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DLN: 93493313005322

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number Name of organization
WASHBURN UNIVERSITY FOUNDATION B Check if applicable Address change 48-6105561 Doing Business As E Telephone number Name change (785)670-4483 Initial return umber and street (or P O box if mail is not delivered to street address) **G** Gross receipts \$ 44,515,817 1729 SW MACVICAR AVENUE Terminated City or town, state or country, and ZIP + 4 TOPEKA, KS 66604 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for JULIANN MAZACHEK PHD affiliates? 1729 SW MACVICAR AVE TOPEKA, KS 66604 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) () ◀ (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 H(c) Website: ► www wufoundation ord K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► M State of legal domicile KS L Year of formation 1991 Summary Part I Briefly describe the organization's mission or most significant activities The Foundation was created to assist in the promotion, development and enhancement of the financial resources for Washburn University of Topeka, as well as to receive and hold in trust any assets given in benefit of the University Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 23 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 23 81 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 82 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 **7**b -25,057 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 5,454,139 6,258,556 0 Program service revenue (Part VIII, line 2g) . 7,069,541 3,872,770 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 1,384,033 1,391,261 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 13,907,713 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 2,419,621 2,721,810 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 2,029,361$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 7,659,404 8,430,792 10,079,025 11,152,602 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 369,985 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 3,828,688 t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 154,111,260 End Fund 21 Total liabilities (Part X, line 26) . . . 44,045,718 42,472,155 22 110,065,542 107,311,648 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-10-29 Signature of officer Sign Here JULIANN MAZACHEK PHD President Type or print name and title Check if Preparer's taxpayer identification number Bradley N Owen sıgnature Paid employed 🕨 🔽 Preparer's Firm's name (or yours Mize Houser & Company PA if self-employed), address, and ZIP + 4 **Use Only**

534 S KANSAS AVE 400

TOPEKA, KS 666033454

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

▼Yes 「No

Phone no (785) 233-0536

Par	31111	Statement of Program Check if Schedule O contain				F
1	Briefl	y describe the organization's	mission			
		tion was created to assist in t well as to receive and hold in			of the financial resources for Washb rsity	ourn University of
2	the pr	e organization undertake any ior Form 990 or 990-EZ? . s," describe these new servic			which were not listed on Yes	√ No
3	Dıd th	e organization cease conduct		nt changes in how it con	ducts, any program	√ No
	If "Ye	s," describe these changes or	Schedule O			
4	expen		01(c)(4) organization	s and section 4947(a)(:	ee largest program services, as mea 1) trusts are required to report the ai n program service reported	
 4a	(Code	e) (Expense	s \$ 7,479,397	ıncludıng grants of \$) (Revenue \$ 11	.,522,587)
					CULTY & STAFF SUPPORT, AND SUPPORT FO	DR MAJOR
4b	(Code	e) (Expense	5 \$	ıncludıng grants of \$) (Revenue \$)
4 c	(Code	e) (Expense	s \$	including grants of \$) (Revenue \$)
4d		er program services (Describ enses \$	e in Schedule O) including grants o	f¢) (Revenue \$)
4.5		·			, (Nevenue 4	,
4e	iota	l program service expenses►	7,479,39	7 /		

	art IV	Checklist of	Required	Schedules
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	·		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 instructions)? 🕏	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		No
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		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	Yes	
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		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable							
	1a 38							
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable							
	1b 0							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V					
-	gaming (gambling) winnings to prize winners?	1c	Yes					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this							
	return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note: Table arms of lines 1 and 2 are greater than 250 years may be required to a file (see instructions)	2b	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]		N a				
	year ⁷	3a		No				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No				
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 or securities							
	account)?	4a		No				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			No				
·	In 165 to line 54 of 50, and the organization metorin 0000-1	5c		110				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No				
	organization solicit any contributions that were not tax deductible?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			RI -				
_	were not tax deductible?	6b		No				
7	Organizations that may receive deductible contributions under section 170(c).	_						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo				
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			110				
·	file Form 8282?	7c		Νo				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit							
	contract?	7e		No				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		No				
	required?	/ <u>y</u>		NO				
п	Form 1098-C?	7h		No				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did							
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess							
	business holdings at any time during the year?	8		Νo				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a		No				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No				
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club							
-	facilities							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
Ь	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?	12a		No				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			.,,,				
U	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?							
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue							
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		No				
h	Enter the aggregate 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 aggregate amount of reserves on hand							
	13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo				
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Nο				

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.

Se	ection A. Governing Body and Management					
			Yes	No		
1_	Enter the number of voting members of the governing hady at the and of the tay					
1a	Enter the number of voting members of the governing body at the end of the tax year					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No		
6	Did the organization have members or stockholders?	6		No		
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o more members of the governing body?					
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		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		
	ection B. Policies (This Section B requests information about policies not required by the Internal			•		
Re	venue Code.)					
			Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10a		No		
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	.1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		Yes			
13	Did the organization have a written whistleblower policy?	13	Yes			
14	Did the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
ь	Other officers or key employees of the organization	15b	Yes			
	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	Yes			
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					
	organization's exempt status with respect to such arrangements?					
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶			•		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)					

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 made these available. Check all that apply

☐ O wn website ☐ A nother's website ☐ U pon request

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 > JIM STOGSDILL

1729 SW MACVICAR AVENUE TOPEKA,KS 66604

(785) 670-2754

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

• 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

(A) Name and Title	(B) Average hours per week (describe hours	director/trustee)						(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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		F115C)	organizations
(1) JOHN STAUFFER SR Director	0 00	х						0	0	0
(2) GARY EISENBARTH Director	0 00	х						0	0	0
(3) RICHARD ROSS Director	0 00	х						0	0	0
(4) NANCY PAUL Director	0 00	х						0	0	0
(5) MAL ROBINSON Director	0 00	х						0	0	0
(6) TERRY MARSHALL Director	0 00	х						0	0	0
(7) MARK NORDSTROM Director	0 00	х						0	0	0
(8) JEFF UNGERER Director	0 00	х						0	0	0
(9) LONNIE HOSSFELD Director	0 00	х						0	0	0
(10) JEANNE HOFERER CHAIRPERSN-ELEC	0 00	х		х				0	0	0
(11) ROBERT HARVEY Director	0 00	х						0	0	0
(12) BILL GREINER Director	0 00	х						0	0	0
(13) EDWARD GLOTZBACH Treasurer	0 00	х		х				0	0	0
(14) GILBERT GALLE CHAIRPERSON	0 00	х		х				0	0	0
(15) DEAN FERRELL Director	0 00	х						0	0	0
(16) DEE KLAUSMAN Director	0 00	х						0	0	0
(17) DAN HUTCHINS Director	0 00	Х						0	0	0
	ı				_					Form 000 (2011)

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

(A) Name and Title		(B) A verage hours per week (describe	more unles an	(C) sition (do not check nore than one box, less person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-		Estima amount o compens from organizat	ated f other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former			MISC)		relat organiza	
(18) F	RANDY CLAYTON or	0 00	х							0		0		0
(19) (Secret	GLENDA CAFER ary	0 00	х		х					0		0		0
(20) J Directo	IM RANKIN or	0 00	х							0		0		0
(21) S Directo	TEVE COOPER or	0 00	х							0		0		0
(22) C Directo	CYNTHIA HEATH Or	0 00	х							0		0		0
(23) A Directo	NN ADRIAN Dr	0 00	х							0		0		0
(24) J Presid	ULIANN MAZACHEK PHD ent	40 00			Х					205,583		0		27,482
	OM ELLIS DEVELOPMENT	40 00					х			120,514		0		17,078
	RANDALL SCOTT OPERATIONS					0		15,478						
1b	Sub-Total				•			F						
	Total from continuation sheets Total (add lines 1b and 1c) .	·	tion A	• •	•	•		*		433,151				60,038
	Total number of individuals (incl		nited to	those	e list	ted a	<u>.</u> above) who	o receive		n			,
	\$100,000 of reportable compen													
													Yes	No
3	Did the organization list any for on line 1 a? If "Yes," complete Sch							ee, c	or highes	t compens	ated employee	3		NI -
4	For any individual listed on line corganization and related organization	1a, is the sum of ations greater th	reporta	able c	omp	ens	ation							No
5	Individual		e comn	• ensa	• tion	fron	n anv	• unre	· ·	· · ·	or individual for	4	Yes	
	services rendered to the organiz		•						_		•	5		No
<u>Se</u>	ction B. Independent Con Complete this table for your five		ostod i	ndon		n+ 6			- that rac	awad mar	- than			
	\$100,000 of compensation from or within the organization's tax y	the organizatio ear									ng with			
		(A) ne and business add	Iress							Desci	(B) aption of services		(C Comper	
205 W	EVALUATION GROUP 4 4TH ST STE 810 NNATI, OH 45202									INVESTMENT	MANGEMENT			117,580
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1														

Part V		Statement of Revenue				
16	4-	Fodorated campaigns	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
파달 다당	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b				
%.⊞	c	Fundraising events 1c				
無った	d	Related organizations 1d				
‰ <u>E</u>	e	Government grants (contributions) 1e				
골 존	f	All other contributions, gifts, grants, and 1f 6,258,556	i			
돌		similar amounts not included above				
<u>=</u> =	g	Noncash contributions included in lines 1a-1f \$				
Ď.	h	Total. Add lines 1a-1f	6,258,556			
U 14						
e⊒		Business Code				
že.	2a 					
22	Ь					
JC 6	C					
桑	d					
5	e					
Program Serwce Revenue	f	All other program service revenue				
Š		Total Add lines 25, 25	0			
	g 3	Total. Add lines 2a-2f	0			
		Investment income (including dividends, interest and other similar amounts)	4,276,800			4,276,800
	4	Income from investment of tax-exempt bond proceeds	0			., ,,,,,,
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents (1) Keal (11) Tersonal				
	ь	Less rental				
		expenses Partel many and a second sec				
	C	Rental income or (loss)				
	d	Net rental income or (loss)	0			
		(ı) Securities (ıı) Other				
	7a	Gross amount 32,589,200 from sales of				
		assets other than inventory				
	ь	Less cost or 32,993,230				
		other basis and sales expenses				
	c	Gain or (loss) -404,030				
	d	Net gain or (loss)	-404,030			-404,030
	8a	Gross income from fundraising				
e E		events (not including				
듄		\$ of contributions reported on line 1c)				
ě		See Part IV, line 18				
-		a				
Other Revenue	Ь	Less direct expenses b				
0	c	Net income or (loss) from fundraising events •	0			
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	_ c	Net income or (loss) from gaming activities	О			
	10a	Gross sales of inventory, less				
		returns and allowances .				
		a				
	Ь	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory	0			
	<u> </u>	Miscellaneous Revenue Business Code	344.054	344.054		
	11a	MISCELLANEOUS	244,854	244,854		
	b	<u>ADMINISTRATION</u>	1,146,407	1,146,407		
	C					
	d	All other revenue				
	e	Total. Add lines 11a-11d	1,391,261			
			,,			
	12	Total revenue. See Instructions	11,522,587	1,391,261		3,872,770

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)

	heck if Schedule O contains a response to any question in this Part IX			<u> </u>	
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	248,866		124,433	124,433
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,875,886		753,855	1,122,031
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	177,719		62,118	115,601
9	Other employee benefits	249,600		88,796	160,804
10	Payroll taxes	169,739		67,085	102,654
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	8,307		8,307	
С	Accounting	29,900		29,900	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	239,986	239,986		
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	44,658	9,756	20,158	14,744
14	Information technology	119,337		104,075	15,262
15	Royalties	0			· · · · · ·
16	Occupancy	0			
17	Travel	169,531	25,514	19,735	124,282
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	41,748	41,748		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	31,075		31,075	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	UNIVERSITY SUPPORT	7,083,973	7,083,973		
b	PROMOTION	75,622	37,375		38,247
c	printing, postage and publicat	124,804	4,914	1,466	118,424
d	MISCELLANEOUS EXPENSES	76,637	2,164	38,690	35,783
е	CONSULTANTS	115,089		108,245	6,844
f	All other expenses	270,125	33,967	185,906	50,252
25	Total functional expenses. Add lines 1 through 24f	11,152,602	7,479,397	1,643,844	2,029,361
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,480,742	1	887,022
	2	Savings and temporary cash investments	14,887	2	26
	3	Pledges and grants receivable, net	4,118,988	3	4,112,163
	4	Accounts receivable, net		4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
76		Schedule L		6	0
ë	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	29,160	9	49,826
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D 321,391			
	b	Less accumulated depreciation 10b 202,233	140,532	10c	119,158
	11	Investments—publicly traded securities	120,477,795	11	115,004,677
	12	Investments—other securities See Part IV, line 11	17,324,826	12	19,898,736
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	10,524,330	15	9,712,195
	16	Total assets. Add lines 1 through 15 (must equal line 34)	154,111,260	16	149,783,803
	17	Accounts payable and accrued expenses .	221,166	17	309,779
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	43,541,702	21	41,868,992
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			<u> </u>
졅		persons Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	202.050		900 004
		D	282,850		293,384
	26	Total liabilities. Add lines 17 through 25	44,045,718	26	42,472,155
Balances		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	10,980,954	27	8,242,276
8	28	Temporarily restricted net assets	40,908,962	28	38,470,367
Ξ	29	Permanently restricted net assets	58,175,626	29	60,599,005
Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete			
ō	30	lines 30 through 34.		20	
Assets	30	Capital stock or trust principal, or current funds		30	_
Š	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ť.	32	Retained earnings, endowment, accumulated income, or other funds	440.005.540	32	407.044.040
Net	33	Total net assets or fund balances	110,065,542	33	107,311,648
	34	Total liabilities and net assets/fund balances	154,111,260	34	149,783,803

Par	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		11 -	522,587
2	Total expenses (must equal Part IX, column (A), line 25)	2			152,602
3	Revenue less expenses Subtract line 2 from line 1	3		3	369,985
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		110,0	065,542
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3,1	. 23,879
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		107,3	311,648
Par	TXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•		NI-
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No

OMB No 1545-0047

SCHEDULE A **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

(Form 990 or 990EZ)

Name of the organization

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.

Inspection **Employer identification number**

WASHBURN UNIVERSITY FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) (iv) (vi) (v) Type of Is the (i) Did you notify the Is the organization

Name of supported organization	(ii) EIN	(described on lines 1- 9 above or IRC section (see	organizat col (i) lis your gove docume	ted in erning	organızatı col (ı) of suppor	your	organızatı col (ı) orga ın the U	anızed	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Support Schedule for Organizations Described in IRC 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.)

	ection A. Public Support	organization	rails to qualify u	nder the tests I	isted below, ple	ease complete i	art III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	in)	(4) 2007	(8) 2000	(6) 2003	(u) 2010	(6) 2011	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	8,404,10 ⁻	7 5,317,580	10,962,277	5,454,139	6,258,556	36,396,659
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its						0
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit						0
	to the organization without charge	0.404.40	5 247 500	10.062.277	5 454 420	6.250.556	26 206 650
4	Total. Add lines 1 through 3	8,404,10	7 5,317,580	10,962,277	5,454,139	6,258,556	36,396,659
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included						3,022,511
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f)						
6	Public Support. Subtract line 5 from line 4						33,374,148
S	ection B. Total Support			'			
Cal	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	beginning in)						
7	A mounts from line 4	8,404,107	5,317,580	10,962,277	5,454,139	6,258,556	36,396,659
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	2,026,822	1,199,677	1,716,664	5,407,289	4,276,800	14,627,252
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly						0
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						0
	from the sale of capital assets						
11	Total support (Add lines 7 through 10)						51,023,911
12	Gross receipts from related activities	es, etc (See inst	tructions)		· ·	12	6,893,797
13	First Five Years If the Form 990 is t	for the organizati	on's first, second,	third, fourth, or fi	fth tax year as a !		
	check this box and stop here	-			·		▶ ┌ `
_	ection C. Computation of Pub	lio Support F	Parcontage				
<u> </u>	Public Support Percentage for 2011			1.1 column (f))		14	65 410 %
15	Public Support Percentage for 2010	•		22 corum (1))		15	69 300 %
	• • • • • • • • • • • • • • • • • • • •	•	•	on line 12 and li	ino 1.4 io 22 1/20/-		
LOG	33 1/3% support test—2011. If the and stop here. The organization qua				me 14 15 33 1/3%	or more, check ti	nis dox ► ✓
b	33 1/3% support test—2010. If the				a, and line 15 is 3	33 1/3% or more, o	
	box and stop here. The organization						▶ ┌
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization mee						ed
	organization	.cs the lacts all	a circumstances (.coc incorganiza	acion quannes as i	a publicly support	.eu ▶□
b	10%-facts-and-circumstances test-	–2010. If the org	anızatıon dıd not c	heck a box on lin	e 13, 16a, 16b, o	r 17a and line	•
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organization	tion meets the "f	acts and circumst	ances" test The	organization qual	ifies as a publicly	
18	supported organization Private Foundation If the organizati	on did not check	ca box on line 13	16a.16b.17a.or	17b. check this l	box and see	▶ ┌

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493313005322

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

itema	Revenue Service • Attach to Fo	orm 990. ► See separate instructions.		Inspection
	me of the organization SHBURN UNIVERSITY FOUNDATION		Employer identific	cation number
			48-6105561	
Pa	rt I Organizations Maintaining Donor A		ınds or Account	s. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(h) Funda and	other accounts
1	Total number at end of year	(a) Donor advised lunds	(b) Funds and	other accounts
2	Aggregate contributions to (during year)			
2 3	Aggregate grants from (during year)			
3 4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	_	oradvised	┌ Yes
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			┌ Yes ┌ No
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements held by the o	<u> </u>		
	Preservation of land for public use (e.g., recreati	<u> </u>	historically importa	•
	Protection of natural habitat	Preservation of a c	ertified historic stru	icture
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	ified conservation contribution in the form	of a conservation	
			Held at th	e End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	_	2b	
C	Number of conservation easements on a certified his	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization	n durıng
	the taxable year 🗠			
4	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		— Iling of violations, ar	nd
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year	<u> </u>
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year	
	▶ \$			
В	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports c			
	balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	ments		
Pai	t III Organizations Maintaining Collection Complete if the organization answered		or Other Similar	Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	l for public exhibition, education or researc	h in furtherance of p	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		
	(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, histofollowing amounts required to be reported under SFA			

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art,	His	torio	cal Trea	asur	es, or C	the	r Simil	ar As	sets	5 (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne foll	_		-			collec	tion		
а	Public exhibition		d	Γ	Loan or	exch	ange prog	ams					
b	Scholarly research		е	Γ	Other								
С	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explai	n hov	w they	further t	he or	rganızatıor	ı's ex	empt pu	rpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								nılar		Γ Y e	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	jements. Comple	te ıf	the o	organiza	tion			es" to F	orm 9	90,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	dıary	for co	ontributio	ns o	r other ass	ets r	not		┌ Y e	25	√ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the f	ollow	/ıng ta	ble		_						
										Ar	nount	<u>:</u>	
С	Beginning balance							1 c					
d	Additions during the year							1d					
е	Distributions during the year							1e					
f	Ending balance							1f					
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?								√ Ye	25	┌ No
b	If "Yes," explain the arrangement in Part XIV	/											
Pai	t V Endowment Funds. Complete												
		(a)Current Year	(b	Prior `		(c) Tw	o Years Bac		Three Ye	ars Back	(e) F	our Ye	ears Back
1a	Beginning of year balance	67,343,477			,493,550		50,779,5				—		
b	Contributions	2,031,237			,116,566		2,810,5				—		
С	Investment earnings or losses	4,870		12	,594,741		6,423,2	44			Ь—		
d	Grants or scholarships										—		
е	Other expenditures for facilities	2,231,104		2	,211,222		2,007,6	76					
f	and programs	1,783,637		1	,650,158		1,512,0	82			+-		
_	End of year balance	65,364,843			,343,477		56,493,5				+		
g	•	, ,			,343,477		30,433,3	30					
2	Provide the estimated percentage of the year	ir end balance held a	S										
а	Board designated or quasi-endowment 🕨												
b	Permanent endowment ► 100 000 %												
C	Term endowment ▶												
3a	Are there endowment funds not in the posse	ssion of the organiza	ition	that a	re held a	nd ac	dministere	d for	the		_		
	organization by (i) unrelated organizations									. 3a		Yes	No No
	(ii) related organizations			•	• • •	•		•	•	3a(\dashv	No
ь	If "Yes" to 3a(II), are the related organization				ule R?			٠.		. 3		\dashv	No
4	Describe in Part XIV the intended uses of th	•											
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X,	line 10.								
	Description of property) Cost or ot is (investm		(b) Cost or basis (oth			umulate eciation	d (d) Bo	ok value
1a l	and										+		
	Buildings										+		
	easehold improvements										+		
	Equipment										+		
	Other						32.	L,391		202,2	33		119,158
	. Add lines 1a-1e (Column (d) should equal Fo			<u> </u> , ine	10(c).) -						+		119,158
	The state of the s	bbb, raic x, coluit	(5)	, ,,,,,	(-/-/	•		•) (Fo:	rm or	90) 201
									JUI	CuuiC I	~ \ i Ul	J:	<i>, u j</i> ZU

Part VIII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		, , , , , , , , , , , , , , , , , , , ,
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	19,898,736	
Part VIII Investments—Program Related. S		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		_
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Desc	cription	(b) Book value
(1) INVESTMENT INCOME RECEIVABLE		54,019
(2) BEQUEST RECEIVABLE		
(3) BENEFICIAL INTERESTS IN TRUSTS		9,072,074
Total. (Column (b) should equal Form 990, Part X, col.(B) lin		9,712,195
Part X Other Liabilities. See Form 990, Par		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
CHARITABLE GIFT ANNUITIES	293,384	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	293,384	

		nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,522,587
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,152,602
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	369,98
4	Net unrealized gains (losses) on investments	4	-3,808,89
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	685,013
9	Total adjustments (net) Add lines 4 - 8	9	-3,123,879
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,753,894
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	
1	Total revenue, gains, and other support per audited financial statements	1	8,503,722
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-2,778,879
3	Subtract line 2e from line 1	3	11,282,601
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 239,986		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	239,986
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,522,587
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	11,257,616
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	345,000
3	Subtract line 2e from line 1	3	10,912,616
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 239,986		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	239,986
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,152,602

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 addıtıonal ınformatıon

Identifier	Return Reference	Explanation
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	CHANGE IN BENEFICIAL INTEREST \$685013
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CHANGE IN BENEFICIAL INTEREST \$685013
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The income from the endowment funds is used for the benefit of Washburn University of Topeka, including scholarship support, student support, program support, faculty support, professorship/chairs, and capital support
Part IV, Line 2b	Part IV, Line 2b Explanation of escrow account liability	The Foundation holds and manages certain assets of Washburn University of Topeka and Washburn Law School Foundation

DLN: 93493313005322

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

WA	BROWN UNIVERSITY FOUNDATION		48-6105561			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>				
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		ly			
	Compensation committee Independent compensation consultant	▽	Written employment contract Compensation survey or study			
	Form 990 of other organizations	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Approval by the board or compensation committee			
	1 offin 550 of other organizations	,-	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt V I	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymeı	nt?	4a		No
b	Participate in, or receive payment from, a supplementa	al nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	he applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ie 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lii payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, pair subject to the initial contract exception described in R in Part III		·	8		No
9	If "Yes" to line 8, did the organization also follow the re	ebutt	cable presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JULIANN MAZACHEK PHD	(ı) (ıı)	205,583			19,902	7,580	233,065	
	_	ı		ı	ı			

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 Relevant information in regards to selections on 1a	The President receives a membership to the Topeka Country Club

Schedule J (Form 990) 2011

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DLN: 93493313005322

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Open to Public Inspection

	URN UNIVERSITY FOUNDATION				Employer identii icat	ion nui	mber	
Dor	Tunos of Dronorty				48-6105561			
Pair	tI Types of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do contribution	etermı	_	
	Art—Works of art							
2 /	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	goods				 			
	Boats and planes							
	ntellectual property					-		
	Securities—Publicly traded .	X	8	377.552	quoted price			
	Securities—Closely held stock			577,002	quoteu price			
l 1 9	Securities—Partnership, LLC, or trust interests							
L 2 9	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
L 4 (Qualified conservation contribution—Other							
L 5 F	Real estate—Residential .							
L 6 F	Real estate—Commercial							
L 7 F	Real estate—O ther							
L 8 (Collectibles							
L 9 F	Food inventory							
20 [Orugs and medical supplies .							
21 7	axıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts				<u> </u>			
25 (Other► ()				<u> </u>			
	Other ▶()				<u> </u>			
	Other ►()							
	Other ► ()		<u> </u>		 			
	Number of Forms 8283 received for which the organization comp				29		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I lines	: 1-28 that it		163	140
	must hold for at least three year							
	for exempt purposes for the enti				.u to be useu	302		No
	If "Yes," describe the arrangem					30a		-110
	·					,	V	
	Does the organization have a gi					31	Yes	
	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
	If "Yes," describe in Part II							
33	If the organization did not repor	t revenues i	ın column (c) for a type of p	roperty for which column (a	ı) ıs checked,	1 1		

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
Part I, Line 32, Hire and Use of Third Parties		In general, all donations of marketable securities are transferred to a bank or broker via electronic transfer for immediate sale

Schedule M (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

F Attach to Form 990 or 990-EZ.

OMB No 1545-0047

DLN: 93493313005322

2011

Open to Public Inspection

Name of the organization
WASHBURN UNIVERSITY FOUNDATION

Employer identification number

48-6105561

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Information made available on the Foundation's website
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	WASHBURN UNIVERSITY FOUNDATION EXECUTIVE COMPENSATION POLICY Governance and Procedures/Washburn University Foundation's executive compensation program is administered by the Executive Committee of the Board of Directors. The Executive Committee is responsible for establishing and maintaining a competitive compensation program for the president and selected key executives of the organization. To support the Executive Committee in its annual review of executive compensation, a special committee, the Compensation Committee, comprised of the Chair of the Board and 2-4 additional members of the Board appointed by the Governance Committee, will be responsible for gathering and reviewing compensation information of the competitive market Based upon this information, the Compensation Committee will report and recommend a compensation package for the president and any other selected key executives to the Executive Committee for their discussion and recommendation to the Board of Directors. The Executive Committee annually completes the following tasks related to performance and compensation of the president of Establishes annual goals and reviews, confirms and adapts as necessary standing goals for president for upcoming year? Assesses performance of the president by evaluating progress on annual and standing goals and achievements of the organization by gathering information from key individuals and using both qualitative and quantitative metrics as deemed necessary and appropriate 3 Reviews the report and recommendation of the Compensation Committee on the compensation program for the president considering relevant market information4 informs the Board of Directors in Executive Session about the performance of the president first meeting following end of fiscal year) 5 Provides recommendations for compensation of the president to the Board of Directors in Executive Session for approval 6 Chair prepares a "confidential memo for the file" documenting the entire process of the committee The memo will include how the perf
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	CONFLICT OF INTERESTIt is the Washburn University Foundation's (the Foundation) policy that actual conflicts of interest, and the appearance of a conflict of interest, be avoided A conflict of interest arises in any situation which a trustee, officer, employee, or agent of the Foundation (collectively referred to as an "Foundation representative") is involved in an activity which could adversely affect his/her judgment with respect to the business of the Foundation or the University. If a conflict or potential conflict arises, the individual shall disclose, in writing, the existence of the conflict to the President of the Foundation prior to making, or participating in, any Foundation or University decision involving the situation in which the conflict of interest exists. Examples of situations in which a conflict of interest or the appearance of conflict of interest may be present, include, but are not limited to, the following situations. In Purchasing supplies or equipment from a vendor in which an Foundation representative has an ownership interest or where a family member of an Foundation representative might benefit from the transaction 2.A directorship or active participation with an Foundation for personal gain or benefit (e.g., acquiring property for resale to the Foundation) 4 Foundation representative acting as a consultant in regard to subjects where the representative gained information from the Foundation and that information is proprietary in nature 5 Disclosing to outside parties plans and other information on the Foundation when such information is not readily available to the general public Foundation representatives may find that, as a result of their activities on behalf of the Foundation, they may be offered personal give, benefits, or services Generally, such items should not be accepted. However, there are situations where a personal relationship evolves from Foundation business, and it may be appropriate for Foundation representatives to accept certain items in particular circumstances.
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form 990 is presented to the Audit Committee for discussion, review and approval and then the Board of Directors is notified that the Form 990 is available for review

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 48-6105561

Name: WASHBURN UNIVERSITY FOUNDATION

Form 990, Special Condition Description:

Special Condition Description