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Form 990

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

Department of the Treasury Internal Revenue Service

305-14-15 Jan 1 5 2013

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

Open to Public Inspection

| Α | For the | 2011 calen | dar year, or tax year beginning 7/01 , 2011, and ending | 6/3 | 0 | , 2012 | | | | | | | |
|---|----------------|--|---|---------------|----------------------|---------------------------------------|---------------|--|--|--|--|--|--|
| В | Check if ap | oplicable: | C | | | tification Number | | | | | | | |
| | Addre | ss change | Washington State University Foundation | | 91-1075 | 5542 | | | | | | | |
| | \vdash | change | PO Box 641927 | l li | E Telephone nun | | | | | | | | |
| | | return | Pullman, WA 99164-1927 | | | 335-1686 | | | | | | | |
| | Termin | | | - F | (307) 3 | 33 1000 | | | | | | | |
| | \vdash | ided return | | 1. | . | ÷ 110 605 00 | 0.7 | | | | | | |
| | \vdash | | F Name and address of principal officer | | group return for af | \$ 110,685,00 | | | | | | | |
| | L Applic | cation pending | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ffiliates included? | — | No | | | | | | |
| - | Tau aua | | | | ttach a list (see in | structions) Yes | No | | | | | | |
| <u>+</u> - | | mpt status | | | | | | | | | | | |
| 7 | Websi | | | | xemption number 1 | | | | | | | | |
| K | | organization | X Corporation Trust Association Other ► L Year of Formation | n 19/9 | M State of | legal domicile. WA | | | | | | | |
| Pa | rt! | Summar | <u>y</u> | - | <u>_</u> | | | | | | | | |
| | 1 Br | riefly descri | be the organization's mission or most significant activities. The mission | <u>on of</u> | the Found | <u>dation is to</u> | ! | | | | | | |
| 9 | _p. | romote, | accept, and maximize private support for progr | cams | in i tiativ | es, and | | | | | | | |
| Activities & Governance | 1 | properties_of_Washington_State_University_(WSU)_and_its_regional_campusesThe | | | | | | | | | | | |
| ě | F1 | oundati | on_also_prudently_manages,_invests_ and steward | is the | .assets e | ntrusted it | | | | | | | |
| ê | 2 Cr 3 Nu | neck this bo | ox > if the organization discontinued its operations or disposed of more | e than 25 | % of its net as | ssets ' | 21 | | | | | | |
| | 4 Nu | umber of in | oting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b) | • | . 4 | | 31 | | | | | | |
| 59 | 5 To | atal number | of individuals employed in calendar year 2011 (Part V, line 2a) . See. S | h A | | | 30 50 | | | | | | |
| Ę. | 6 To | otal number | r of volunteers (estimate if necessary) See S | | | | 352 | | | | | | |
| ¥ | | | ed business revenue from Part VIII, column (C), line 12 | icii o | 7a | | 0. | | | | | | |
| | E . | | business taxable income from Form 990-T, line 34 | | 7b | | 0. | | | | | | |
| | | | ps_ 2 | Pri | ior Year | Current Year | | | | | | | |
| | 8 Cc | ontributions | and grants (Part VIII, line Ih) | | 063,976. | 74,238,3 | | | | | | | |
| Revenue | 9 Pr | rogram serv | ce revenue (Part VIII) / (ne 2g) | · | | 1,101,0 | - | | | | | | |
| ¥e. | 10 In | vestment ir | come (Part VIII, column (A), lines 3, 4, and 7d) | 7, | 114,888. | 8,117,7 | 90. | | | | | | |
| æ | 11 Ot | ther reveny | enHart MIII, column (A), lines \$ 60, 8c, 9c, 10c, and 11e) | | 687,309. | 9,482,5 | | | | | | | |
| | 12 To | otal revenu | - add fines 8 through 12 (must equal Part VIII, column (A), line 12). | | 866,173. | 91,838,6 | <u>89.</u> | | | | | | |
| | | | ımılar amounts paid (Part IX, çdığımı (A), lines 1-3) | 44, | 228,547. | 44,840,9 | 54. | | | | | | |
| | 14 Be | enefits paid | to of int members (Part IX, column (A), line 4) | | | | | | | | | | |
| | 15 Sa | alaries, oth | er compensation employer benefits (Part IX, column (A), lines 5-10). | 4, | 884,236. | 4,722,7 | 18. | | | | | | |
| 808 | | | fundraising fees (Part IX, column (A), line 11e) | | 510,540. | 492,5 | | | | | | | |
| Ехрепзез | I | | sing expenses (Part IX, column (D), line 25) ► 5,378,515. | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| ă | I | | | | 000 005 | 5 427 0 | | | | | | | |
| | | | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 922,325. | 5,437,0 | | | | | | | |
| | | | es Add lines 13-17 (must equal Part IX, column (A), line 25) | | 545,648. | 55,493,2 | | | | | | | |
| | 19 Re | evenue less | s expenses Subtract line 18 from line 12 | | 320,525. | 36,345,4 | 03. | | | | | | |
| \$ 60 80 80 80 80 80 80 | 20 T- | .4 | Ø-4 V II 16 | | of Current Year | End of Year | <u> </u> | | | | | | |
| Balanc | l | | (Part X, line 16) | | 547,472. | 382,442,9 | | | | | | | |
| Net A | i | | s (Part X, line 26) | | 566,797. | 34,169,8 | | | | | | | |
| | | | fund balances. Subtract line 21 from line 20 | <u> 320,</u> | <u>980,675.</u> | 348,273,1 | <u>36.</u> | | | | | | |
| Pa | art II | Signatui | e Block | | | | | | | | | | |
| Unc | ler penaities | s of perjury, I d | teclare that I have examined this return, including accompanying schedules and statements, and to the arer (other than officer) is based on all information of which preparer has any knowledge | ne best of my | knowledge and be | alief, it is true, correct, ar | nd | | | | | | |
| | · | | | | - 1 - 1 | | | | | | | | |
| ٠. | | Supatr | are of officer | | 12/10/ | 17 | | | | | | | |
| Sign Here | | ١, ٠, | | Date | | , ~ Was M | m) with | | | | | | |
| пе | re | | OIL PICCIOTTO ASSOCIATE VICE P | RH 10 | our , C | 1 WILLIAM CIVI | <u></u> | | | | | | |
| | | | print name and title. | | restati | | | | | | | | |
| | | Print/Type (| preparer's name Preparer's signature Date | | Check [] if | PTIN | | | | | | | |
| Pa | | 25 | Self-Prepared | 5 | self-employed | 1.7024625.8 | 367 | | | | | | |
| | eparer | Firm's name | | 2225.34 | | | | | | | | | |
| Us | e Only | Firm's addr | ess Transfer of the second of | 77.75.73 r | Firm's EIN 🕨 [] | COMMENTS IN | 1.73 | | | | | | |
| | | | COMPANY TO SECURE COMPANY AND SECURE SECURE CONTRACTOR OF THE | ZA TEL | Phone no 📆 | PRICE ESTE PARTIE | 7273 | | | | | | |
| Ma | the IRS | discuss th | is return with the preparer shown above? (see instructions) | | | نا هذ استنادات الأناء | No | | | | | | |

Form **990** (2011)

| Form | 990 (2011) Washington State University Foundation | 91-1075542 | Page 2 |
|------|---|---|--------------------------------|
| Pär | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | | . X |
| 1 | Briefly describe the organization's mission. | | |
| | The mission of the Foundation is to promote, accept and maximize | | |
| | programs, initiatives and properties of WSU and its regional cam | | <u>indation</u> |
| | also prudently manages, invests and stewards the assets entruste | <u>d to it. </u> | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed or | است | (T) |
| | Form 990 or 990-EZ? | ∐ Y | ∍s X No |
| _ | If 'Yes,' describe these new services on Schedule O | | [V] |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program se | ervices? Y | es X No |
| | If 'Yes,' describe these changes on Schedule O. | | h |
| 4 | Describe the organization's program service accomplishments for each of its three largest program ser- Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported. | vices, as measured i mount of grants and | by expenses Lallocations to |
| | others, the total expenses, and revenue, if any, for each program service reported. | • | |
| | Property a (1) | | |
| 4 8 | a (Code: (Expenses \$ 22,872,684.) including grants of \$ 22,872,684.) (I | Revenue \$ |) |
| | Departmental Support | | |
| | The Foundation does not directly provide this program service. H | owever, conti | ributions_ |
| | received for this purpose were distributed to the University for | | r <u>dance</u> |
| | with donor agreements. These contributions earmarked funds for g | | |
| | administrative expenses of the University. This general class of | | |
| | neither promotes any section of the University nor does it corre | spond to a sp | pecific |
| | program. | | |
| | | | |
| | | | |
| | | | |
| | | | · |
| | CIT | | |
| 48 | (Code: \$\frac{13,014,140.}{20}\$) (Expenses \$\frac{13,014,140.}{20}\$) (including grants of \$\frac{13,014,140.}{20}\$) (including grants of \$\frac{13,014,140.}{20}\$) | Revenue \$ |) |
| | Scholarships and Fellowships | | |
| | The Foundation does not directly award Scholarships and Fellowsh | | |
| | contributions for these purposes were distributed to the Univers | | |
| | accordance with donor agreements. Student financial aid was rece | | |
| | graduate fellowships, and scholarships based on merit, need, and | multicultura | alism |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | c (Code: 5,432,875. including grants of \$ 5,432,875.) (| Revenue \$ | `` |
| ~(| Facilities Operation and Maintenance | resering 3 | |
| | The Foundation does not directly provide facility and maintenance | e program se | rvices |
| | However, contributions received for this purpose are distributed | | |
| | for use in accordance with donor agreements. Contributions were | | |
| | purchase and maintenance of buildings and equipment. | | |
| | parameter and marine and of parameter and equipment. | | |
| | | | |
| | | | |
| | | - - | |
| | | | |
| | | | |
| | | | |
| 40 | d Other program services (Describe in Schedule O.) See Schedule O | | |
| | (Expenses \$ 3,521,255. including grants of \$ 3,521,255.) (Revenue \$ | |) |
| 46 | e Total program service expenses ► 44,840,954. | | |

Part:IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A χ 2 X 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 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 Χ 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 IIΔ X 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 X 5 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 Χ 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III Х 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 9 Х Schedule D. Part IV 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 X If the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI 11 a Х 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 11 b Х 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 11 c X 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 11 d Χ 11 e Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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 Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12a 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 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14h X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х 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 Х 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 Χ 20 aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20

bif 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

20 b

| | | | Yes | No |
|--------------|---|------|--------------|------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX. column (A), line 1? If 'Yes,' complete Schedule I. Parts I and II | 21 | х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII. Section A, line 3, 4 or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J | 23 | Х | |
| 24 a | 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25 | 24a | | X |
| 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 | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | <u>x</u> _ |
| t | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I | 25b | | <u> </u> |
| 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 lax year? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | SOLUEDON. | Х |
| | 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) | | | |
| ā | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | Х | |
| ŧ | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | <u> </u> |
| Ć | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | х | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | <u>x</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х_ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Х | |
| 3 5 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35 a | <u> </u> | _x_ |
| 1 | b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | x_ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | x |
| 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 | X | |
| BAA | | Forn | n 990 | (2011) |

Form 990 (2011) Washington State University Foundation [Part V] Statements Regarding Other IRS Filings and Tax Compliance

| Check if Schedule O contains a response to any question in this Part V | | | |
|---|-------------|--------------|----------------|
| | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | | - | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. C | 1 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | | |
| (gambling) winnings to prize winners? | 1 c | Х | ĺ |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | 1 | | , |
| ments, filed for the calendar year ending with or within the year covered by this return. | .] | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2ь | Х | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | х |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q | 3b | | ^ |
| • | 30 | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| b If 'Yes,' enter the name of the foreign country: ► | | F . | |
| See instructions for filling requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. | <u> </u> ,` | 5.7 | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. | 5a | 1 | X |
| | | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 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? | _ | | х |
| • | 6a | | <u> </u> |
| 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). | 0.5 | . 3. | |
| 7 Organizations that may receive deductible contributions under section 170(c). | , , | Ì | 3. |
| 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? | , | : | v |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?. | 7a 7b | | X |
| | /B | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d | | | , · |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 71 | | X |
| g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | | | <u> </u> |
| as required? | 7 g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | | | |
| Form 1098-C? | 7h | | X |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the | 1.3 | 4 | |
| supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business | , | ****** | · · |
| holdings at any time during the year? | 8 | See See Sec. | X |
| 9 Sponsoring organizations maintaining donor advised funds. | 7.35 | 136.10 | Section 1995 |
| a Did the organization make any taxable distributions under section 4966? | 9a | | X |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | Y TRANSIT | X |
| 10 Section 501(c)(7) organizations. Enter: | 123 | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 20. | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | 1 4 9 | 319 |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources | | 3.7 | |
| against amounts due or received from them.) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | 1.34 | | |
| a is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Note. See the instructions for additional information the organization must report on Schedule O | 4.2 | | |
| b Enter the amount of reserves the organization is required to maintain by the states in | | XX | ×8. |
| which the organization is licensed to issue qualified health plans | | 126 | 1 |
| c Enter the amount of reserves on hand | أنسل | (A) | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q | 14b | | |
| | | | |

Form 990 (2011) Washington State University Foundation 91-1075542 Page 6 Ranker Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 30 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 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director or 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 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 Х 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . See Schedule O 120 X 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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 See Schedule 0 Х 15a X **b** Other officers of key employees of the organization. 15b 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 16a taxable entity during the year?. 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Own website X Upon request Another's website Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee | | | | | | | | | | | |
|---|--|--|-----------------------|----------|--------------|------------------------------|--------|--|----------------------------------|--|--|
| (A) Name and litte | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an afficer and a director/trustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other compensation | |
| | (describe hours for related organiza- tions in Schedule O) | Indwidual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) | | from the organization and related organizations | |
| (1) Allred, Douglas C Board Member | 0.5 | х | | | | | | 0. | 0. | 0. | |
| (2) Angelo, Craig Board Member | 0.5 | Х | | | | | | 0. | 0. | 0. | |
| (3) Bustad, Leo Board Member | 0.5 | х | | | | , | | 0. | 0. | 0. | |
| (4) Carson, Scott Board Member | 2 | х | | | | | | 0. | 0. | 0. | |
| (5) Creighton, John Board Member | 1 | Х | | | | | | 0. | 0. | 0. | |
| 6 Culver, Larry Board Member | 1_1_ | Х | | | | | | 0. | 0. | 0. | |
| (7) Doane, Richard Secretary | 1.5 | Х | | | | | | 0. | 0. | 0. | |
| (8) Felton, Robert Board Member | 1.6 | Х | | <u>.</u> | <u>_</u> | | ļ | 0. | 0. | 0. | |
| <pre>(9) Floyd, Elson Board Member</pre> | 4 | Х | | | | | | 0. | 0. | 0. | |
| (10) Goertzen, Kathryn Board Member | 0.4 | Х | | | | | | 0. | 0. | 0. | |
| (11) Grim, Douglas Board Member | 1 | X | | | | | | 0. | 0. | 0. | |
| (12) Hargrove, G Thomas Board Member | 0.4 | Х | | | | | | 0. | 0. | 0. | |
| (13) Harmon, Dan Treasurer | 2 | х | | | | | | 0. | 0. | 0. | |
| (14) Jacklin, Doyle Board Member | 0.6 | x | | | | | | 0. | 0. | 0. | |

| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont) | | | | | | | | oyees (cont) | | | |
|---|--|---|-----------------------|--|--------------|---------------------------------|-------------|-------------------------------------|--|--|--|
| (A) Name and title | (B) Average hours per | age box, unloss person officer and a direct | | | | | n an | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other compensation | |
| | week (describ o hours for related organi- zations in Sch O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W 2/1099-MISC) | from the organization and related organizations | |
| (15) King, James Board Member | 0.5 | х | | | | | | 0. | 0. | 0. | |
| (16) Marker, Christopher Board Member | 1_ | x | | | | | | 0. | 0. | 0. | |
| (17) Parachini, Donald Board Member | 1 | x | | | | | | 0. | 0. | 0. | |
| (18) Redmond, Ann Board Member | 0.4 | х | | | | | | 0. | 0. | 0. | |
| (19) Rogers, Judy Board Member | 2_ | х | | | | | | 0. | 0. | 0. | |
| (20) Rojas, Anthony President | 2 | x | | | | | | 0. | 0. | 0. | |
| (21) Schneidmiller, Gary Vice President | 1_1_ | х | | | | | | 0. | 0. | 0. | |
| (22) Thompson, Lisa Board Member | 0.4 | Х | | | | | | 0. | 0. | 0. | |
| (23) Thomsen, Mikal Board Member | 1_ | X | | | | | | 0. | 0. | 0. | |
| (24) Voiland, Eugene Board Member | 1_1_ | Х | | | | | | 0. | 0. | 0. | |
| (25) Wilson, D. J Board Member | 0.4 | X | | | | | | 0. | 0. | 0. | |
| 1 b Sub-total | | | | | | | P | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section | Α | | | | | | > | 1,130,701. | 0. | 171,674. | |
| d Total (add lines 1b and 1c) | | | | <u>. </u> | | | <u> </u> | 1,130,701 | 0. | 171,674. | |
| 2 Total number of individuals (including but not limite | d to the | ose | liste | d ab | ove |) wh | o re | ceived more than | \$100,000 of report | able compensation | |

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
7

- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

| | Yes | No |
|----|-----|------|
| 45 | | |
| 3 | | Χ_ |
| | | : 45 |
| 4 | Х | |
| 3 | 5 | |
| 5_ | | Х |

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 |
|---|-----------------------------|---------------------|
| Mercer 701 Market Street, Suite 100 Saint Louis, MO 63101 | Investment Mgt. | 384,769. |
| RuffaloCody PO Box 3018 Cedar Rapids, IA 52406 | Fundraising | 342,391. |
| | | |
| | | |

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



| • | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|--|----------------------|---------------------------|--|--|---|
| 9.0 | 1 a Federated campaigns 1: | a | | 1 | | 012, 010, 01 014 |
| ANT | b Membership dues 11 | | 1 | | 1 | |
| S S | c Fundraising events. | | 1 | | | 1 |
| FTS. | d Related organizations 1 | · - | 1 | | | |
| 5 ₹ | e Government grants (contributions) | | - | | 1 | |
| SIN | · · · · · · · · · · · · · · · · · · · | | · | | | . ' |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | f All other contributions, gifts, grants, and similar amounts not included above . 1 | | | - 65 % | , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | |
| NO ON | | \$ <u>3,111,553.</u> |] . | | | |
| | h Total. Add lines 1a-1f | ., > | 74,238,334. | z,- | | |
| PROGRAM SERVICE REVENUE | _ | Business Code | | <u>.</u> | | |
| ĘĘ | 2a | | | | | |
| 2 | b | | | | | |
| Š | c | | | 1 | | |
| SER | d | | | | | |
| AM | e | | | | | |
| 8 | f All other program service revenue . | | | | | |
| 8 | g Total. Add lines 2a-2f. | > | | | | |
| | Investment income (including dividen other similar amounts) | ds, interest and | 1,830,725. | | | 1,830,725. |
| | 4 Income from investment of tax-exemp | ot bond proceeds | | | | 1,030,723. |
| | 5 Royalties. | ▶ | | | <u> </u> | |
| | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | .,, | | • | | |
| | b Less rental expenses | | ł | , | | |
| | c Rental income or (loss) . | - | ł | | | |
| | ` ' | | ļ | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of (i) Securities | (ii) Other | | , | | |
| I | assets other than inventory2513338: | 3. | | , , , , , | 3.2. | |
| | b Less cost or other basis | _ | | | | 755 |
| | and sales expenses 1884631 | | | | | |
| i | c Gain or (loss) 6,287,06 | 5. | | | | |
| | d Net gain or (loss) | <u>.,</u> , ▶ | 6,287,065. | | | 6,287,065. |
| REVENUE | 8a Gross income from fundraising events (not including \$ | 5 | | | | |
| 물 | of contributions reported on line 1c). | - | | Plant Line | | |
| ₹ | See Part IV, line 18 | a | 200 | | | |
| OTHER | b Less: direct expenses | Ь | | | 10.00 | . 1 |
| 5 | c Net income or (loss) from fundraising | | ent but. | The state of the s | 1154 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | - ' ' ' |
| | 9a Gross income from gaming activities See Part IV, line 19 | | | | | |
| ŀ | b Less: direct expenses | <u></u> | CAR TANK | LANGE TO S | | |
| | c Net income or (loss) from gaming act | indus . | L. Jania Elia Y Jawa L | (45) (45) (45) (45) | CALCARAGE TARE 1 | Lating 1 a Complete 1 |
| | | | 17-1 - 25 B-19-1-160-2 | 100 000 000 000 000 000 000 000 000 000 | - AV 9 X 250 X 25 - 100 X 10 | |
| | 10a Gross sales of inventory, less returns and allowances | a | | | | |
| - 1 | b Less: cost of goods sold | b | | | | |
| ļ | c Net income or (loss) from sales of inv | entory. | | | | |
| Ļ | Miscellaneous Revenue | Business Code | 1.12.3336 | 经企业等 197 | The state of the s | \$ 453 A |
| ŀ | 11a Support from WSU | 900099 | 4,658,652. | | | 4,658,652. |
| | b Advancement fees | 900099 | 4,266,555. | | | 4,266,555. |
| | c Other Endowment Income | 900099 | 557,358. | | | 557,358. |
| | d All other revenue | | 50.,000. | | | 337,336. |
| - 1 | e Total. Add lines 11a-11d | > | 9,482,565. | | | |
| - 1 | 12 Total revenue. See instructions | ▶ | 91,838,689. | 0. | | 17 600 355 |
| BAA | | | | L | 0. | 17,600,355. |
| J. 1/1 | • | TEE | 40109L 07/06/11 | | | Form 990 (2011) |

Partix 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 1 | not include amounts reported on lines 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 | 44,805,954. | 44,805,954. | | | | | |
| 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. | 35,000. | 35,000. | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 1,328,201. | 0. | 229,661. | 1,098,540. | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. | | | |
| 7 | Other salaries and wages | 2,501,184. | | 1,680,827. | 820,357. | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 222,059. | | 110,786. | 111,273. | | | |
| 9 | Other employee benefits | 424,107. | | 211,588. | 212,519. | | | |
| 10 | Payroll taxes | 247,167. | | 123,312. | 123,855. | | | |
| - 11 | Fees for services (non-employees) | | | | | | | |
| í | a Management | | | | | | | |
| ı | Legal · | 65,062. | | | 65,062. | | | |
| | Accounting . | 17,995. | | 17,995. | | | | |
| (| d Lobbying . | | | | | | | |
| | e Professional fundraising services. See Part IV, line 17 | 492,516. | THE SECTION OF Y | · 人名英格兰 | 492,516. | | | |
| 1 | Investment management fees. | 1,322,756. | | 1,322,756. | | | | |
| | g Other . | | | | | | | |
| 12 | Advertising and promotion . | | | | | | | |
| 13 | Office expenses | 698,544. | | 351,302. | 347,242. | | | |
| 14 | Information technology | 160,883. | | 160,883. | | | | |
| 15 | Royalties | | | | | | | |
| 16 | Occupancy | 72,042. | | 72,042. | | | | |
| 17 | Travel | 256,417. | | 26,528. | 229,889. | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | |
| 19 | Conferences, conventions, and meetings . | 304,775. | | | 304,775. | | | |
| 20 | Interest | . | | ļ | | | | |
| 21 | Payments to affiliates | | | | | | | |
| 22 | | 135,240. | | 135,240. | | | | |
| 23 | 177 71 77 | | | | | | | |
| | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | | | | |
| | Constituency Support | 1,394,205. | <u></u> | | 1,394,205. | | | |
| | b Pledge Allow. Uncollectible | 688,578. | | 688,578. | | | | |
| | c <u>Cultivation</u> | 253,834. | | | 253,834. | | | |
| | d Other Fees for services | 126,525. | | 126,525. | | | | |
| | e All other expenses Sch O pg6 | -59,758. | | 15,793. | -75,552. | | | |
| 25 26 | | 55,493,286. | 44,840,954. | 5,273,816. | 5,378,515. | | | |
| | SOP 98-2 (ASC 958-720) | | | | | | | |
| PA/ | | <u> </u> | | 1 · · · · · · · · · · · · · · · · | Form 990 (2011) | | | |

| | | | (A) Beginning of year | | (B) End of year |
|------------------|-----|---|--------------------------|---|------------------------|
| | 1 | Cash — non-interest-bearing | 3,089. | 1 | 740. |
| | 2 | Savings and temporary cash investments | 583,020. | 2 | 422,516. |
| | 3 | Pledges and grants receivable, net | 14,000,603. | 3 | 47,527,159. |
| | 4 | Accounts receivable, net | 7,431. | 4 | 7,431. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | :- | 6 | |
| A 5 5 T | 7 | Notes and loans receivable, net | 259,869. | 7 | 239,718. |
| 5 E | 8 | Inventories for sale or use | | 8 | |
| T S | 9 | Prepaid expenses and deferred charges | 62,751. | 9 | 21,539. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | ь | Less: accumulated depreciation 10b 969, 579. | 2,682,663. | 10 c | 2,612,766. |
| | 11 | Investments – publicly traded securities | 286,713,589. | 11 | 281,759,973. |
| | 12 | Investments – other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 53,234,457. | 15 | 49,851,117. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 357,547,472. | 16 | 382,442,959. |
| | 17 | Accounts payable and accrued expenses | 412,468. | 17 | 361,893. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | ····- |
| L, | 20 | Tax-exempt bond liabilities | | 20 | |
| A B | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | 19,047,597. | 21 | 18,223,866. |
| - - | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | ! |
| E | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| S | 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 | 17,106,732. | 25 | 15,584,064. |
| | 26 | Total liabilities. Add lines 17 through 25. | 36,566,797. | 26 | 34,169,823. |
| E T | | Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. | | | |
| S | 27 | Unrestricted net assets | 1,573,422. | 27 | 1,840,216. |
| Ĕ | 28 | Temporarily restricted net assets | 35,827,104. | 28 | 26,451,926. |
| 0 | 29 | Permanently restricted net assets | 283,580,149. | 29 | 319,980,994. |
| R | | Organizations that do not follow SFAS 117, check here ► ☐ and complete | | | |
| OZC | | lines 30 through 34. | | , " , " , " , " , " , " , " , " , " , " | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| 日本しる元し世の | 31 | Paid-in or capital surplus, or land, building, or equipment fund. | | 31 | |
| Ā | 32 | Retained earnings, endowment, accumulated income, or other funds | 200 000 000 | 32 | |
| Ē | 33 | Total net assets or fund balances | 320,980,675. | 33 | 348,273,136. |
| _ | 34 | Total liabilities and net assets/fund balances | 357,547,472. | 34 | 382,442,959. |
| BA | Ą | | | | Form 990 (2011) |

| <u> Form</u> | 990 (2011) Washington State University Foundation 91-10/5542 | | Page 12 |
|--------------|--|----------|---------------|
| Paj | Reconciliation of Net Assets | | |
| | Check if Schedule O contains a response to any question in this Part XI | <u> </u> | X |
| | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 91,838 | ••• |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 55,493 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | <u>5,403.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 20,980 | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) See .Schedule . 0 | -9,052 | 2,942. |
| 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 3 | 48,273 | 3,136. |
| Par | Financial Statements and Reporting | | |
| | Check if Schedule O contains a response to any question in this Part XII | · | \Box |
| 1 | Accounting method used to prepare the Form 990 | Y | es No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Х |
| c | If 'Yes' to line 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? | 2c | Х |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | |
| 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 | | |
| | Separate basis Consolidated basis X Both consolidated and separate basis | . Z. 3 | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | <u> x</u> |
| 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 | 3ь | |
| BAA | | Form 9 | 90 (2011) |

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545 0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

(B)

(C)

(D)

(E)

Total

4947(a)(1) nonexempt charitable trust.

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

91-1075542 Washington State University Foundation 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state X 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.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 Type III - Other Type III - Functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) 11 g (ii) A family member of a person described in (i) above? 11 g (iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ... h Provide the following information about the supported organization(s) (v) Did you notify (iv) is the organization in column (i) listed in your governing document? (vi) is the organization in column (i) organized in the (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of supported organization (I) EIN (vii) Amount of support e organization column (I) of your support? No No Yes Nο Yes Yes (A)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

H. Erry

Schedule A (Form 990 or 990 EZ) 2011 Washington State University Foundation 91-1075542 [Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Soc | tion A. Public Support | | | | | | |
|--|--|--|---|---|--|---|--------------------|
| | | | | | <u> </u> | | |
| begi | ndar year (or fiscał year nning 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.) | 48359039. | 40986054. | 29135326. | 41063976. | 74238334. | 233782729. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 . | 48359039. | 40986054. | 29135326. | 41063976. | 74238334. | 233782729. |
| 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 | | 2 | | | | |
| | shown on line 11, column (f) . | | · · · · · · · · · · · · · · · · · · · | · | 1 2 2 2 2 | · · · · · · · · · · · · · · · · · · · | 0. |
| | Public support. Subtract line 5 from line 4. | 12. | , | | | 3. 1 | 233782729. |
| Sec | tion B. Total Support | , | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | 48359039. | 40986054. | 29135326. | 41063976. | 74238334. | 233782729. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 6,053,772. | 2,701,297. | 2,054,936. | 2,414,231. | 1,830,725. | 15,054,961. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | • | 0. |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV. | 10900216. | 14711112. | 11035407. | 10687309. | 9,482,565. | 56,816,609. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 305654299. |
| 12 | Gross receipts from related activ | nties, etc (see ins | tructions) | | | . 12 | 0. |
| 13 | First five years. If the Form 990 organization, check this box and | is for the organiza | | nd, third, fourth, o | | | (3) |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | - | |
| | Public support percentage for 20 | | | | | . 14 | 76.49% |
| | Public support percentage from | | | | | 15 | 73.95% |
| 16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the 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 a 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 | | | | | | | |
| 17 a | 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. | | | | | | |
| | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the 'facts-a d-circumstances' l | and-circumstance test. The organiza | s' test, check this ation qualifies as | box and stop he i a publicly support | 'e. Explain in Parl ed organization | I IV how the ► |
| | Private foundation. If the organi | zation did not che | ck a box on line | 13, 16a, 16b, 17a | | | |
| BAA | | | | | Sc | hedule A (Form 9 | 90 or 990-EZ) 2011 |

Partill Support Schedule for Organizations Described in Section 509(a)(2)

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

| Sect | ion A. Public Support | | | | | | |
|--------|--|---------------------|-------------------------|--------------------|----------------------|--------------------|-------------|
| Calend | lar year (or fiscal yr beginning in) > | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | 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 | | | | | | |
| | 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 | | | | | | |
| | Total. Add lines 1 through 5 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 | | | | | | |
| | Public support (Subtract line 7c from line 6) | | | | | | |
| | tion B. Total Support | | , . <u></u> | | | | |
| Calen | dar year (or fiscal yr beginning in)► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 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.) | | | | | | |
| | Total support. (Add ins 9, 10c, 11, and 12) | | | | L | | |
| | First five years. If the Form 990 organization, check this box and | | | nd, third, fourth, | or fifth tax year as | a section 501(c)(| 3) ▶ □ |
| | tion C. Computation of Pu | | | | | | |
| 15 | Public support percentage for 2 | 011 (line 8, colum | n (f) divided by li | ne 13, column (f) | | . 15 | 8 |
| 16 | Public support percentage from | | | | <u> </u> | . 16 | ક્ષ |
| Sec | tion D. Computation of Inv | | | | | | |
| 17 | Investment income percentage | | | | ımn (f)) . | . 17 | 8 |
| 18 | Investment income percentage | | | | | . 18 | ક્ર |
| 19 a | 33-1/3% support tests - 2011. I | f the organization | did not check the | e box on line 14, | and line 15 is mor | e than 33-1/3%, a | ind line 17 |
| | is not more than 33-1/3%, check | k this box and sto | p here. The orga | nization qualifies | as a publicly supp | orted organization | ւ ►∐ |
| | 33-1/3% support tests — 2010. I line 18 is not more than 33-1/39 | | | | | | _ |
| 20 | Private foundation. If the organ | ization did not che | ck a box on line | 14, 19a, or 19b, | check this box and | see instructions | |

| Schedule A (Form 990 or 990-EZ) 2011 Washington State University Foundation 91-1075542 Page |
|--|
| Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
| Additional Explanation of Other Income |
| Other Income as a precentage of Revenues is comprised of: Advancement fee at 5.1%, |
| Support from Washington State University at 4.6% and Miscellaneous income at 0.6%. |
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

| _ : | section 501(c)(4), (5), or (6) of | rganizations: Complete Part III | | | |
|------|--|--|---|---|---|
| Name | of organization | | • | Employer identifica | ation number |
| | shington State Univ | | | 91-107554 | |
| Par | Complete if the or | rganization is exempt under section | on 501(c) or is a s | section 527 organiz | zation. |
| 1 | Provide a description of the | organization's direct and indirect political of | ampaign activities in | Part IV | |
| 2 | Political expenditures | | | ▶\$ | |
| 3 | Volunteer hours | | | | |
| Par | 祝唱 Complete if the or | rganization is exempt under section | on 501(c)(3). | | |
| 1 | Enter the amount of any exc | ise tax incurred by the organization under | section 4955 | ► \$ | 0 |
| 2 | Enter the amount of any exc | ise tax incurred by organization managers | under section 4955 | ► \$ | 0 |
| 3 | If the organization incurred a | section 4955 tax, did it file Form 4720 for | this year? | • | Yes No |
| 4 a | Was a correction made? | • | | | Yes No |
| b | if 'Yes,' describe in Part IV. | | | | |
| Par | 化協 Complete if the o i | rganization is exempt under section | on 501(c), excep | t section 501(c)(3). | |
| 1 | Enter the amount directly ex | pended by the filing organization for section | n 527 exempt functio | n activities. >\$ | |
| 2 | Enter the amount of the filing function activities | g organization's funds contributed to other | organizations for sec | tion 527 exempt ►\$ | |
| 3 | Total exempt function expen line 17b | ditures Add lines 1 and 2. Enter here and | on Form 1120-POL, | · ►\$ | |
| 4 | Did the filing organization file | e Form 1120-POL for this year? | | •• | . Yes No |
| | organization made payments amount of political contribution | and employer identification number (EIN) s. For each organization listed, enter the air ons received that were promptly and direct action committee (PAC). If additional spare | mount paid from the f to delivered to a sepa | filing organization's fund arate political organizati | ds. Also enter the ion, such as a separat |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds if none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

| Schedule C (Form 990 or 990-EZ) 20 | | | | 91-1075 | |
|---|---------------------------------------|---|--------------------------|----------------------------------|-----------------------------|
| Part II-A Complete if section 501 | | ı is exempt under se | ction 501(c)(3) an | d filed Form 5768 (ele | ction under |
| A Check ► if the fili | ng organization belo | ngs to an affiliated group | (and list in Part IV eac | ch affiliated group member' | s name, |
| address. | , EIN, expenses, and | d share of excess lobbying | expenditures) | | |
| B Check ► If the file | ng organization che | cked box A and 'limited co | ntrol' provisions apply | | |
| (The term | Limits on Lobby 'expenditures' mea | ing Expenditures ns amounts paid or incur | red.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expendit | ures to influence pu | blic opinion (grass roots lo | obbying) | | |
| b Total lobbying expendit | ures to influence a l | egislative body (direct lob | bying) | | |
| c Total lobbying expendit | ures (add lines 1a a | nd 1b) | | | |
| d Other exempt purpose | expenditures | | | | |
| e Total exempt purpose of | expenditures (add fir | nes 1c and 1d) . | | | |
| f Lobbying nontaxable ar both columns | mount Enter the am | ount from the following ta | ble in | | |
| If the amount on line 1e, co | lumn (a) or (b) is | The lobbying nontaxable a | mount is: | • | |
| Not over \$500,000 | | 20% of the amount on line 1e | | | √ 1 - 3a × 1 |
| Over \$500,000 but not over \$1 | ,000,000 | \$100,000 plus 15% of the excess | over \$500,000. | | \$ |
| Over \$1,000,000 but not over | \$1,500,000 | \$175,000 plus 10% of the excess | over \$1,000,000. | | ; , |
| Over \$1,500,000 but not over | \$17,000,000 | \$225,000 plus 5% of the excess | over \$1,500,000 | | |
| Over \$17,000,000 \$1,000,000. | | | | | |
| g Grassroots nontaxable | amount (enter 25% | of line 1f) | | | |
| h Subtract line 1g from li | ne 1a. If zero or less | s, enter -0- | | | |
| i Subtract line 1f from lin | ne 1c. If zero or less | , enter -0 | •• | | |
| j If there is an amount of section 4911 tax for this | ther than zero on eits year? | her line 1h or line 1i, did t | he organization file Fo | orm 4720 reporting | ☐Yes ☐No |
| (Som | ne organizations tha | 4-Year Averaging Period I t made a section 501(h) el s below. See the instructi | ection do not have to | complete all of the five gh 2f.) | |
| | Lobb | ying Expenditures During | 4-Year Averaging Pe | riod | |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | 200 200 77 200 |
| BAA | | | | Schedule C (Form | 990 or 990-EZ) 2011 |

Schedule C (Form 990 or 990 EZ) 2011 Washington State University Foundation 91-1075542

Partifi-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | | a) | (b) |
|---|----------------|----------------|--|
| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity | Yes | No | Amount |
| See Part IV 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | 44 | The state of the s |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements?. | | X | |
| f Grants to other organizations for lobbying purposes?. | X | | 12,650. |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | |
| i Other activities? | | X | |
| j Total Add lines 1c through 1 | 74 74 | | 12,650. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | 1 | ~ C | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | X | San and |
| Partill A. Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6). | (c)(5) | , or | |
| | | | Yes No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | 1 |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | . 2 |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3. |
| Bac 川路 Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' | c)(5) R (b) | , or s Part | ection III-A, line 3, is |
| | | - 1 | |
| Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | | |
| expenses for which the section 527(f) tax was paid). | | 3.3 | |
| a Current year | | _ 2a | |
| b Carryover from last year | | 2ь | |
| c Total | | 2с | ······································ |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | • | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditure next year? | | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | |
| Supplemental Information | | | |
| Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; PaAlso, complete this part for any additional information. | art II-A | ; and | Part II-B, line 1. |
| Part_II-BDescription_of Lobbying Activity | | | |
| Funds_given_to_Washington_State_University_for_Lobbying_activitie | s_ai | med | at |
| garnishing_continued_state_support_at_levels_that_would_allow_the | _ Uni | yer: | sity_to |
| achieve_its_objective | | - | |
| | | | |

SÇHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

2011

Open to Public

Employer (dentification number

| Wa: | shington State University Four | dation | İ | 91-1075542 | | | |
|--------|--|---|---|---|--|--|--|
| | 御窓 Organizations Maintaining Dono | | ilar Funds or Acco | | | | |
| 100,00 | the organization answered 'Yes' t | o Form 990, Part IV, line 6. | mai i anas or 7400. | Carros Complete ii | | | |
| | | (a) Donor advised funds | (b) F | unds and other accounts | | | |
| 1 | Total number at end of year | (3, 55.13. 55.7.1.13 | <u>\\</u> | orido dillo ottor decodifica | | | |
| 2 | Aggregate contributions to (during year) | | | | | | |
| 3 | Aggregate grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| | , | | | —————————————————————————————————————— | | | |
| 5 | 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? [] Yes [] No | | | | | | |
| 6 | Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beni | the benefit of the donor or donor advi | grant funds can be usor, or for any other | Yes No | | | |
| Pa | Conservation Easements. Comp | | ed 'Yes' to Form 9' | | | | |
| | Purpose(s) of conservation easements held b | | | 20, ; GICTY, IIIO 7. | | | |
| | Preservation of land for public use (e.g., | · · · · · · · · · · · · · · · · · · · | •• | ally important land area | | | |
| | Protection of natural habitat | ´ ⊢ `` | servation of a certified | • | | | |
| | Preservation of open space | | | motorie su dotore | | | |
| 2 | 123 | on held a qualified conservation conti | ribution in the form of a | e conservation easement on the | | | |
| | • | | COLOR H | leld at the End of the Tax Year | | | |
| | a Total number of conservation easements | | 2a | | | | |
| 1 | Total acreage restricted by conservation ease | ments | 2b | | | | |
| | c Number of conservation easements on a certified historic structure included in (a) | | | | | | |
| 4 | d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . 2d | | | | | | |
| 3 | Number of conservation easements modified, tax year ► | transferred, released, extinguished, o | or terminated by the or | ganization during the | | | |
| 4 | Number of states where property subject to co | onservation easement is located > | | | | | |
| 5 | Does the organization have a written policy re and enforcement of the conservation easeme | garding the periodic monitoring, inspira | ection, handling of viol | ations, Yes No | | | |
| 6 | Staff and volunteer hours devoted to monitori | ng, inspecting, and enforcing conserv | ation easements during | g the year | | | |
| 7 | Amount of expenses incurred in monitoring, ii ► \$ | nspecting, and enforcing conservation | easements during the | year | | | |
| 8 | Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the requirem | ents of section | Yes No | | | |
| 9 | In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements | s conservation easements in its revenue to the organization's financial stateme | and expense statement, ents that describes the | and balance sheet, and organization's accounting for | | | |
| Pa | Organizations Maintaining Colle Complete if the organization ans | ctions of Art, Historical Treas wered 'Yes' to Form 990, Part | ures, or Other Sin | nilar Assets. | | | |
| 1: | a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina | s held for public exhibition, education | i, or research in further | nt and balance sheet works of ance of public service, provide, | | | |
| I | b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items. | r SFAS 116 (ASC 958), to report in its ld for public exhibition, education, or | s revenue statement ar research in furtherance | nd balance sheet works of art, e of public service, provide the | | | |
| | (i) Revenues included in Form 990, Part VIII | line 1 | | ► \$ | | | |
| | (ii) Assets included in Form 990, Part X | | | ▶\$ | | | |
| | If the organization received or held works of a amounts required to be reported under SFAS | 116 (ASC 958) relating to these items | ar assets for financial g s: | gain, provide the following | | | |
| | a Revenues included in Form 990, Part VIII, line | e 1 | | •\$ | | | |
| 1 | Assets included in Form 990, Part X | | | ►S. | | | |

| Schedule D (Form 990) 2011 Wash: | | | | | 91-107 | | | Page 2 |
|---|--|--|--|--------------|--|------------------|---------------|---------------------|
| Part III Organizations Mainta | ining Collection | ons of Art, Histo | orical Treasu | res, or O | ther Similar Ass | ets (co | <u>ontinu</u> | ed) |
| 3 Using the organization's acquisition (check all that apply). | on, accession, an | d other records, ch | eck any of the f | following th | iat are a significant i | ise of its | collect | tion |
| a Public exhibition | | d Loan | or exchange pro | ograms | | | | |
| b Scholarly research | | e 🗌 Other | | | | | | |
| c Preservation for future gener | rations | _ | - | | | | | |
| 4 Provide a description of the orga Part XIV | | | | | | | | |
| 5 During the year, did the organiza assets to be sold to raise funds in | ition solicit or rece rather than to be r | eive donations of ar maintained as part | t, historical trea of the organizat | sures, or o | other similar | Yes | _ Г | No |
| Part IV Escrow and Custodia | l Arrangemen | ts. Complete if | the organizat | | | rm 990 | , Part | īV, |
| line 9, or reported an | amount on For | rm 990, Part X, | line 21. | | | | | |
| 1a Is the organization an agent, trus included on Form 990, Part X? | stee, custodian, oi | r other intermediary | for contribution | ns or other | assets not | X Yes | Γ | No |
| b If 'Yes,' explain the arrangement See Part XIV | in Part XIV and o | complete the follow | ing table | | | | | |
| | | | | | | Amount | | |
| c Beginning balance | • | • • | | | 1c | | 204 | 412 |
| d Additions during the year | • • | • | , , | | 1d | | | 413. |
| Distributions during the year Finding balance | • • | • • • • | | | 1e 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 204, | , <u>413.</u> 0. |
| 2a Did the organization include an a | mount on Form 9 | | | • | | X Yes | | No |
| b If 'Yes,' explain the arrangement | | See Part XIV | | | • • • • • • | VIEZ | L | TIMO |
| Part V Endowment Funds. Co | | | | to Form | 990 Part IV line | 10 | | |
| Tart V Endowment and 3. Oc | (a) Current year | (b) Prior yea | | years back | (d) Three years back | | our years | c back |
| 1 a Beginning of year balance | 286,713,59 | | | 15,063. | 285, 355, 432 | | our years |) Dack |
| b Contributions. | 10,752,44 | | | 82,136. | 15,217,814 | | | |
| | 207732711 | 9. 13,000,0 | ,03. 13,0 | 02,130. | 13,217,014 | ┧ | | |
| c Net investment earnings, gains, and losses | -905,67 | 8. 46,139,1 | .08. 19,8 | 44,572. | -59,612,049 | | | |
| d Grants or scholarships | | | | | | | | |
| e Other expenditures for facilities and programs | 14,800,38 | 4. 15,580,7 | 43. 16,0 | 53,228. | 17,946,134 | . | | |
| f Administrative expenses | 201 750 07 | 2 206 712 5 | 01 040 4 | 00 542 | 202 015 062 | | 1 | |
| g End of year balance . | | 3. 286,713,5 | | | | <u>.L</u> | | : |
| 2 Provide the estimated percentag | _ | • | ne ig, column (a | a)) held as. | • | | | |
| a Board designated or quasi-endov b Permanent endowment ▶ | 94.00% | 6.00 % | | | | | | |
| c Temporarily restricted endowmen | | 9- | | | | | | |
| The percentages in lines 2a, 2b, | | o | | | | | | |
| • | • | | | | | | | |
| 3a Are there endowment funds not organization by. | in the possession | of the organization | that are held a | nd adminis | tered for the | Г | Yes | No |
| (i) unrelated organizations | | | • | | | 3a(i) | | X |
| (ii) related organizations | • | ÷ | | | | 3a(ii) | | X |
| b If 'Yes' to 3a(ii), are the related of | organizations liste | d as required on Si | chedule R? | | | 3b | | |
| 4 Describe in Part XIV the intender | | | | | XIV | | | |
| Part VI Land, Buildings, and | Equipment. Se | ee Form 990, Pa | art X, line 10 | · | | | | |
| Description of property | (a) (| Cost or other basis (investment) | (b) Cost or o basis (othe | other er) | (c) Accumulated depreciation | (d) E | Book va | lue |
| 1a Land | | 2,137,500. | | | | 2 | ,137, | 500. |
| b Buildings . | | | | | | | | |
| c Leasehold improvements. | <u> </u> | | | 868. | 13,426. | | | 442. |
| d Equipment | | | | 157. | 348,117. | | | 040. |
| e Other | | | 1,034, | | 608,036. | | | 784. |
| Total. Add lines 1a through 1e. (Colum | nn (d) must equal | Form 990, Part X, | column (B), line | = 10(c).) | ▶ | | | 766. |
| BAA | | | | | Sched | lule D (F | orm 99 | 0) 2011 |

| Schedule D (Form 990) 2011 Washington State (| Jniversity Foun | dation | 91-1075542 | Page 3 |
|--|--------------------------|---------------------|--|---|
| Part VII Investments - Other Securities. See | Form 990, Part X, | line 12. N/A | | |
| (a) Description of security or category (including name of security) | (b) Book value | Cos | (c) Method of valuation. st or end-of-year market value | |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (P) | | | | |
| (E) | | | | |
| <u>(F)</u> | | | | |
| (G) | | | | |
| (H) | | | | |
| _() | | | | |
| Total. (Column (b) must equal Form 990 Part X, column (B) line 12). | | | | |
| Part VIII Investments - Program Related. See | Form 990, Part X, | line 13. N | /A | |
| (a) Description of investment type | (b) Book value | | (c) Method of valuation. | |
| | | Cos | st or end-of-year market value | |
| _(1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | · · · · · · · · · · · · · · · · · · · | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) | | | | |
| Part IX Other Assets. See Form 990, Part X, | | | | |
| | scription | | | ook value |
| (1) Beneficial int in Perpetual Trust | <u></u> | ··· | | <u>340,445.</u> |
| (2) Contributions recv from Trust | | - | | <u>743,775.</u> |
| (3) Due from Washington State Uni | | | | 251,260. |
| (4) Trust Assets | | | 30, | <u>515,637.</u> |
| (5) | | | | |
| (6) | | | | |
| | | | | |
| (8) | ··· | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (l | | | ▶ 49, | 851,117. |
| Part X: Other Liabilities. See Form 990, Part 2 | X, line 25. | | | |
| (a) Description of liability | (b) Book value | , A | 75 | 4.5 |
| (1) Federal income taxes | | | ing the second of the second o | 48380 10 6840 |
| (2) Annuities Payable | 2,751,25 | <u>0.</u> | ** | The Control of |
| (3) Remainder Interest payable | 12,832,81 | 4. | | 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (4) | | | 食がれ こうしゅう かし | و آلوائه |
| (5) | | | X | 1 |
| (6) | | | | . 4 |
| (7) | | 1 1 1 1 1 1 | | ************************************** |
| (8) | | | Tagether to the | , <u></u> , . ! |
| (9) | | | 60 0 | -1 , * |
| (10) | | | | · * * i |
| (11) | | | • | • |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | ▶ 15,584,06 | 4. | | |
| 2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text | of the footpote to the o | rganization's finan | cial statements that reports the | |
| organization's liability for uncertain tax positions under FIN | 48 (ASC 740). | | See Part XIV | |

| Schedule D (Form 990) 2011 Washington State University Foundation | 91-1075542 Page 4 | | | | | |
|--|--|--|--|--|--|--|
| Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | | | | | |
| 1 Total revenue (Form 990, Part VIII, column (A), line 12) | 91,838,689. | | | | | |
| 2 Total expenses (Form 990, Part IX, column (A), linc 25) | 55, 493, 286. | | | | | |
| 3 Excess or (deficit) for the year Subtract line 2 from line 1 | 36,345,403. | | | | | |
| 4 Net unrealized gains (losses) on investments | -8,763,161. | | | | | |
| 5 Donated services and use of facilities. | | | | | | |
| 6 Investment expenses | 1,322,756. | | | | | |
| 7 Prior period adjustments | | | | | | |
| 8 Other (Describe in Part XIV) . See .Part XIV | -1,612,537. | | | | | |
| 9 Total adjustments (net) Add lines 4 through 8 | -9,052,942. | | | | | |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 27,292,461. | | | | | |
| Reconciliation of Revenue per Audited Financial Statements With Revenue pe | | | | | | |
| 1 Total revenue, gains, and other support per audited financial statements | . 1 81,463,839. | | | | | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | | | | | |
| a Net unrealized gains on investments . 2a -8,763,10 | 61. | | | | | |
| b Donated services and use of facilities | | | | | | |
| c Recoveries of prior year grants | | | | | | |
| d Other (Describe in Part XIV.) See Part XIV . 2d -1,611,68 | 89. | | | | | |
| e Add lines 2a through 2d | 2e -10,374,850. | | | | | |
| 3 Subtract line 2e from line 1 | 3 91,838,689. | | | | | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 2014 | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | | | | |
| b Other (Describe in Part XIV) | | | | | | |
| c Add lines 4a and 4b | . 4c | | | | | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | . 5 91,838,689. | | | | | |
| Reconciliation of Expenses per Audited Financial Statements With Expenses | | | | | | |
| 1 Total expenses and losses per audited financial statements | 1 54,171,378. | | | | | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | 3 43 | | | | | |
| a Donated services and use of facilities | | | | | | |
| b Prior year adjustments 2b | | | | | | |
| c Other losses | | | | | | |
| d Other (Describe in Part XIV) See Part XIV 2d 8 | 48. | | | | | |
| e Add lines 2a through 2d. | 2e 848. | | | | | |
| 3 Subtract line 2e from line 1 | 3 54,170,530. | | | | | |
| 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 1,322,75 | 56. | | | | | |
| b Other (Describe in Part XIV) | | | | | | |
| c Add lines 4a and 4b | 4c 1,322,756. | | | | | |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 55,493,286. | | | | | |
| Pag XIV Supplemental Information | | | | | | |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part XIII, lines 2d and 4b Also complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4, Part X, line 2, Part XII, lines 2d and 4b Also complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part X, line 8, Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part XIII, lines 2d and 4b Also complete this part XIII, lines 2d and 4b Also complete thi | rt IV, lines 1b and 2b, | | | | | |
| any additional information | piete triis part to provide | | | | | |
| | | | | | | |
| Part IV, Line 1b - Contributions Or Other Assets Not Included on B/S | | | | | | |
| | | | | | | |
| Donations received on behalf of Ruckelshaus Center Foundation, a re | elated | | | | | |
| | | | | | | |
| organization, are turned over to the Center in the same fiscal year | : | | | | | |
| | | | | | | |
| | | | | | | |
| Part_IV, Line 2b - Explanation Of Escrow Account Liability | | | | | | |
| | | | | | | |
| Assets held for other organizations - These consist of funds the | Assets held for other organizations - These consist of funds the Foundation is | | | | | |
| - | Ecundation is | | | | | |
| holding for University related entities and activities. The Founda | | | | | | |

| Schedule D (Form 990) 2011 Washington State University Foundation Part No. Supplemental Information (continued) | 91-1075542 | Page 5 |
|--|---------------------------|------------|
| Part IV, Line 2b - Explanation Of Escrow Account Liability (continued) | | |
| these project funds as a service to the University and its comm | nunity. The variou | <u> 18</u> |
| organizations can request distribution of their funds at any ti | ime | |
| - Assets held in endowments for Washington State University - 1 | [hese_result_from] | |
| colleges and departments investing expendable gifts totaling \$1 | 100,000 or more wi | thin |
| the Foundation's consolidated endowment. They may withdraw fund | ls in full or in | |
| \$50,000 increments upon six months notice. The assets held for | Others and WSU ar | <u>:e</u> |
| reported as a liability. | · | |
| Part V, Line 4 - Intended Uses Of Endowment Fund | | |
| The funds, or income from the funds, are distributed to the Uni | iversity in keepin | ıg |
| with the mission of the Foundation to support programs such as | <u>undergraduate</u> | |
| scholarships, graduate_fellowships, distinguished_professorship | os, <u>chairs, resear</u> | <u>ch</u> |
| libraries, operational support, and facilities | | |
| Part X - FIN 48 Footnote | | |
| Note 1 -Summary of Significant Accounting Policies | | |
| | | - |
| Management evaluated the Foundation's tax positions and conclude | led that the | |
| Foundation had taken no uncertain tax positions that require ac | ljustment to the | |
| financial statements to comply with provisions of FASB guidance | on this subject. | |
| With few exceptions, the Foundation is no longer subject to inc | come tax examinati | lons |
| by tax authorities before 2009. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule F

Statement of Activities Outside the United States

201

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. See separate instructions.

2011 Open to Public Inspection

OMB No. 1545 0047

Name of the organization

Employer identification number

| | igeon state university roundation | 191-10/5542 |
|--------|--|---|
| Part I | General Information on Activities Outside the United State | es. Complete if the organization answered 'Yes' |
| | to Form 990, Part IV, line 14b. | , , , , , , , , , , , , , , , , , , , |

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

| 3 Activities per Region (The | following Part I, | line 3 table can b | e duplicated if additional space | e is needed) | |
|----------------------------------|-------------------------------------|---|---|--|---|
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region Pt V |
| East Asia and | | | Fundraising | | |
| (1) the Pacific | | | activities | N/A | 0. |
| Europe/Iceland/ | | | Fundraising | | |
| (2) Greenland | | | activities | N/A | 0. |
| CentralAmerica/ | | • | Fundraising | | |
| (3) Carribean | | | activities | N/A | 0. |
| North America | | | Fundraising | | |
| (4) (not US) | | | activities | N/A | 0. |
| Sub-Saharan | | | Fundraising | | |
| (5) Africa | | | activities | N/A | 0. |
| | | | Fundraising | | |
| (6) South Asia | | | activities | N/A | 0. |
| Europe/Iceland/ | | | | Invst @ | |
| (7) Greenland | | | Investment | BookValue | 15,000,000. |
| (8) | | | | | |
| <u>(9)</u> | | | | | |
| (11) | | | | | |
| (12) | ļ <u></u> | | | | |
| (13) | | | | | · |
| (14) | - | | | | |
| (15) | - | | | | |
| (16) | | | | | |
| (17) | 1 | | | | |
| 3a Sub-total | | | The Secretary Secretary | 5: 5 54 2 5 8 54 | 15,000,000. |
| b Total from continuation | | | 2. 文章 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 10 1 10 1 10 10 10 10 10 10 10 10 10 10 | 13,000,000. |
| sheets to Part I. | | | | | |

Washington State University Foundation Schedule F (Form 990) 2011

Page 2

91-1075542

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

| 1 (a | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (j) Method of valuation (book FMV. appraisal, other) |
|------------------------|---|---|--|----------------------|--------------------------|---------------------------------------|---|--|---|
| € | | | S-Sahara Africa | Rables study | 35, 000. | Wire | | | |
| 8 | | | | | | | | | |
| 9 6 | | | | | | | | | |
| € € | | | | | | | | | |
| 9 | | | | | | | | | |
| 9 | | | | | | | | | |
| 6 | | | | | | | | | |
| 6 | | | | | | | | | |
| 6 | | | | | | | | | |
| (18) | | | | | | | | | |
| (1) | | | | | i i | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| 2 Enter to the gran | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as lax-exempt by the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | zations listed above the section 501(c)(3) equals | hat are recognized uivalency letter | as charities by th | ne foreign country, | recognized as tax | exempt by the IR | S or for which | 1 |
| 3 Enter to | Enter total number of other organizations or entities | ons or entities | | | | | | A | 0 |
| BAA | | | | | | | | Schedule F | Schedule F (Form 990) 2011 |

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Schedule F (Form 990) 2011 Washington State University Foundation

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| מונול, וווכ וסיו מור ווי כם | מוניוו כמון טב מתחווכמוכת וו מתחוונטוומו שלמכם וא ווכבתכם. | יחוווחוומו אחמרב | is liceded. | | | | |
|---------------------------------|--|-----------------------------|--------------------------|---------------------------------------|-----------------------------------|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (c) | | | | | | | |
| (2) | • | | | | | | |
| (3) | | | | | | | |
| (4) | • | | | | | | |
| (5) | | | | | | | |
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| σ | | | | | | | |
| (8) | | | | | | | |
| (6) | | | - | | | | |
| (10) | | - | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | , | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | ; | | | |
| ВАА | | | TEC 435031 05/25/11 | | | Schedule F | Schedule F (Form 990) 2011 |

| BAA | TEEA3505L 01/17/12 | Schedule F (F | orm 990) 2011 |
|------|---|--------------------|---------------|
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865). | . Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualifie electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | d □Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certa Foreign Corporations (see Instructions for Form 5471) | n Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520. Annual Return To Report Transactions with Foreign Trusts and Receipt of Certa Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | e in . []Yes | X No |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| Pat | Foreign Forms | | |
| Sche | edule F (Form 990) 2011 Washington State University Foundation 91 | -1075542 | Page 4 |

| Schedule F (Form 990) 2011 W | ashington State | e University | Foundation | 91-1075542 | Page 5 |
|---|--|---|--|---|------------------------------|
| Pañ () Supplemental In Complete this pa 3, column (f) (ac (accounting meth recipients), as a | formation art to provide the incounting method; a hod), Part III (accordingle) | formation requir amounts of inves unting method); plete this part to | ed by Part I, line 2 stments vs expendi and Part III, colum o provide any addit | (monitoring of funds); Part tures per region); Part II, Iir n (c) (estimated number of ional information (see instru | I, line ne I uctions). |
| Part I, Line 3f - Invest | <u>ments & Expenditu</u> | res Per Region | | | |
| <u>The diversified e</u> | ndowment portfo | olio_includes | <u>investments w</u> | ith a company legally | |
| domiciled in the | <u>United Kingdom</u> | <u>The investm</u> | ents are record | ded at book value - | |
| \$15,000,000 | | - | | · | |
| Part II, Line 1 - Addition | onal Supplemental | Information | | · | |
| The Foundation di | d_not_make_any | <u>grants to en</u> | <u>tities outside</u> | of the United States | |
| However, some of | the revenues g | Lven_to_Washi | ngton State Un | iversity were used to | <u>fund</u> |
| <u>overseas projects</u> | | | | | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2011

One to Public Virispection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

| Name (| of the organization | | | | . <u>.</u> | | Employer identifica | tion number |
|------------|--|---|--|----------------------------|---|-------------|---|------------------------------------|
| Was | hington State Universi | ity Founda | tion | | | | 91-107554 | 2 |
| Par | Fundraising Activities. Comp Form 990-EZ filers are not rec | lete if the organ | nization ar ete this pa | nswered 'Y | es' to Form 990, Part I | V, line 1 | 7. | |
| 1 | Indicate whether the organization | raised funds thi | rough any | of the foll | owing activities Check | all that | apply | |
| а | X Mail solicitations | | | е | X Solicitation of non- | governm | nent grants | |
| b | X Internet and email solicitations | 5 | | f | Solicitation of gove | | | |
| С | X Phone solicitations | | | σ | Special fundraising | | . | |
| | X In-person solicitations | | | 9 | | 0,0,110 | | |
| | Did the organization have a written employees listed in Form 990, Pai | n or oral agreer rt VII) or entity (| ment with | any individion with p | dual (including officers, rofessional fundraising | directors | s, trustees or k | ey XYes No |
| b | If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the | idividuals or ent ne organization | tities (fund | traisers) p | ursuant to agreements | under w | hich the fundra | iser is to be |
| (i) | Name and address of individual | (ii) Activity | | fundraiser | (iv) Gross receipts | (v) An | nount paid to | (vi) Amount paid to |
| | or entity (fundraiser) | | | ty or control ibutions? | from activity | fundra | etained by) aiser listed in olumn (i) | (or retained by) organization |
| | - | | Yes | No | | •••• | | |
| 7 | RuffaloCody P O BOx 3018 | Solicitati | | | | | | |
| ' | CedarRapid IA 52406 | on | | Х | 1,169,345. | | 458,400 | 710,945. |
| 2 | Marts&Lundy Inc 1200 W | Advisors | | х | | | 32,825. | |
| | | 11012020 | | | | | 00,000. | |
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| 9 | | | | | | | | |
| 10 | | | | | | | | |
| | | <u> </u> | | <u>'</u> | 1 160 245 | | 401 005 | 710 045 |
| Total 3 | List all states in which the organiz | ation is register | red or lice | nsed to so | 1,169,345. Discit contributions or ha | s been r | 491,225. notified it is exe | 710,945. empt from registration |
| | AL AK AZ AR CA CO CT | DE FT. CA I | ו מד דו | T. TN T | A KS KY IA ME | мт ма | MT MN TM | MO MT NF NV |
| | NH NJ NM NY NC ND OH | | | | | | | |
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| | | G (Form 990 or 990-EZ) 2011 Washing | | | | |
|-----------------|----------|--|---|---|---|--|
| Par | | Fundraising Events. Complete if the more than \$15,000 of fundraising | the organization ar event contribution | nswered 'Yes' to Fo s and gross income | rm 990, Part IV, lir on Form 990-EZ. | ne 18, or reported lines 1 and 6b. |
| | | List events with gross receipts gre | eater than \$5,000. | | | |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add column (a) through column (c)) |
| R | | | (event type) | (event type) | (total number) | through column (c)) |
| 兄 コートリー | 1 | Gross receipts | | | | |
| Ę | | | | | | |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| D | 5 | Noncash prizes | | | | |
| D-RECT | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | · · · · · · · · · · · · · · · · · · · | | | |
| EXPESSES. | 8 | Entertainment | | | | |
| 2 2 | 9 | Other direct expenses | | | | |
| Š | 10 | Direct expense summary Add lines 4 thr | rough 9 in column (d) | | | |
| | 11 | Net income summary. Combine line 3, co | olumn (d), and line 10 | | | |
| Rai | EUL | Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a. | ation answered 'Ye | s' to Form 990, Par | t IV, line 19, or rep | orted more than |
| | Γ | \$15,000 on Form 990-E2, line oa. | | | | 4 B T 4 4 |
| R | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Otner gaming | (d) Total gaming (add column (a) through column (c)) |
| REVENUE | | | | billigo | | through column (c)) |
| Ē | 1 | Gross revenue | | | | |
| - | | | | | | |
| D X | | Cash prizes | | | | |
| DIRECT | 3 | Non-cash prizes . | | | | |
| C S T E S | 4 | Rent/facility costs . | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% | Yes% | Yes% | |
| | | volumeer labor | ПТио | 11 110 | Щ | |
| | 7 | Direct expense summary. Add lines 2 the | rough 5 in column (d). | • | • | |
| | 8 | Net gaming income summary Combine | lines 1, column (d) and | d line 7. | | |
| • | - | han the state (a) in which the series indicate | | ••• | | |
| | | ter the state(s) in which the organization o the organization licensed to operate gamin | | | | Yes No |
| ! | b If 'N | No, 'explain: | | | | |
| | | | | | | |
| | | re any of the organization's gaming licens | | | | Yes No |
| ! | ו זו פו | Yes,' explain: | | | | |
| | | | | | Caballa Ca | |
| BAA | 4 | | TEEA3702L | 01/24/12 | Scheaule G (Fo | rm 990 or 990-EZ) 2011 |

| Schedule G (Form 990 or 990-EZ) 201 | i wasiiington st | ace university roun | action | 91-10/5542 | Page 3 |
|---|----------------------------|--|----------------------|---------------------------------------|-------------|
| 11 Does the organization operate ga | aming activities with nor | nmembers? | | . Yes | No |
| 12 Is the organization a grantor, ber administer charitable gaming? | neficiary or trustee of a | trust or a member of a partner | rship or other entit | ty formed to Yes | No |
| 13 Indicate the percentage of gamin | ig activity operated in | | | 1 1 | |
| a The organization's facility | • | | | . 13a | ક્ષ |
| b An outside facility | | | | 13Ъ | - % |
| 14 Enter the name and address of t | he person who prepares | s the organization's gaming/sp | ecial events books | s and records | |
| Name • | | | | | |
| Address ► | · | | | | |
| 15a Does the organization have a cor | ntact with a third party f | rom whom the organization re | ceives gaming rev | renue? Yes | No |
| b If 'Yes,' enter the amount of gam | | | | | |
| of gaming revenue retained by the | ne third party > \$ | , | | | |
| c If 'Yes,' enter name and address | | | | | |
| Name > | | | | · | |
| Address ► | | | | | į |
| 16 Gaming manager information: | | | | | |
| Name | | | | | |
| Gaming manager compensation | • \$ | ~ ~ ~ - | | | |
| Description of services provided | - | | | | |
| Director/officer | Employee | Independent cont | tractor | | |
| 17 Mandatory distributions | | | | | |
| a Is the organization required under | er state law to make cha | aritable distributions from the g | jaming proceeds to | o retain the | — |
| state gaming license? b Enter the amount of distributions | required under state la | w to be distributed to other ex | emot organization | Yes | ∐ No |
| organization's own exempt activi | · | | cript organization. | 3 or spent in the | |
| Partive Supplemental Inform | ation. Complete the | s part to provide the exp | lanations requi | ired by Part I, line | 2b. |
| columns (iii) and (v), | and Part III, lines 9 |), 9b, 10b, 15b, 15c, 16, lation (see instructions). | and 17b, as ap | plicable. Also com | plete |
| Part I, Line 2b - Fundraise | | | | · · · · · · · · · · · · · · · · · · · | |
| Per the agreements wi | | | the Foundat: | ion paid both f | ees |
| for services and expe | | | | | |
| itemized invoices. T | | | | | |
| RuffaloCody: \$20,730. | 00 | | | | |
| <u>Marts & Lundy: \$2,615</u> | .00 | | | | |
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| | | | | | |
| ВАА | | TEEA3703L 05/20/11 | Scher | dule G (Form 990 or 99 | 0-EZ) 2011 |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Washington State University Foundation

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

CMB No. 1545-0047,

Employer identification number 91-1075542

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

Attatch to Form 990.

| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | ds to substantiate the he grants or assistand | amount of the graine? | nts or assistance, the g | rantees' eligibility for th | e grants or assistanc | e, and | X Yes No |
|---|--|----------------------------------|--|-----------------------------------|--|--|------------------------------------|
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | s procedures for moni | | ant funds in the United | States. See Part IV | rt IV | | |
| Dariel Grants and Other Assistance to Governments | nce to Governme | | and Organizations in the United States. Complete if the organization answered 'Yes' to | ed States. Complet | e if the organizat | ion answered 'Ye | ss' to |
| Form 990, Part IV, line 21 for any recipient that | for any recipient | | received more than \$5,000. Check this box if no one recipient received more than \$5,000. | heck this box if no | one recipient rec | eived more than | \$5,000. |
| Part II can be duplicated if additional space is needed | additional space | ıs needed | | | | | A |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non cash assistance | (f) Method of valuation (book, FMV appraisal, other) | (g) Description of non cash assistance | (h) Purpose of grant or assistance |
| Washington State University | | | | | Cost, FMV&appras | | Fullfill mission of the |
| Pullman, WA 99164 | 91-6001108 501 | 501 (c) (3) | 41,795,070. | 3,010,884. | ials | See Part IV | Foundation |
| (2) | | | | | | | |
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| (3) | | | | | | | |
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| (8) | | | | | | - | |
| | | | | | | | |
| | (3) and government or | ganizations listed i | n the line 1 table | • | | | - → - |
| 3 Enter total number of other organizations listed in the line 1 table | tions listed in the line | 1 table | | | | | 7 |
| BAA For Paperwork Reduction Act Notice, see the Instructions for | e, see the Instructions | s for Form 990. | | TEEA3901L 06/01/11 | 06/01/11 | Schedul | Schedule I (Form 990) (2011) |

Washington State University Foundation

Page 2 Schedule I (Form 990) (2011) Washington State University Foundation

91-1075542

Part III can be duplicated if additional space is needed.

| | - | | | | |
|--|---|---|--------------------------------------|--|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of vakation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
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| £. | | | | | |
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| 7 | | | | | |
| Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. | lete this part to p ng Use of Grants | t to provide the information to be informational transfer of the second | tion required in Par | t I, line 2, and any othe | r additional information. |
| Distributions to WSU are used in accordance with the contract or Gift Use Agreement | in accordance | with the contr | act or Gift Use | Agreement | |
| between the Foundation and the donor. Both WSU and the Foundation retain a copy of | donor. Both | WSU and the Fo | vundation retain | a copy of | |
| the contract. Gifts that do not require a formal contract with the donor are | ot require a f | ormal contract | with the dono | c are | |
| deposited, by the Foundation, to the WSU program account specified by the donor. The | to the WSU pro | gram account s | pecified by the | donor. The | |
| Foundation accesses WSU's accounting system to process | unting system | | and review distributions | outions. | |
| Part IV - Additional Supplemental Information | mation | | | 1 | |
| Column G - Description of non-cash assistance | cash assistanc | | | | |
| Art, Books and Publications, Clothing and Household goods, Collectibles, | lothing and Ho | usehold goods, | Collectibles, | Food, | |
| Taxidermy, Scientific specimens, Animals and feed, Equipment and Miscellaneous | s, Animals and | feed, Equipme | nt and Miscella | neons | 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| items. | | | | | |

BAA

Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

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

2011

nen to Public

Department of the Treasury Internal Revenue Service Name of the organization

Washington State University Foundation

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990.
► See separate instructions.

Open to Public Inspection

Employer identification number

91-1075542

| Par | t I Questions Regarding Compensation | | | |
|-----|---|--------------|--------------------|----------|
| | | | Yes | No |
| 1 a | 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 | | | |
| | First-class or charter travel Housing allowance or residence for personal use |] | | 1. |
| | Travel for companions Payments for business use of personal residence |] | ĺ | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | ١. | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | 1 | |] |
| | | | | |
| t | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. | 1 b | | |
| 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 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III | | | |
| | X Compensation committee X Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | 1 . |
| | X Form 990 of other organizations X Approval by the board or compensation committee | `, | ٠.۶ | |
| ŧ | 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4a 4b | | X |
| • | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | - | • ``````````\``\`\ | 1.3 |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | 100 |
| 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: | 4 | | |
| | a The organization? | <u>5a</u> | | X |
| ŧ | b Any related organization? | 5 b | 100 00 | X |
| _ | If 'Yes' to line 5a or 5b, describe in Part III | 1 | | 緣 |
| 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: | انوار سست | | *** |
| | a The organization? | 6a | | <u> </u> |
| ı | b Any related organization? | 6b | | X |
| | If 'Yes' to line 6a or 6b, describe in Part III | | 122 | |
| 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 | | x |
| 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 Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III | 8 | | х |
| 9 | If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

Page 2

Schedule J (Form 990) 2011 Washington State University Foundation

Battle Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual

| | | (B) Breakdown o | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|------------------|------|---|--|---|---|-------------------|---|---|
| (A) Name | | (l) Base compensation | (ii) Bonus and incentive compensation | (iii) Other reportable compensation | other deterred compensation | benefits | (B)(ı)·(D) | reported as deferred in prior Form 990 |
| Hermanson, Mark | Θ | 140,222. | 0 | 0 | 14, 325. | 10,200. | 164,747. | |
| 1 | (ii) | | 0 | | | | 0 | |
| Harvey, Kevin | ω | 132,107. | 0 | 0 = = = = = = = = = = = = = = = = = = = | 10,016. | 10,200. | 152,323. | 0 |
| 2 | € | | | 0 | | | | - 1 |
| Connell, Michael | ⊜ | 132,021. | 0 | 0. | 10,016. | 10,200 | 152,237. | 0. |
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| BAA | | | | TEEA4102L 01 | 01/24/12 | | Jaune | Schedule J (Form 990) 2011 |

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011
2010
2011

Department of the Treasury Internal Revenue Service

(9) (10)

Name of the organization Employer identification number Washington State University Foundation 91-1075542 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1)(2)(3) (4)(5) (6) 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶\$ Partill Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (f) Approved by board or committee? (d) Balance due (g) Written agreement? Τo From Yes No Yes No Yes No (1)(2) (3) (4)(5) (6) (7) (8) (9) (10)Total. **►** \$ Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27, (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance (1) (2)(3) (4) (5) (6) (7) (8)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

| Schedule | L (Form 990 or 990-EZ) 2011 Wash: | ington State Uni | versity Foundat | 91-1075542 | P | age 2 |
|--------------------------|---|---|----------------------------|--------------------------------|-----------------------------|-------------------------------|
| PaftiN | Business Transactions Invol Complete if the organization answere | lving Interested Per | SONS. | | | |
| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Arnount of transaction | (d) Description of transaction | (e) Sha organiz rever | aring of ration s nues? |
| | | | | | Yes | No |
| | Duane Brelsford | Board Member | 279,057. | Lease of Office space | | X |
| (2) (3) | | | | | - | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| <u>(7)</u> | | | | | | |
| <u>(8)</u> <u>(9)</u> | | | | | | |
| (10) | | | | | | <u> </u> |
| Rafi V | Supplemental Information Complete this part to provide additiona | ıl ınformation for responsı | es to questions on Sched | ule L (see instructions). | | |
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SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

2011

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Washington State University Foundation

Employer identification number

91-1075542

Part Types of Property (b) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g 1 Art - Works of art Х 22 30,147. Expert Opinion Art - Historical treasures Art - Fractional interests Books and publications ... Х 16,965. **FMV** X 5 Clothing and household goods 13,187. FMV Cars and other vehicles . 7 Boats and planes 8 Intellectual property. 9 Х 2,128,452. FMV Securities - Publicly traded. . 61 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential. Real estate - Commercial . . . 17 Real estate - Other Collectibles 44,800. Expert Opinion 18 X Food inventory 26 28,380. Cost 19 20 Drugs and medical supplies 21 Taxidermy ... Х 1 636. FMV Historical artifacts X 23 Scientific specimens 7,557. Expert Opinion 24 Archeological artifacts 25 Other ► (Animal & Feed 59 97,954. See Part II Other ► (Equipment 26 34 707,392. FMV 27 Other ► (Miscellaneous X 235 104,772. FMV 28 Other ►

| During the year, did the organization receive by contributed for at least three years from the date of the initial | utio: | n ang tribu | y prope tion, an | erty reported in and which is not | Part I | , lines ed to b | 1-28 that it e used for | must exemp |
|--|-------|----------------|---------------------|--------------------------------------|--------|--------------------|----------------------------|---------------|
| purposes for the entire holding period? | | | - | • | | | | |

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?

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

See Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

| | Yes | No |
|------|----------|----------|
| | | |
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| 31 | X | |
| 32 a | Х | |
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2011

| Schedule M (Form 990) 2011 | Washington S | tate Universi | ty Foundation | 91-107554 | 2 Page 2 |
|---------------------------------|----------------------|-----------------------|---------------------------|-------------------------|--------------|
| Supplemental Ir and 33, and who | ether the organiz | ation is reporting | in Part I, column (b), | the number of contribu | itions, the |
| number of items | received, or a c | ombination of bot | n. Also complete this | part for any additional | information. |
| <u>Part I, Line 32 - Hire</u> | and Use of Thir | d Parties | | | |
| Noncash qifts, q | <u>other than st</u> | ock, are gener | ally given to th | e_UniversitySto | ock_qifts |
| are_sold_by_brol | <u>kerage firms</u> | and the procee | e <u>ds are forwarded</u> | to the Foundation | 1 |
| Schedule M - Additi | ional Information |) | | | |
| | | | | | |
| | | | | | |
| A minimal_value | _of_approxima | tely \$1.00 is | assigned to anim | als who failed/dic | <u>not</u> |
| have a medical | exam_and_thos | e of advance J | <u>ear. The fair ma</u> | rket value is used | d for all |
| other animals. | The related | <u>feed is valued</u> | l <u>at cost.</u> | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection.

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Washington State University Foundation 91-1075542 __10. General explanation attachment ___ Parts I&V - Lines 5&2: Washington State University processes the payroll and files all payroll related returns for the Foundation. Part I - Line 6: Part-time volunteer services are provided by the Board of Governors, and members of the following committees: Audit, Executive, Investment, Gift Acceptance and Management, Finance, Nominating, Athletics Advisory Council, Corporate & Foundation Relations, Scholarships, Recognition, Cougar Parent Advisory Board, Recent Graduate President's Committee, Cougar Colleagues, and Presidents Associate & Annual Giving. Members or stockholder classes and rights (Part IV, lines 6,7a&7b) Composition: The members of the Foundation ("Members") shall consist of individuals who are designated as Members by right (i.e., without the need for further action to be taken) or ex officio (i.e. by virtue of office), and those individuals elected to the Board of Trustees of the WSU Foundation. The Board of Trustees shall have no fiduciary responsibility for the general business and affairs of the Foundation and is not the governing board. Rights of the Members: To amend, alter, modify, repeal or restate the Articles of Incorporation and/or Bylaws of the WSU Foundation; to modify the business structure of the Foundation; to <u>sell, lease or dispose of property; to dissolve and wind-up the business and affairs</u> of the WSU Foundation; and elect members and Governors of the Foundation. Member election for additional members (Part VI, line 7a) and Governing body decisions (Part VI, line 7b) Refer to "Members or stockholder classes and rights" above.

Annually, after the Fall Meeting of the Corporation the Board of Directors, all

officers, and all other members of the WSU Foundation standing Committees are

| Washington State University Foundation | 91-1075542 |
|---|--|
| Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforce | ement of Conflicts (continued) |
| provided a copy of the WSU Foundation Conflicts of | Interest Policy along with a |
| Questionnaire and Certification Statement. The poli | icy is designed to help |
| fiduciaries of the WSU Foundation identify situation | ons that present potential |
| conflicts of interest and to emphasize the importan | nce of adhering to high standards |
| of responsibility, accountability, and public scrut | tiny. The policy contains an |
| active_list_of_current_and_anticipated_vendors_engage | aged by WSU Foundation. It |
| describes what a conflict of interest is and the pr | rocess necessary if one is |
| identified. Under the policy, each Board Member, Or | fficer, and Standing Committee |
| Member must file the annual certification statement | t, at or immediately following the |
| Annual Meeting of the WSU Foundation. This statemen | nt must set forth any conflicts of |
| interest that might be expected to occur within the | e coming year. The statement shall |
| disclose as fully as possible the nature of the pot | tential conflicts and the nature |
| of the individual's (or their family members) inter | rest in the potential |
| transactions. All statements that anticipate confli | icts of interest are then |
| circulated to the full Board. In the interim, if an | ny Governor or Committee Member or |
| member of his/her family has or is about to assume | an interest or other relationship |
| which might result in a conflict of interest, it is | s the Governor's or Committee |
| Member's responsibility to immediately disclose al | l material facts to the Chair of |
| the Board of Governors or the Chair of the Audit Co | ommittee. This conflict of |
| interest process is managed by the internal WSU For | undation Board Relations team |
| which tracks and monitors submission of the annual | certification statements and |
| processes instances where a conflict is identified | · |
| Form 990, Part VI, Line 15a - Compensation Review & Approval Pro | cess for CEO, Exec. Dir., or Top Mgtment |
| Background: | |
| The WSU Foundation utilizes an internal Compensation | on Task Force to set, monitor, and |
| recommend increases to employee compensation. The | Task Force's role is to conduct |

| Washington State University Foundation | 91-1075542 |
|---|---------------------------------------|
| Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E | xec. Dir., or Top Mgtment (continued) |
| comprehensive research on current market salaries for all deve | lopment personnel - |
| back office to front line fundraising. This effort is compleme | ntary to the employee |
| evaluation system which is designed to tie salary increases to | clearly articulated |
| development performance benchmarks and take into account both | merit and market |
| salary adjustments. | |
| Methodology: | |
| Development is a distinct career field and there exist many so | urces of information |
| on salary trends, current salaries, and historical data. In pa | rticular, the Task |
| Force rely on the following sources: | |
| 1. Council for Advancement and Support of Education (CASE) - A | dvancement |
| Compensation Survey | |
| 2. The Chronicle of Philanthropy - Median Salaries of College | Fund-Raising Officials |
| 3. Association of Fundraising Professionals - Compensation & B | enefits Survey |
| 4. University of Washington Office of Development and Alumni R | elations - Complete, |
| Current Salary Data | |
| 5. Published Salary Data from IRS Form 990s for the Following | Institutions: |
| a. Texas A&M Foundation | |
| b. University of Wisconsin Foundation | |
| c. Kansas State University Foundation | |
| d. University of Georgia Foundation | |
| e. Oklahoma State University Foundation | |
| f. Mississippi State University Foundation | |
| g. Iowa State University Foundation | |
| h. Colorado State University Foundation | |
| i. University of Minnesota Foundation | |
| j. Louisiana State University Foundation | |

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Washington State University Foundation

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 e

Employer identification number 91-1075542 (Page Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.)

| (a) Name addrace and FIN of discapanded antity | (b) | otela) ohamob lebe l | (b) | | € |
|---|----------------------------|----------------------|------------------|-----------------------|------------------------------|
| ימווים, במתוכפס, מות בווי כן תופוכמת מכת כוווים | י וווומוץ מכנועונץ | or foreign country) | 0181 1300116 | Cird.oi.year assets | Ollect controlling entity |
| (1) | | | | | |
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| | | | | | |
| Randing Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) | ations (Complete if the or | ganization answered | Yes' to Form 990 | , Part IV, line 34 be | scause it had |
| | / | | | | |

| (g) Sec 512(b)(13) controlled entity? | S. | | × | | | | × | | | | _ | |
|---|-----|-----------|---------------------------|------|---|---------------|-----------------|-----|---|-----|---|--|
| Sec | Yes | | | | | | | | | | | |
| (f) Direct controlling entity | | | K/N | | | | N/A | | | | | |
| (e) Public charity status (if section 501(c)(3)) | | | H | | | | Н | | | | | |
| əpo | | | (3) | | | | (3) | | _ | | | |
| (d) Exempt Code section | | | 501 (c) (3) | | | | 501 (c) (3) | | | | | |
| | | | 501 | | _ | | 501 | | | | | |
| (c) Legal domicile (state or foreign country) | | | WA | | | | WA | | | | | |
| (b) Primary activity | | Holds and | manages assets-WSU&Fnd | | | Collaborative | problem solving | | | | | |
| (a) Name, address, and EIN of related organization | | 7121 | 163-1927 | nter | | | 20-4490085 | (3) | | (4) | | |

Schedule R (Form 990) 2011

TEEA5001L 09/08/11

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

91-1075542 Page 2

Schedule R (Form 990) 2011 Washington State University Foundation

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

(k) Percentage ownership (h) Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (i) General or managing partner? (g) Share of end-of-year assets 0 o o Yes Code V-UBI amount in box 20 of Schedule (F.) (Form 1065) (I) Share of total income Ö Ö Ö (h)
Disproportionate
allocations? Ŷ Yes (e)
Type of entity
(C corp, S corp,
or trust) (g) Share of end-of-year assets Trust Trust (d) Direct controlling entity ((f) Share of total N/A N/A N/A (c)
Legal domicile
(state or foreign c (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) ΜĀ WA MA (b) Primary activity (d) Direct controlling entity Trust Trust Trust (c)
Legal
domicile
(state or
foreign (1) Charitable Remainder Unitrust (56) (a) Name, address, and EIN of related organization (b) Primary activity 6 (3) Charitable Lead Irust_(1) (2) Charitable Remainder AT (a)
Name, address, and EIN of related organization Rathwa --7--BAA 8 ଫ୍ର

Continuation Page 1 of 1 91-1075542

Schedule R Cont (Form 990) 2011 Washington State University Foundation

[Partilly Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (C) (D) Legal domicile Direct controlling (state or foreign country) | (E) Type of entity (C corp., S corp, or trust) | Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|--|-------------------------|---|--|--|-----------------------|---------------------------------------|--------------------------------|
| Charitable Remainder UT (1) | | ì | ; | | C | c | |
| <u>Charitable Remainder UT (2)</u> | Trust | 7 | N/A | ırust | | ò | |
| | Trust | OR | N/A | Trust | 0. | 0. | |
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| | | TEEA5134L 08/25/11 | ¥25/11 | | | Schedule R Cont (Form 990) 2011 | n 990) 2011 |

Page 3

91-1075542

Schedule R (Form 990) 2011 Washington State University Foundation

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | <u></u> | Yes | ž |
|--|--------------------------|--------------------------|---------------------------------------|----------|-----|
| 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? | ations listed in Parts I | I-IV2 | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | : | : | 1a | | ×I |
| b Gift, grant, or capital contribution to related organization(s) | | | 1 b | | × |
| c. Gift. orant or cantal contribution from related organization(s) | | | - | | ~ |
| d Loans or than distribute to or for related victorials | | | - | | : × |
| ם בספונה כו וספון פתפום מוופפה זכ כו וכן ופופנים כו מפון בפופנים כו מפון פתפום בפופנים כו מפון פתפום בפופנים כו | : | | <u>.</u> | 1 | 17 |
| e Loans or loan guarantees by related organization(s). | | • | <u>و</u> | | × |
| f Sala of accase to related arounisation(s) | | | | | × |
| | • | | | | { > |
| | | | <u>-</u> | 1 | ٦; |
| h Exchange of assets with related organization(s) | • | | 도 - | | ~ |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | = | | × |
| | | | | | |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | <u>i1</u> | | × |
| k Performance of services or membership or fundraising solicitations for related organization(s) | : | : | 14 | × | |
| 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) | | : | E | × | |
| o Sharing of haid employees with related organization(s) | | | ٢ | L | 1 |
| | | : | | 4 | L |
| o Reimbursement paid to related organization(s) for expenses | | | | | × |
| b Beimblirsement haid by related organization(s) for expenses | • | ; | - | | ľ× |
| | | | | | 1 |
| a Other transfer of cash or property to related organization(s) | : | | 19 | × | |
| r Other transfer of cash or property from related organization(s) | | |]= | _ | |
| | ng covered relationsh | ips and transaction thre | esholds | | 1 |
| 1 | (q) | (3) | | 9 | l |
| Name of other organization | Transaction type (a-r) | Amount involved | Method of determining amount involved | determit | E 2 |
| d) Ruckelshans Center | ٥ | 204.413 | Cash | 1 | |
| | | J | | | l |
| (2) Charitable Remainder AT(1) | I | 470,733. | Cash | | - { |
| | | | | | |
| (3) | | | | | 1 |
| (4) | | | | | 1 |
| <u> </u> | | | | | |
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| NO TEEA5003L 05/24/11 | | Sche | Schedule R (Form 990) 201 | (066 m | Į |

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91-1075542

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

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

| (a) Name. address. and EIN of entity Primary activity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded | (e) Are all partners section 50°(CX3) organizations? | (f) Share of total income is: | (9) Share of end-of-year assels | (h) Disproportionate allocations? | Code V-UBI amount in box 20 of Schedule K-1 | General or managing partner? | (k) Percentage cwnership |
|---|----------------------|--|--|--|-------------------------------|--|-----------------------------------|--|------------------------------------|--------------------------------|
| | | | section 512-514) | Yes | No | • | Yes No | (1003) | Yes No | |
| (1) | | | | | | | - | | | |
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| (2) | | | | | | | | | | |
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Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

Washington State University Foundation 91-1075542

Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) | (B) | | | - | (2) | | | (D) | (E) | (F) |
|------------------------------|------------------------------|--------------------------------|--|----------|-----------------|--|----------|-------------------------------------|--|--|
| Name and Title | Average hours per week | L | _ | _ | | lhat app | | Reportable compensation from | Reportable compensations | Estimated amount of other compensation |
| | per week | Individual trustee or director | institutional truster | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization |
| | | bor fa | onal | | playe | com | | | | and related organizations |
| | | stee | truste | | ň | ense | | | | |
| | _ | | e | | | <u> </u> | | | | |
| Wright, HS III Board Member | 0.6 | x | | | | | | 0. | 0. | 0. |
| Eggert, Charles | - 0.0 | ^- | | | - | | | 0. | | <u> </u> |
| Board Member | 0.4 | x | | | | | | 0. | 0. | 0. |
| Meyers, Gina | | | | | | | | | | |
| Board Member | 1 | Х | | | | | | 0. | 0. | 0. |
| Graber, William | | | | | | | | | | |
| Board Member | 0.8 | Х | | | | | | 0. | 0. | 0. |
| Kromm, Rhonda | | | | | | | | | | |
| Board Member | 0.4 | Х | | | L_ | | | 0. | 0. | 0. |
| Mendelson, Joseph | - 🚽 | 1 | \ | | İ | | | | | |
| Board Member | 0.4 | X | <u> </u> | | | ļ | | 0. | 0. | 0. |
| Brelsford, K. Duane | | } | | | | | | | | |
| Board Member | 0.4 | X | | | | <u> </u> | _ | 0. | 0. | 0. |
| Ellingson, Richard | | | | | | 1 | | | | |
| Board Member | 0.4 | X | _ | | | <u> </u> | | 0. | 0. | 0. |
| Grant, David | |] | ' | | | Ì | Ì | | _ | _ |
| Board Member | 1 | X | - | <u> </u> | _ | | | 0. | 0. | 0. |
| Lee, Lewis Carl | , , | | | | | ŀ | | | | |
| Board Member | 0.4 | X | ├ | ⊢ | ├ | <u> </u> | | 0. | 0. | 0. |
| Pelo, Donald Board Member | 0.8 | х | l | 1 | | | | 0. | 0. | 0. |
| Prenguber, Thomas | 0.8 | ^ | - | - | | ╁┈┈ | \vdash | U. | U. | |
| Board Member | 1.5 | х | | - | l | İ | | 0. | 0. | 0. |
| Thomas, Douglas | - 1.3 | <u>^</u> | | | \vdash | - | | | <u> </u> | |
| Board Member | 0.4 | X | | | | | | 0. | 0. | 0. |
| Hermanson, Mark | - 0.7 | ^ | | | - | ├ | | <u> </u> | <u> </u> | <u></u> |
| Associate VP | 40 | | ' | X | | | | 140,222. | o. | 24,525. |
| Picciotto, Gil | - | <u> </u> | ┰ | ╧ | <u> </u> | | | 110,222. | | 21/020. |
| Associate VP | 40 | | | x | | | | 127,491. | 0. | 19,824. |
| Harvey, Kevin | | <u> </u> | | | - | | | == : / 33 = 1 | | |
| Associate VP | 40 | | | Х | | | | 132,107. | 0. | 20,216. |
| Connell, Michael | | T | | | | | | / | | |
| Associate VP | 40 | <u> </u> | <u> </u> | Х | | | | 132,021. | 0. | 20,216. |
| Harrelson, Cheryl D. | | | | | | | | | | |
| Associate VP | 40 | ļ | L | X | | | | 117,530. | 0. | 19,069. |
| Durham, Trevor J. | | | | | 1 | | | | | |
| Associate VP | 40 | ļ | | X | | <u> </u> | L., | 106,207. | 0. | 15,603. |
| Morgan, Sharon L. | | | | Ī | | | | | | |
| Associate VP | 40 | <u> </u> | L_ | X | | <u> </u> | _ | 99,427. | 0. | 17,884. |
| Monteiro, Beth DW | | 1 | 1 | | 1 | | | | | |
| Associate VP | 40 | <u>L</u> | L_ | Х | | | Ц_ | 99,308. | 0. | 1,238. |

Form 990 Cont 2011

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

of the Organization Employler Identification number

Washington State University Foundation 91-1075542

Backwis Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| Employees | | | | | | | | | | |
|---------------------------------------|------------------------------|--|-----------------------|---------------|--------------|---------------------------------|----------|---|--|---|
| (A) | (B) | | | ((| | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | t | | $\overline{}$ | | that app | | Reportable compensation from the organization (W 2/1099 MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related |
| | per week | bnowcoal trustee | Institutional trustee | Officer | Key employee | Highest compensaled employee | Former | the organization (W 2/1099 MISC) | related organizations (W-2/1099-MISC) | compensation from the |
| | | reck vicua | t to | er | emp | est c | ner | (, | (11 11 1000 111100) | organization and related |
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| Devon, Anderson | | | | | | | | | | |
| Associate VP | 40 | | ļ | X | | | | 68,745. | 0. | 12,189. |
| Ogden, Gayle | | | | | | | | | | |
| Director Dev | 40 | | | | <u> </u> | X | _ | 107,643. | 0. | 20,910. |
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| 2011 | F | ederal Work | sheets | | Page |
|--|------------|---|----------------------------|--------------------------------|--|
| Client 1 | Washing | gton State Unive | rsity Foundation | | 91-1075542 |
| Form 990, Part IX, Line 24e Other Expenses | | | | | 11 52AN |
| | | (A) <u>Total</u> | (B) Program Services | (C) Management & General | (D) Fundraising |
| Campaign and Marketing Equipment Phonathon expense recover | y Total | 103,288. 22,035. -185,081. \$ -59,758. | \$ 0. | 15,793. \$ 15,793. | 103,288. 6,241. -185,081. \$ -75,552. |

| 2011 | Schedule D, Part XIV - Supplemental Inform | nation | Page 4 |
|-------------------------------|--|----------|----------------------------|
| Client 1 | Washington State University Foundation | | 91-107554 |
| 11/02/12 | | | 10 35A |
| Schedule D, F Other Change | Part XI, Line 8 es In Net Assets Or Fund Balances | | |
| Trust, spli | it interest agreements & Cougar Property Holdings . | Total \$ | -1,612,537. -1,612,537. |
| Schedule D, F Other Revenu | Part XII, Line 2d ie Included In F/S But Not Included On Form 990 | | |
| Trust,/Spli | it interest agreements&CPH | Total \$ | -1,611,689. -1,611,689. |
| Schedule D, F Other Expens | Part XIII, Line 2d ses And Losses Per Audited F/S | | |
| Cougar Prop | perty holdings | Total \$ | 848. 848. |
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| ·2011 | Schedule O - Supplemental Information | n Page 4 |
|---|--|---|
| Client 1 | Washington State University Foundation | 91-1075542 |
| 11/02/12 Form 990, Part X Other Changes i | KI, Line 5 in Net Assets or Fund Balances | 10 27AN |
| Investment Ex Net Unrealize Trust, split | penses d Gains or Losses on Investments interest agreement, & Cougar Property Holdings | \$ 1,322,756. -8,763,161. -1,612,537. Total \$ -9,052,942. |
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