6145533.	4851984.	6215062.	8183877.	29097729.
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	3701273.	6145533.	4851984.	6215062.	8183877.	29097729.
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)						16183134.
6	Public support. Subtract line 5 from line 4.						12914595.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) 2011	(f) Total
7	Amounts from line 4	3701273.	6145533.	4851984.	6215062.	8183877.	29097729.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1052805.	829928.	827741.	991797.	1499864.	<b>5202135</b> .
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1308.	2616.	2912.	4214.	2241.	13291.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	804965.	802306.	853412.	822294.	17059.	3300036
11	Total support. Add lines 7 through 10						37613191.
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	
13	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth,	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop he			<u> </u>			🕨 🗆
	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6					14	34.34 %
15 16a	Public support percentage from 2010 Sch 331/s% support test—2011. If the organic	zation did not d	check the box	on line 13, and	l line 14 is 33 <sup>1</sup>	-	
b	box and <b>stop here</b> . The organization qua <b>33</b> <sup>1</sup> / <sub>2</sub> % <b>support test—2010</b> . If the organ check this box and <b>stop here</b> . The organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33½%	_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	<b>011.</b> If the orga ets the "facts-a acts-and-circu	nization did no and-circumstai	ot check a box nces" test, che t. The organiza	on line 13, 16 ck this box an	d <b>stop here.</b> E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the leets the "facts	facts-and-cii: and-circumst-	rcumstances" ances" test. Ti	test, check th	is box and stonion of the stone	and line  op here.  publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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			]	1		
	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						İ
_	Total. Add lines 1 through 5						
6 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		1	1		1	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				<u> </u>		İ
<del></del>	line 6.)	L	1	<u> </u>	<u> </u>		
-	on B. Total Support	(-) 0007	(+) 0000	(-) 0000	(4) 0040	(-) 0011	(O Tatal
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10a	Gross income from interest, dividends,			<u> </u>			
100	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 .						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				1		
40	or not the business is regularly carried on		1		ļ		<u> </u>
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,		1				-
	and 12.)					1	
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	_	· · · · ·		-		
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2011 (line		•				%
16	Public support percentage from 2010 Sc			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2011		• • •	•		<del></del>	<u>%</u>
18	Investment income percentage from 2010						% and line
19a	331/23% support tests – 2011. If the organ 17 is not more than 331/23%, check this box						
ь	331/a% support tests—2010. If the organization		-	•		-	_
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						
				, '')			

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Pittsburg State University Foundation, Inc. 48.6104332 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year . . . . 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? . . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . . . 2a Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Ω 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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: 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 (ASC 958) relating to these items: Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of	Art, Historical T	reasures,	or Otl	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth					
а	☐ Public exhibition		d 🗌 Loan	or exchange	e progr	ams	
b	☐ Scholarly research		e 🗌 Other	, 			
C	☐ Preservation for future generations						
4	Provide a description of the organization	tion's collections a	ınd explaın how ti	hey further t	the org	anızation's exem	pt purpose in Part
	XIV.						
5	During the year, did the organization						
	assets to be sold to raise funds rather						
Part				anization a	ınswer	red "Yes" to Fo	rm 990, Part IV,
	line 9, or reported an amour					athar assats no	
1a	Is the organization an agent, trustee included on Form 990, Part X?						
							☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIV and comple	ete the following to	able:		Ι Δι	nount
_	Paginning balance				10		- Iourit
C	Beginning balance				1c 1d	+	
d e	Distributions during the year				1e	<del></del>	
f	Ending balance				1f	<del></del>	
2a	Did the organization include an amount					<del></del>	☐ Yes ☐ No
	If "Yes," explain the arrangement in P		arc / 1, 1110 E / 1				
Par			ation answered	"Yes" to F	orm 99	90. Part IV. line	10.
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	
1a	Beginning of year balance	39,685,506.	31,056,631.	26,14	2,761.	34,761,891	
b	Contributions	1,195,911.	2,082,776.	1,34	3,266.	1,164,218	
С	Net investment earnings, gains, and						
	losses	-1,036,216.	8,319,249.	5,28	3,590.	-7,887,424	
d	Grants or scholarships		•				
е	Other expenditures for facilities and						
	programs	1,683,378.	1,773,150.	1,71	2,986.	1,895,924	
f	Administrative expenses		_				
g	End of year balance		39,685,506.		6,631.	26,142,761	
2	Provide the estimated percentage of the			j, column (a)	) held a	as:	
а	Board designated or quasi-endowme	nt 🕨	%				
b	Permanent endowment >	%					
С	Temporarily restricted endowment		001				
2-	The percentages in lines 2a, 2b, and 2	•					_
Ja	Are there endowment funds not in the organization by:	e possession or th	e organization th	at are nelu a	anu au	ministered for th	
							Yes No 3a(i) ✓
	(i) unrelated organizations (ii) related organizations						3a(ii) ✓
b	If "Yes" to 3a(ıı), are the related organ						3b
4	Describe in Part XIV the intended use						
Part							_
	Description of property	(a) Cost or ot (investm	her basis (b) Cost of	or other basis other)		Accumulated epreciation	(d) Book value
	Land			62,728.			62,728.
b	Buildings		1	1,009,459.		305,783.	703,676.
c	Leasehold improvements		<u> </u>			-	· · · · · · · · · · · · · · · · · · ·
d	Equipment			325,986.		235,836.	90,150.
е	Other			59,173		38,862.	20,311.
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X, columi	n (B), line 10	(c).) .	▶	876,865.

Part VII Investments—Other Securities.	See Form 990, Part X,	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of va Cost or end-of-year n	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) Real Estate Trusts	593,364.	End-of-Year Market Value	
(B) Hedge Funds	14,996,520.	End-of-Year Market Value	
(C) Private Equity Partnerships	3,158,903.	End-of-Year Market Value	
(D) Fixed Income	14,776,853.	End-of-Year Market Value	
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	33,525,640.	<u></u>	
Part VIII Investments - Program Related			
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)			<del></del>
(2)			<del>.</del>
(3)		-	
(4)			
(5)			
(6)			
(7)		<del></del>	
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Par	rt Y line 15	<u> </u>	
	Description		(b) Book value
(1)			(2) 255% (4.05
(2)			<u>-</u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, co		<u> ▶</u>	
Part X Other Liabilities. See Form 990,		<del>, -</del>	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	·		
(2) Accrued Interest	4,664.		
(3) Agency Liability	290,158.		
(4) Present Value of Annuities	228,482.		
(5)	· · · · · · · · · · · · · · · · · · ·		
(6) (7)		1	
(8)		1	
(9)		1	
(10)	·	1	
(11)		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	523,304.	1	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide		the organization's financial states	ments that reports the

Part	XI Reconciliation of Change in Net Assets from Form 990 to A	Audite	d Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	11,816,106.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	9,235,995.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	2,580,111.
4	Net unrealized gains (losses) on investments			4	-3,511,206.
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments		F	7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net). Add lines 4 through 8		<u>-</u>	9	-3,511,206.
10	Excess or (deficit) for the year per audited financial statements. Combine			10	-931,095.
Part				Ret	<del></del>
1	Total revenue, gains, and other support per audited financial statements			1	<del></del>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				- <del> </del>
а	Net unrealized gains on investments	2a	-3,511,206		
b	Donated services and use of facilities			1	
С	Recoveries of prior year grants			1	
d	Other (Describe in Part XIV.)		<u> </u>	1	
е	Add lines 2a through 2d		·	26	-3,511,206.
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)			1	
С	A 151 A 1 A 1			40	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	<del></del>
Part				er R	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
С	Other losses	2c		1	
d	Other (Describe in Part XIV.)			1	
е	Add lines 2a through 2d		· · · · · · ·	7 26	
3	Subtract line 2e from line 1			3	9,235,995.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			$\Box$	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		7	
C	Add lines 4a and 4b			40	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.,	<u>)</u>	5	9,235,995.
Part					
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and	d 9, Pa	art III, lines 1a and 4; I	Part I	IV, lines 1b and 2b;
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII	I, lines	2d and 4b. Also com	plet	e this part to provide
-	ditional information.				
Part V	, line 4: Earnings from endowment funds are used to provide support to Pitts	burg 9	State University.		
			•••		
			•••••••		

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

Open to Public Inspection

**%**□ (h) Purpose of grant Support the university **Employer identification number** or assistance 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. ✓ Yes 48-6104332 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of non-cash assistance . . . . (f) Method of valuation (book, FMV, appraisal, other) . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. book (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 5,420,133. grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 115 22-3981479 (P) EIN Pittsburg State University Foundation, Inc. 1 (a) Name and address of organization (1) Pittsburg State University, 1701 S Broadway, Pittsburg, KS 66762 Name of the organization Partl Part II

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Schedule I (F	Schedule I (Form 990) (2011)					Page 2
Part III	Grants and Other Assistance to Individuals i Part III can be duplicated if additional space is		Jnited States. Com	plete if the organiz	ation answered "Yes" to	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. needed.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Schola	Scholarships to PittsburgState Univ students	1,653	2,760,988.	0,	cost	N/A
2						
က						
4						
လ						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.  The Foundation provided accietance to Directing State University totaling \$5.427,908 for various numbers including placement instruction operating expanses, and special capital	e this part to pro	wide the information	required in Part I,	t to provide the information required in Part I, line 2, and any other additional information.	ditional information.
projects. #	projects. All Foundation expenditures require the approval of the Foundation's Executive Director. Approval is based on donor restrictions placed on the distribution of specific accounts.	/al of the Foundatic	on's Executive Director.	Approval is based or	n donor restrictions placed o	n the distribution of specific accounts.
The Pittsb	The Pittsburg State University Foundation provided scholarships total \$2,760,988 to eligible students attending the University. Eligibility was determined by the University Financial Aid	ilarships total \$2,76	0,988 to eligible studen	its attending the Unive	arsity. Eligibility was determ	ined by the University Financial Aid
Departmen	Department by following scholarship stipulations established by the	shed by the donors.	.2			
						Schedule I (Form 990) (2011)

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

► Attach to Form 990.

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pittsburg State University Foundation, Inc.

Employer identification number 48-6104332

Part	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	Method o			•
1	Art-Works of art			Tomicoo, rancem, mice ig				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes				<del>                                     </del>			
8	Intellectual property							
9	Securities—Publicly traded	/	1	46,006	Average pric	•		
10	Securities—Closely held stock .		<del></del>	40,000.	Average pric			
11	Securities—Partnership, LLC,				-			
• •	or trust interests	!						
12	Securities—Miscellaneous	-			-			
13	Qualified conservation							
13	contribution—Historic							
	structures							
14	Qualified conservation				<del>                                     </del>			
17	contribution—Other							
15	Real estate—Residential				<del>                                     </del>			
	Real estate—Commercial			_	<del> </del>			
16 17	Real estate—Other	<del>                                     </del>						
17 18	Collectibles				-	<u> </u>		
19	Food inventory				<del> </del>			
20	Drugs and medical supplies						<del></del> -	
21	Taxidermy							
22	Scientific specimens							
23 24	Archeological artifacts			<del></del>	<del></del>			
					<del> </del>			
25 26	Other ( )				<del> </del>			
26 27	Other ► ( )				<del>                                     </del>			
	Other ► ( ) Other ► ( )							
<u>28</u> 29	Number of Forms 8283 received	l by the or	nanization during the tax i	vear for contributions for	<del>                                     </del>			
20	which the organization completed				29			
	willow the organization completes		,, , a.t., , , , , , , , , , , , , , , , , , ,	agomone	25	- т	Yes	No
30a	During the year, did the organiza	tion rooms	by contribution any prop	orby reported in Bart I. line	o 1 20 that	$\vdash$		
Sua	it must hold for at least three year					]		
	used for exempt purposes for the					20-		
b	If "Yes," describe the arrangemen		ing ponous			30a		✓
31	Does the organization have a		stance policy that require	os the review of any no	n standard			
J1	contributions?							
32a	Does the organization hire or us					31	✓	
JŁa						20-		,
<b>h</b>						32a	-	✓
33	If "Yes," describe in Part II.  If the organization did not report a	n amount in	column (c) for a type of or	operty for which column (a)	is charked			
~	describe in Part II.	ii airiourit II	r column (c) for a type of pro	operty for writeri column (a)	ia crieckeu,			

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Pittsburg State University Foundation, Inc.	48-6104332
Form 990, Part VI, Section A, line 6: A person may become a member by contributing \$500 to the Foundation	undation.
Form 990, Part VI, Section A, line 7a: Members of the Foundation elect persons to the Board of Trus	tees at the Foundation's Annual
meeting.	
Form 990, Part VI, Section B, line 11: A copy of the Form 990 is emailed to each member of the gover	ning board before it is filed for their
review. These members have the opportunity to review the Form 990.	
Form 990, Part VI, Section B, line 12c: A copy of the Conflict of Interest Policy is provided to all Direct	ctors and Officers. Directors and
Officers are required to compete an annual form which specifies any potential conflicts of interest. T	he potential conflicts thereby
identified are monitored by the Executive Director of the Foundation.	
Form 990, Part VI, Section B, line 15: The position of the Executive Director of the PSU Foundation a	nd the position of Treasurer of the PSU
Foundation are employees of Pittsburg State University. Their positions are partially funded by the F	oundation. Their compensation by the
University is determined by guidelines established by the Kansas Board of Regents.	
Form 990, Part VI, Section C, line 19: The governing documents, Conflicts of Interest Policy, and fina	ncial statements are available upon
request.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized losses in investments:	-3,511,206.
Reason for Amendment: During the preparation of subsequent year financial statements, certain error	ors were discovered and corrected,
resulting in a change to June 30, 2012 financial statements and Form 990. Unrestricted net assets fis	cal year 2012 were increased by
\$213,793 capital expenditures that should have been recorded as construction in progress of a building	ing remodel. Fiscal year 2012
temporarily restricted net assets were increased by \$839.478 due to the overstatement of deferred re-	venue.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Pittsburg State University Foundation, Inc.

Partl

Related Organizations and Unrelated Partnerships

► See separate instructions. ▶ Attach to Form 990.

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

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

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OMB No. 1545-0047

Open to Public

Inspection Employer identification number

48-6104332

(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	olling
(1)						
(2)						
(6)						
(4)						
(9)						
(9)						
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(Complete if the organizat he tax year.)	ion answered "Yes" t	5 Form 990, Parl	IV, line 34 beca	use it had	
(a) Name, address, and EIN of related organization	(b) (c) (c) (d) (d) (e) (d) (e) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(state Exempt Code section untry)	(e) Public charity status (if section 501(c)(3))	(f) S Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13) alled y?
					Yes	8
(1) Pittsburg State University - 22-3981479 1701 South Broadway, Pittsburg, KS 66762 Colleg	College Education Kansas	115	5 Line 5	5 :		>
(2)						
(6)						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No. 50135Y		Schedule	Schedule R (Form 990) 2011	0) 2011

(k) Percentage (h) Percentage ownership ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (g)
Share of
end-of-year assets (i) General or managing partner? Yes No (i)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) (f) Share of total income (e)
Type of entity
(C corp, S corp,
or trust) (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-ofyear assets (d)
Direct controlling
entity (f) Share of total income (c)
Legal domicile
(state or
foreign country) (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) (b) Primary activity (d) Direct controlling (c) Legal domicile foreign country) (state or (a) Name, address, and EIN of related organization Primary activity Name, address, and EIN related organization <u>a</u> Part III Part IV 9 Ξ 8 ල € 2 Ε 2 Ξ ල 3 9 € E

Schedule R (Form 990) 2011

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

(s) for expenses	anization(s)	s, or other assets with related organization(s)	fundraising solicitations by related organization(s)	fundraising solicitations for related organization(s)							from a controlled entity s) nn(s) rganization(s)	ansactions with one or more related organizations listed in Parts II–IV?
a Delimber we can be a condition and a construction of the company of	Reimbursement paid to related organization(s) for expens		_								Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent Gift, grant, or capital contribution to related organization (soff, grant, or capital contribution from related organization (soff, grant, or capital contribution from related organization (soff, grant, or capital contribution from related organization (soff, grant, or loan guarantees to or for related organization (soff).  Sale of assets to related organization (soff).  Exchange of assets from related organization (soff).  Ease of facilities, equipment, or other assets from related Performance of services or membership or fundraising soff Performance of services or membership or fundraising soff Performance of services or membership or fundraising soff Paring of facilities, equipment, mailing lists, or other asses Sharing of paid employees with related organization(s).  Reimbursement paid to related organization(s) for expensive the contraction of the contraction or the contraction	During the tax year, did the organization engage in any of Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent Grift, grant, or capital contribution from related organization (sofft, grant, or capital contribution from related organization(sofft, grant, or capital contribution from related organization(sofft, grant, or loan guarantees to or for related organization(sofft).  Sale of assets to related organization(sofft).  Sale of assets from related organization(sofft).  Exchange of assets from related organization(sofft).  Ease of facilities, equipment, or other assets from related Performance of services or membership or fundraising soffer formance of services or membership or fundraising soff paid employees with related organization(sofft).  Reimbursement paid to related organization(sofft) for expensive services or services.

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or annex and a related organization. See instructions regarding exclusion for certain investment partnerships.

or gloss revenue) that was not a reface or gains and the control of second or control of second or control of second or control of second or control of second or control of second or control of second or control of second or control of second or control of second or control of second or control of second or control of second or control of second or control of second or control or control of second or control or con	gailleation. Sec	DI GILONOMISI I	gal dilig exclusion	5 3	- [	myconiiciin po	mulcionipo.	1	5	9	3
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant A income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(t) Share of total income	(9) Share of end-of-year assets	(n) Disproportionate allocations?	te Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
			section 512-514)	Yes No	2			Yes No		Yes No	
(1)											
(2)											
(3)			:								
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Form 990 (2011) INC. 48-6104332

Part VII Section A. Officers, Directors,	Trustees Key E	male	~~~		nd L	Jiah	act	Componented Employ	48-610	4334
(A) Name and title	(B) Average hours				C) ition	1		(D)  Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) RONALD MARRONE TRUSTEE	1.00	x						0.	0.	0
(28) DANIEL MIDFELT FRUSTEE	1.00							0.	0.	0
(29) BRIAN PINAMONTI TRUSTEE	1.00							0.	0.	0
(30) MARK T PADEN PRUSTEE	1.00							0.	0.	0
(31) WILLIAM L PHALEN FRUSTEE	1.00							0.	0.	. 0
(32) NORBERTA WACHTER SCHOENE	1.00							0.	0.	0
33) KALA SPIGARELLI	1.00							0.	0.	0
34) TAMMY BATIAGLIA	1.00							0.	0.	0
(35) GUY E SUTHERLAND	1.00							0.	0.	0
(36) MONTIE K TAYLOR	1.00							0.	0.	0
(37) FRED RICHARD VAN PELT PRUSTEE	1.00	x						0.	0.	0
(38) RICHARD B WEBB	1.00	x						0.	0.	0
(39) STEVEN E WESTFALL PRUSTEE	1.00	x						0.	0.	0
(40) BARRY M WILLIAMSON PRUSTEE	1.00	x						0.	- 0.	0
41) TALAAT E YAGHMOUR	1.00	x						0.	0.	0
(42) GEORGE A ZUGMIER TRUSTEE	1.00	x						0.	0.	0
TRUSTEE	1.00							0.	0.	