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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization ARKANSAS STATE UNIVERSITY FOUNDATION INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1990 City or town, state or country, and ZIP + 4 STATE UNIVERSITY, AR 72467		D Employer identification number 71-0489924 E Telephone number (870) 972-2775 G Gross receipts \$ 5,648,092	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.ASTATEFOUNDATION.ORG		F Name and address of principal officer PHILIP JACKSON PO BOX 1990 STATE UNIVERSITY, AR 72467		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				L Year of formation 1977		M State of legal domicile AR	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE PRIMARY PURPOSE OF THE FOUNDATION IS TO RECEIVE, SOLICIT, ACCEPT AND HOLD, ADMINISTER, INVEST AND DISBURSE ANY AND EVERY KIND OF PROPERTY FOR SUCH EDUCATION, SCIENTIFIC, LITERARY, RESEARCH AND SERVICE ACTIVITIES FROM INDIVIDUALS AND ORGANIZATIONS, INCLUDING FOUNDATIONS, GOVERNMENT AGENCIES, AND PRIVATE BUSINESSES, TO SUPPORT THE CORPORATION'S ACTIVITIES, AND IT SHALL MANAGE ENDOWMENTS GIVEN TO THE CORPORATION FOR THE BENEFIT OF ALL THE ARKANSAS STATE UNIVERSITY SYSTEM CAMPUSES OPERATIONS, SITES AND FACILITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	38	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,613,414	3,564,263
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	814,594	840,196
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	699,441	956,889
		5,127,449	5,361,348
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	410,411	336,695
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>400,761</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,183,586	1,282,088
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,593,997	1,618,783
	19 Revenue less expenses Subtract line 18 from line 12	3,533,452	3,742,565
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		49,367,906	49,610,857
21 Total liabilities (Part X, line 26)		9,371,797	9,397,759
22 Net assets or fund balances Subtract line 21 from line 20		39,996,109	40,213,098

Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2013-02-05 Date	
	PHILIP JACKSON TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	JONES AND COMPANY LTD	Date 2013-02-04	Check if self-employed <input checked="checked" type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00155035
	Firm's name (or yours if self-employed), address, and ZIP + 4	JONES AND COMPANY LTD PO BOX 1970 JONESBORO, AR 72403			EIN 71-0629531
					Phone no (870) 935-2871

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

THE ARKANSAS STATE UNIVERSITY FOUNDATION, INC (THE FOUNDATION) IS A CHARITABLE CORPORATION CREATED UNDER AND OPERATING BY THE LAWS OF THE STATE OF ARKANSAS THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE THE TAXPAYER IDENTIFICATION NUMBER FOR THE FOUNDATION IS 71-0489924 AS DEFINED IN ITS BYLAWS, THE PRIMARY PURPOSE OF THE FOUNDATION IS TO RECEIVE, SOLICIT, ACCEPT AND HOLD, ADMINISTER, INVEST AND DISBURSE ANY AND EVERY KIND OF PROPERTY FOR SUCH EDUCATION, SCIENTIFIC, LITERARY, RESEARCH AND SERVICE ACTIVITIES FROM INDIVIDUALS AND ORGANIZATIONS, INCLUDING FOUNDATIONS, GOVERNMENT AGENCIES, AND PRIVATE BUSINESSES, TO SUPPORT THE CORPORATION'S ACTIVITIES, AND IT SHALL MANAGE ENDOWMENTS GIVEN TO THE CORPORATION FOR THE BENEFIT OF ALL THE ARKANSAS STATE UNIVERSITY SYSTEM CAMPUSES OPERATIONS, SITES AND FACILITIES

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 469,885 including grants of \$) (Revenue \$)

PROGRAM TITLE ASU ACADEMIC SUPPORTTHE ARKANSAS STATE UNIVERSITY FOUNDATION, INC PROVIDES FINANCIAL ASSISTANCE TO ALL MEMBER CAMPUSES OF THE ARKANSAS STATE UNIVERSITY SYSTEM AND RELATED ENTITIES IN SUPPORT OF TEACHING, RESEARCH, DISTANCE LEARNING, LIBRARY MEDIA SERVICES, ECONOMIC DEVELOPMENT AND OUTREACH PROGRAMS BY SUPPLEMENTING UNIVERSITY BUDGETS FOR SUPPLIES AND SERVICES, TRAVEL, EQUIPMENT, TECHNOLOGY, HUMAN RESOURCES AND ALL OTHER COSTS RELATED TO THE UNIVERSITY'S ACADEMIC MISSION

4b

(Code) (Expenses \$ 130,473 including grants of \$) (Revenue \$)

PROGRAM TITLE ADMINISTRATIVE SUPPORTTHE ARKANSAS STATE UNIVERSITY FOUNDATION, INC PROVIDES FINANCIAL ASSISTANCE TO ALL MEMBER CAMPUSES OF THE ARKANSAS STATE UNIVERSITY SYSTEM IN SUPPORT OF ADMINISTRATIVE FUNCTIONS LIKE ACADEMIC AFFAIRS, STUDENT AFFAIRS, RESIDENCE LIFE, RECRUITING, COUNSELING, FACILITIES MANAGEMENT, ADVANCEMENT, ALUMNI RELATIONS, INFORMATION TECHNOLOGY, CAREER MANAGEMENT, DISABILITY SERVICES AND DIVERSITY INITIATIVES BY SUPPLEMENTING UNIVERSITY BUDGETS FOR SUPPLIES AND SERVICES, TRAVEL, EQUIPMENT, TECHNOLOGY, HUMAN RESOURCES AND ALL OTHER COSTS RELATED TO THE UNIVERSITY'S ADMINISTRATIVE MISSIONS

4c

(Code) (Expenses \$ 84,105 including grants of \$) (Revenue \$)

PROGRAM TITLE ASU STUDENT SUPPORTTHE ARKANSAS STATE UNIVERSITY FOUNDATION, INC PROVIDES FINANCIAL ASSISTANCE TO STUDENTS AT ALL MEMBER CAMPUSES OF THE ARKANSAS STATE UNIVERSITY SYSTEM THROUGH ACADEMIC SCHOLARSHIPS, AWARDS, STIPENDS, GRANTS AND GENERAL SUPPORT FOR VARIOUS STUDENT ACTIVITIES THE MAJORITY OF FINANCIAL ASSISTANCE TO STUDENTS ARE MADE BY WAY OF TRANSFERS TO ARKANSAS STATE UNIVERSITY

4d

Other program services (Describe in Schedule O)

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
















4e

Total program service expenses

\$ 684,463

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see 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 I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	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		

Part IV

Checklist of Required Schedules (continued)

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

Part V		Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account 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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
a	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			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.			
a	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		
b	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.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	
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	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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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?	16b		

Section 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)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization 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. PHILIP JACKSON PO BOX 1990 STATE UNIVERSITY, AR 724671990 (870) 972-2775	

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless 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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDALL POPE IMMEDIATE PAST CHAIR	1 00	X						0	0	0
(2) BOB EARWOOD BOARD CHAIR	1 00	X						0	0	0
(3) STEVE OWENS PRESIDENT	30 00	X		X				0	183,718	0
(4) ED WAY DIRECTOR	1 00	X						0	0	0
(5) WAYNE WIGGINS DIRECTOR	1 00	X						0	0	0
(6) THOM BEASLEY DIRECTOR	1 00	X						0	0	0
(7) BOBBY CALDWELL BOARD VICE CHAIR	1 00	X						0	0	0
(8) HOWARD CHAPIN DIRECTOR	1 00	X						0	0	0
(9) KEN BENNETT DIRECTOR	1 00	X						0	0	0
(10) DOUG COY DIRECTOR	1 00	X						0	0	0
(11) JOHN DICKSON DIRECTOR	1 00	X						0	0	0
(12) SCOTT DAWSON DIRECTOR	1 00	X						0	0	0
(13) NANCY EVERITT DIRECTOR	1 00	X						0	0	0
(14) JIM GOWEN JR DIRECTOR	1 00	X						0	0	0
(15) DARIEL JOHNSON DIRECTOR	1 00	X						0	0	0
(16) HAZEL DICKEY DIRECTOR	1 00	X						0	0	0
(17) JUDIOUS LEWIS DIRECTOR	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless 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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GARY PUGH DIRECTOR	1 00	X						0	0	0
(19) ROGER POHLNER DIRECTOR	1 00	X						0	0	0
(20) CHARLES WELCH DIRECTOR	1 00	X						0	0	0
(21) NESS SECHREST DIRECTOR	1 00	X						0	0	0
(22) MELISSA LIVINGSTON BOARD LIASON	1 00	X						0	0	0
(23) DON WINTON DIRECTOR	1 00	X						0	0	0
(24) RITTER ARNOLD DIRECTOR	1 00	X						0	0	0
(25) SALLY GILBERT DIRECTOR	1 00	X						0	0	0
(26) MARVIN JONES DIRECTOR	1 00	X						0	0	0
(27) JOE MILES DIRECTOR	1 00	X						0	0	0
(28) KAREN MONTGOMERY DIRECTOR	1 00	X						0	0	0
(29) PAM KAIL SECRETARY	1 00			X				0	0	0
(30) PHILIP JACKSON TREASURER	40 00			X				0	96,814	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	280,532	0

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address		(B) Description of services	(C) Compensation
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 ▶0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,564,263			
	g	Noncash contributions included in lines 1a-1f \$ 798,381					
	h	Total. Add lines 1a-1f		3,564,263			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		855,074		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			-14,878	-14,878	
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . .					
		Miscellaneous Revenue	Business Code				
11a		OTHER REVENUE	611710	956,889			956,889
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		956,889				
12	Total revenue. See Instructions		5,361,348	-14,878	0	1,811,963	

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 response to any question in this Part IX

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	309,249		309,249	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	27,446	27,446		
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	34,085		34,085	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	47,958	13,030	29	34,899
13	Office expenses	48		48	
14	Information technology	11,801	340	11,461	
15	Royalties				
16	Occupancy				
17	Travel	112,927	70,069	9,825	33,033
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,727	1,819	1,333	5,575
20	Interest	1,421	639	782	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	63,363	5,669	57,694	
23	Insurance	26,531	548	16,738	9,245
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER EXPENSES	310,126	305,728	3,483	915
b	HONORARIUM & CONTRACT S	174,587	4,110		170,477
c	SUPPLIES	101,206	44,663	15,510	41,033
d	BUSINESS MEALS & ENTERT	93,102	48,274	20,184	24,644
e					
f	All other expenses	296,206	162,128	53,138	80,940
25	Total functional expenses. Add lines 1 through 24f	1,618,783	684,463	533,559	400,761
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			152,636	1	255,258
	2	Savings and temporary cash investments			6,408,501	2	6,938,692
	3	Pledges and grants receivable, net			1,648,155	3	1,460,664
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			16,970	9	6,121
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,435,568			
	b	Less: accumulated depreciation	10b	329,054	1,150,226	10c	1,106,514
	11	Investments—publicly traded securities			39,857,932	11	39,707,885
	12	Investments—other securities. See Part IV, line 11			125,118	12	128,223
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			8,368	15	7,500
16	Total assets. Add lines 1 through 15 (must equal line 34)			49,367,906	16	49,610,857	
Liabilities	17	Accounts payable and accrued expenses			39,648	17	38,000
	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				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			24,460	23	21,423
	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 D			9,307,689	25	9,338,336
	26	Total liabilities. Add lines 17 through 25			9,371,797	26	9,397,759
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			2,179,282	27	2,436,225
28		Temporarily restricted net assets			5,852,501	28	5,873,738
29		Permanently restricted net assets			31,964,326	29	31,903,135
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			39,996,109	33	40,213,098
34	Total liabilities and net assets/fund balances			49,367,906	34	49,610,857	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,361,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,618,783
3	Revenue less expenses Subtract line 2 from line 1	3	3,742,565
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,996,109
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,525,576
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	40,213,098

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization ARKANSAS STATE UNIVERSITY FOUNDATION INC	Employer identification number 71-0489924
--	--

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☒

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,188,669	13,092,873	5,165,342	3,613,414	3,564,263	33,624,561
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	539,403	472,475	377,978	402,622	340,266	2,132,744
4 Total. Add lines 1 through 3	8,728,072	13,565,348	5,543,320	4,016,036	3,904,529	35,757,305
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)						14,297,782
6 Public Support. Subtract line 5 from line 4						21,459,523

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,728,072	13,565,348	5,543,320	4,016,036	3,904,529	35,757,305
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	989,384	779,134	742,850	809,701	855,074	4,176,143
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	950,134	1,232,329	897,405	699,441	956,889	4,736,198
11 Total support (Add lines 7 through 10)						44,669,646

12 Gross receipts from related activities, etc (See instructions)

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	48 040 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	44 850 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part IIIPart III

Support Schedule for Organizations Described in 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 in)	(a) 2007	(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 organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

► 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
► Attach to Form 990. ► See separate instructions.

Name of the organization
ARKANSAS STATE UNIVERSITY FOUNDATION INC

Employer identification number
71-0489924

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

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3

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

4

Number of states where property subject to conservation easement is located ► _____

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	31,964,326	29,030,722	25,076,402	32,342,698	
b Contributions	762,803	513,738	461,217	514,499	
c Investment earnings or losses	1,486	3,268,875	4,046,843	-7,032,106	
d Grants or scholarships					
e Other expenditures for facilities and programs	825,480	849,009	553,740	748,689	
f Administrative expenses					
g End of year balance	31,903,135	31,964,326	29,030,722	25,076,402	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 7 930 %

b

Permanent endowment ▶ 92 070 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,512		90,512
b Buildings		1,088,150	187,706	900,444
c Leasehold improvements				
d Equipment		256,906	141,348	115,558
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,106,514

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,361,348
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,618,783
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,742,565
4	Net unrealized gains (losses) on investments	4	-721,937
5	Donated services and use of facilities	5	340,266
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,143,905
9	Total adjustments (net) Add lines 4 - 8	9	-3,525,576
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	216,989

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	4,979,677
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-721,937
b	Donated services and use of facilities	2b	340,266
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-381,671
3	Subtract line 2e from line 1	3	5,361,348
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,361,348

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	4,762,688
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	3,143,905
e	Add lines 2a through 2d	2e	3,143,905
3	Subtract line 2e from line 1	3	1,618,783
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,618,783

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INVESTMENT RETURN OBJECTIVES, RISK PARAMETERS AND STRATEGIES THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES, APPROVED BY THE BOARD OF TRUSTEES, FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT FUNDS WHILE ALSO MAINTAINING THE PURCHASING POWER OF THOSE ENDOWMENT ASSETS OF THE LONG-TERM ACCORDINGLY, THE INVESTMENT PROCESS SEEKS TO ACHIEVE AN AFTER-COST TOTAL REAL RATE OF RETURN, INCLUDING INVESTMENT INCOME AS WELL AS CAPITAL APPRECIATION, WHICH EXCEEDS THE ANNUAL DISTRIBUTION WITH ACCEPTABLE LEVELS OF RISK ENDOWMENT ASSETS ARE INVESTED IN A WELL DIVERSIFIED ASSET MIX, WHICH INCLUDES EQUITY AND DEBT SECURITIES, THAT IS INTENDED TO RESULT IN A CONSISTENT INFLATION-PROTECTED RATE OF RETURN THAT HAS SUFFICIENT LIQUIDITY TO MAKE AN ANNUAL DISTRIBUTION OF 5%, WHILE GROWING THE FUNDS IF POSSIBLE THEREFORE, THE ORGANIZATION EXPECTS ITS ENDOWMENT ASSETS, OVER TIME, TO PRODUCE AN AVERAGE RATE OF RETURN OF APPROXIMATELY 8 % ANNUALLY ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT INVESTMENT RISK IS MEASURED IN TERMS OF THE TOTAL ENDOWMENT FUND, INVESTMENT ASSETS AND ALLOCATION BETWEEN ASSET CLASSES AND STRATEGIES ARE MANAGED TO NOT EXPOSE THE FUND TO UNACCEPTABLE LEVELS OF RISK SPENDING POLICY THE FOUNDATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 5% OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OF THE PRIOR FIVE CALENDAR YEAR-ENDS FOR MOST OF ITS ENDOWMENTS IN ESTABLISHING THIS POLICY, THE ORGANIZATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS INVESTMENT ASSETS, THE NATURE AND DURATION OF THE INDIVIDUAL ENDOWMENT FUNDS, MANY OF WHICH MUST BE MAINTAINED IN PERPETUITY BECAUSE OF DONOR-RESTRICTIONS, AND THE POSSIBLE EFFECTS OF INFLATION THE ORGANIZATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT FUNDS TO GROW AT A NOMINAL AVERAGE RATE OF 3% ANNUALLY, WHICH IS CONSISTENT WITH THE ORGANIZATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH INVESTMENT RETURN INTENDED USE ENOWMENT FUNDS ARE INTENDED TO BE KEPT IN PERPITUITY TO PROVIDE INCOME FOR SUPPORT OF VARIOUS ACADEMIC FUNCTIONS WITH MEMBERS CAMPUSES OF THE ASU SYSTEM
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSFERS TO ASU (SCHOLARSHIPS, BUDGET SUPPLEMENTS, COLLECTIBLES) -3,119,288 TRANSFERS TO THE ALUMNI ASSOCIATION -4,340 TRANSFERS TO THE RED WOLF CLUB -20,277 TOTAL TO SCHEDULE D, PART XI, LINE 8 -3,143,905
PART XIII, LINE 2D - OTHER ADJUSTMENTS		TRANSFERS TO ASU 3,119,288 TRANSFERS TO THE ALUMNI ASSOCIATION 4,340 TRANSFERS TO THE RED WOLF CLUB 20,277

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization ARKANSAS STATE UNIVERSITY FOUNDATION INC	Employer identification number 71-0489924
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Part I

Questions Regarding Compensation

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

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

Note. The sum of columns (B)(i)-(iii) 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.

[illegible]

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
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARKANSAS STATE UNIVERSITY FOUNDATION INC

Employer identification number
71-0489924

Part I

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 determining contribution amounts
1 Art—Works of art	X	19	647,980	FAIR MARKET VALUE
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				
8 Intellectual property				
9 Securities—Publicly traded	X	3	87,462	STOCK MARKET
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EQUIPMENT</u>)	X	1	460	FAIR MARKET VALUE
26 Other ► (<u>SUPPLIES</u>)	X	27	4,366	FAIR MARKET VALUE
27 Other ► (<u>MUSICAL INSTRUMENTS</u>)	X	1	2,900	FAIR MARKET VALUE
27 Other ► (<u>MUSEUM EXHIBIT</u>)				
28 Other ► (<u>ITEMS</u>)	X	11	1,100	FAIR MARKET VALUE
28 Other ► (<u>LIVESTOCK</u>)	X	6	21,998	FAIR MARKET VALUE
28 Other ► (<u>FUNDRAISING ITEMS</u>)	X	102	32,115	FAIR MARKET VALUE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization ARKANSAS STATE UNIVERSITY FOUNDATION INC	Employer identification number 71-0489924
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 WAS REVIEWED BY THE TREASURER AND AUDIT COMMITTEE OF THE EXEMPT ORGANIZATION BEFORE THE RETURN WAS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	AT THE FIRST BOARD MEETING FOLLOWING THE ANNUAL BOARD MEETING, AND AT THE FIRST MEETING OF EACH COMMITTEE WITH BOARD-DELEGATED POWERS FOLLOWING THE ANNUAL BOARD MEETING, AND AT SUCH OTHER TIMES AS THE BOARD OR EXECUTIVE COMMITTEE MAY DEEM APPROPRIATE, THE BOARD, OR EXECUTIVE COMMITTEE SHALL CONDUCT A REVIEW OF THE FOUNDATION'S ACTIVITIES TO ENSURE THAT THE FOUNDATION IS OPERATING IN A MANNER CONSISTENT WITH ACCOMPLISHING ITS CHARITABLE PURPOSES AND THAT ITS OPERATIONS DO NOT RESULT IN PRIVATE INUREMENT OR IMPERMISSIBLE BENEFIT TO PRIVATE INTERESTS IN THE INSTANCE WHERE A CONFLICT OF INTEREST ARISES, THE BOARD OR EXECUTIVE COMMITTEE SHALL (1) REQUIRE THE INTERESTED PERSON TO LEAVE THE MEETING DURING THE DISCUSSION OF, AND VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST, PROVIDED, HOWEVER, THAT THE INTERESTED PERSON MAY MAKE A PRESENTATION AT THE MEETING PRIOR TO LEAVING, (2) APPOINT, IF IT DEEMS APPROPRIATE, A NON-INTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND (3) DETERMINE, BY A MAJORITY VOTE WITHOUT THE INTERESTED PERSON VOTING, THAT THE TRANSACTION OR ARRANGEMENT IS IN THE FOUNDATION'S BEST INTERESTS AND FOR ITS OWN BENEFIT, IS FAIR AND REASONABLE TO THE FOUNDATION, AND, AFTER EXERCISING DUE DILIGENCE, DETERMINE THAT THE FOUNDATION CANNOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES ANY INTERESTED PERSON WHO VIOLATES THIS CONFLICT OF INTEREST POLICY SHALL BE SUBJECT TO APPROPRIATE DISCIPLINE INCLUDING REMOVAL FROM OFFICE
		THE EXECUTIVE DIRECTOR'S COMPENSATION IS NOT REVIEWED BY THE FINANCE COMMITTEE, HOWEVER THE SALARY IS DEFINED IN ACCORDANCE WITH THE STATE OF ARKANSAS' PAY SCALES
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S POLICY DOCUMENTS AND FINANCIAL STATMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24E	STUDENT AWARDS PROGRAM SERVICE EXPENSES 7,841 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 31,506 TOTAL EXPENSES 39,347 DUES & MEMBERSHIPS PROGRAM SERVICE EXPENSES 35,768 MANAGEMENT AND GENERAL EXPENSES 609 FUNDRAISING EXPENSES 1,490 TOTAL EXPENSES 37,867 PRINTING & PUBLICATIONS PROGRAM SERVICE EXPENSES 28,208 MANAGEMENT AND GENERAL EXPENSES 8,600 FUNDRAISING EXPENSES 555 TOTAL EXPENSES 37,363 SPECIAL EVENTS PROGRAM SERVICE EXPENSES 12,190 MANAGEMENT AND GENERAL EXPENSES 845 FUNDRAISING EXPENSES 22,502 TOTAL EXPENSES 35,537 MUSIC PERFORMANCE PROGRAM SERVICE EXPENSES 17,169 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 16,255 TOTAL EXPENSES 33,424 REPAIRS & MAINTENANCE PROGRAM SERVICE EXPENSES 5,820 MANAGEMENT AND GENERAL EXPENSES 19,752 FUNDRAISING EXPENSES 570 TOTAL EXPENSES 26,142 EMPLOYEE & FACULTY AWARDS PROGRAM SERVICE EXPENSES 21,961 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,961 CONTRIBUTIONS & GRANTS PROGRAM SERVICE EXPENSES 18,618 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 100 TOTAL EXPENSES 18,718 FLORIST PROGRAM SERVICE EXPENSES 8,376 MANAGEMENT AND GENERAL EXPENSES 643 FUNDRAISING EXPENSES 2,469 TOTAL EXPENSES 11,488 POSTAGE PROGRAM SERVICE EXPENSES 1,888 MANAGEMENT AND GENERAL EXPENSES 7,133 FUNDRAISING EXPENSES 1,203 TOTAL EXPENSES 10,224 CREDIT CARD CHARGES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 8,659 FUNDRAISING EXPENSES 30 TOTAL EXPENSES 8,689 TELEPHONE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 3,829 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,829 DONOR ACKNOWLEDGEMENT PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 3,294 TOTAL EXPENSES 3,294 EQUIPMENT RENTAL & MAINTENANCE PROGRAM SERVICE EXPENSES 347 MANAGEMENT AND GENERAL EXPENSES 1,645 FUNDRAISING EXPENSES 928 TOTAL EXPENSES 2,920 EMERGENCY ASSISTANCE PROGRAM SERVICE EXPENSES 2,450 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,450 TRAINING & DEVELOPMENT PROGRAM SERVICE EXPENSES 750 MANAGEMENT AND GENERAL EXPENSES 1,347 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,097 STUDENT STIPENDS PROGRAM SERVICE EXPENSES 455 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 455 TAXES PROGRAM SERVICE EXPENSES 129 MANAGEMENT AND GENERAL EXPENSES 76 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 205 STUDENT INTERNSHIPS PROGRAM SERVICE EXPENSES 158 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 158 HOSPITALITY PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 38 TOTAL EXPENSES 38
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -721,937 DONATED SERVICES AND USE OF FACILITIES 340,266 TRANSFERS TO ASU (SCHOLARSHIPS, BUDGET SUPPLEMENTS, COLLECTIBLES) -3,119,288 TRANSFERS TO THE ALUMNI ASSOCIATION -4,340 TRANSFERS TO THE RED WOLF CLUB -20,277 TOTAL TO FORM 990, PART XI, LINE 5 -3,525,576
	PART XII, LINE 2C	THE REVIEW PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARKANSAS STATE UNIVERSITY FOUNDATION INC

Employer identification number
71-0489924

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ARKANSAS STATE UNIVERSITY - JONESBORO 2105 EAST AGGIE JONESBORO, AR 72401 71-6000556	EDUCATIONAL INSTITUTION	AR	115(A)				No
(2) ARKANSAS STATE UNIVERSITY - BEEBE 1000 IOWA ST BEEBE, AR 72012 71-0421333	EDUCATIONAL INSTITUTION	AR	115(A)				No
(3) ARKANSAS STATE UNIVERSITY - MOUNTAIN HOME 1600 SOUTH COLLEGE MOUNTAIN HOME, AR 72653 62-1687591	EDUCATIONAL INSTITUTION	AR	115(A)				No
(4) ARKANSAS STATE UNIVERSITY - NEWPORT 7648 VICTORY BLVD NEWPORT, AR 72112 71-0855933	EDUCATIONAL INSTITUTION	AR	115(A)				No
(5) ARKANSAS STATE UNIVERSITY ALUMNI ASSOCIATION INC 2600 ALUMNI BLVD JONESBORO, AR 72401 58-1723646	SOCIAL ALUMNI ENTITY FOR THE SUPPORT OF ARKANSAS STATE UNIVERSITY	AR	501(C)(7)				No
(6) ARKANSAS STATE UNIVERSITY RED WOLF CLUB INC 1000 OLYMPIC DRIVE JONESBORO, AR 72401 71-0526367	ACADEMIC BOOSTER ACTIVITIES	AR	501(C)(3)				No

Part III

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

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

Part IV

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

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

Part V

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ARKANSAS STATE UNIVERSITY-JONESBORO	B	1,985,041	CASH
(2) ARKANSAS STATE UNIVERSITY-BEEBE	B	53,459	CASH
(3) ARKANSAS STATE UNIVERSITY-MOUNTAIN HOME	B	939,791	CASH
(4) ARKANSAS STATE UNIVERSITY-NEWPORT	B	140,998	CASH
(5) ARKANSAS STATE UNIVERSITY ALUMNI ASSOCIATION INC	B	4,340	CASH
(6) ARKANSAS STATE UNIVERSITY RED WOLF CLUB INC	B	20,277	CASH

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

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

Software ID:

Software Version:

EIN: 71-0489924

Name: ARKANSAS STATE UNIVERSITY FOUNDATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
ARKANSAS STATE UNIVERSITY - JONESBORO 2105 EAST AGGIE JONESBORO, AR 72401 71-6000556	EDUCATIONAL INSTITUTION	AR	115(A)				No
ARKANSAS STATE UNIVERSITY - BEEBE 1000 IOWA ST BEEBE, AR 72012 71-0421333	EDUCATIONAL INSTITUTION	AR	115(A)				No
ARKANSAS STATE UNIVERSITY - MOUNTAIN HOME 1600 SOUTH COLLEGE MOUNTAIN HOME, AR 72653 62-1687591	EDUCATIONAL INSTITUTION	AR	115(A)				No
ARKANSAS STATE UNIVERSITY - NEWPORT 7648 VICTORY BLVD NEWPORT, AR 72112 71-0855933	EDUCATIONAL INSTITUTION	AR	115(A)				No
ARKANSAS STATE UNIVERSITY ALUMNI ASSOCIATION INC 2600 ALUMNI BLVD JONESBORO, AR 72401 58-1723646	SOCIAL ALUMNI ENTITY FOR THE SUPPORT OF ARKANSAS STATE UNIVERSITY	AR	501(C)(7)				No
ARKANSAS STATE UNIVERSITY RED WOLF CLUB INC 1000 OLYMPIC DRIVE JONESBORO, AR 72401 71-0526367	ACADEMIC BOOSTER ACTIVITIES	AR	501(C)(3)				No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	ARKANSAS STATE UNIVERSITY-JONESBORO	B	1,985,041	CASH
(2)	ARKANSAS STATE UNIVERSITY-BEEBE	B	53,459	CASH
(3)	ARKANSAS STATE UNIVERSITY-MOUNTAIN HOME	B	939,791	CASH
(4)	ARKANSAS STATE UNIVERSITY-NEWPORT	B	140,998	CASH
(5)	ARKANSAS STATE UNIVERSITY ALUMNI ASSOCIATION INC	B	4,340	CASH
(6)	ARKANSAS STATE UNIVERSITY RED WOLF CLUB INC	B	20,277	CASH

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Name(s) shown on return ARKANSAS STATE UNIVERSITY FOUNDATION INC	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 71-0489924
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	63,363

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	63,363
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 71-0489924

Name: ARKANSAS STATE UNIVERSITY FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RANDALL POPE IMMEDIATE PAST CHAIR	1 00	X						0	0	0
BOB EARWOOD BOARD CHAIR	1 00	X						0	0	0
STEVE OWENS PRESIDENT	30 00	X		X				0	183,718	0
ED WAY DIRECTOR	1 00	X						0	0	0
WAYNE WIGGINS DIRECTOR	1 00	X						0	0	0
THOM BEASLEY DIRECTOR	1 00	X						0	0	0
BOBBY CALDWELL BOARD VICE CHAIR	1 00	X						0	0	0
HOWARD CHAPIN DIRECTOR	1 00	X						0	0	0
KEN BENNETT DIRECTOR	1 00	X						0	0	0
DOUG COY DIRECTOR	1 00	X						0	0	0
JOHN DICKSON DIRECTOR	1 00	X						0	0	0
SCOTT DAWSON DIRECTOR	1 00	X						0	0	0
NANCY EVERITT DIRECTOR	1 00	X						0	0	0
JIM GOWEN JR DIRECTOR	1 00	X						0	0	0
DARIEL JOHNSON DIRECTOR	1 00	X						0	0	0
HAZEL DICKEY DIRECTOR	1 00	X						0	0	0
JUDIOUS LEWIS DIRECTOR	1 00	X						0	0	0
GARY PUGH DIRECTOR	1 00	X						0	0	0
ROGER POHLNER DIRECTOR	1 00	X						0	0	0
CHARLES WELCH DIRECTOR	1 00	X						0	0	0
NESS SECHREST DIRECTOR	1 00	X						0	0	0
MELISSA LIVINGSTON BOARD LIASON	1 00	X						0	0	0
DON WINTON DIRECTOR	1 00	X						0	0	0
RITTER ARNOLD DIRECTOR	1 00	X						0	0	0
SALLY GILBERT DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARVIN JONES DIRECTOR	1 00	X						0	0	0
JOE MILES DIRECTOR	1 00	X						0	0	0
KAREN MONTGOMERY DIRECTOR	1 00	X						0	0	0
PAM KAIL SECRETARY	1 00			X				0	0	0
PHILIP JACKSON TREASURER	40 00			X				0	96,814	0