DLN: 93493065007160 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable IOWA STATE UNIVERSITY FOUNDATION □ Address change 42-1143702 % Lisa Eslinger ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2505 Univ Blvd PO Box 2230 ☐ Amended return ☐ Application pending (515) 294-4607 City or town, state or province, country, and ZIP or foreign postal code Ames, IA 500102230 G Gross receipts \$ 506,922,364 F Name and address of principal officer H(a) Is this a group return for Larissa Holtmyer Jones ☐Yes **☑**No subordinates? 2505 University Boulevard H(b) Are all subordinates Ames, IA 500102230 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) □ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www foundation lastate edu L Year of formation 1980 M State of legal domicile IA Summary 1 Briefly describe the organization's mission or most significant activities Aligning donor passion and generosity to advance Iowa State University's land-grant ideals Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 17 4 17 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) 6 193 Total unrelated business revenue from Part VIII, column (C), line 12 -2,755,470 **b** Net unrelated business taxable income from Form 990-T, line 34 -2,848,448 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 167,710,694 145,041,131 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 53,995,541 12,986,884 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,830,753 2,779,731 224,536,988 160,807,746 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 83,336,279 118,656,499 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 12,849,373 13,005,657 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶13,128,089 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . -2,152,714 13,906,228 94,032,938 145,568,384 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 130,504,050 15,239,362 Net Assets or Fund Balances Beginning of Current Year End of Year 1,341,412,954 1,263,197,387 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 37,972,134 53,409,047 22 Net assets or fund balances Subtract line 21 from line 20 . 1,225,225,253 1,288,003,907 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-03-02 Signature of officer Sign Here ISA ESLINGER CFAO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01800653 Paid self-employed Firm's name ► KPMG LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 4200 WELLS FARGO CENTER90 S 7TH ST Phone no (612) 305-5000 MINNEAPOLIS, MN 55402 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2					
Pa	rt III Statement	of Program Service	ce Accomplis	hments							
	Check If Sched	lule O contains a resp	onse or note to	any line in this Part III .		🗹					
1	Briefly describe the or	rganızatıon's mıssıon									
Found nurtu relati provi new	dation maximizés philai iring volunteerism and onships with donors wh ding Foundation staff a	nthropy in support of philanthropy, collabor nile representing their nd volunteers with the for the year ending or	Iowa State Univ ating and buildir needs and inter e tools and resoi n June 30, 2019	ersity - its students, faci ng partnerships with Uni ests, operating with ope urces needed to achieve	vance Iowa State University's land ulty and programs This is accomp versity administrators and faculty nness and transparency while hold these goals The Foundation raison to the generous support of nearly	olished by promoting and building long-term noring donors' privacy, and and nearly \$182 million in					
2	Did the organization i	undertake any significa	ant program ser	vices during the year wh	nich were not listed on						
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										
	If "Yes," describe thes	se new services on Sc	hedule O								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?										
	If "Yes," describe these changes on Schedule O										
4		d 501(c)(4) organizati	ons are required	to report the amount of	argest program services, as meas f grants and allocations to others,						
	(Code) (Expenses \$	34,295,074	including grants of \$	34,295,074) (Revenue \$	726,071)					
	See Additional Data		. ,								
4b	(Code) (Expenses \$	32,446,900	including grants of \$	32,446,900) (Revenue \$	686,943)					
	See Additional Data										
4c	(Code) (Expenses \$	51,342,419	ıncludıng grants of \$	51,342,419) (Revenue \$	1,086,986)					
	See Additional Data										
	See Addıtıonal Data T	able able									
4d	Other program service	•	•								
	(Expenses \$	2,323,708 inc	luding grants of	\$ 572,1	06) (Revenue \$)					
4e	Total program serv	ice expenses ▶	120,408,1	01							

Form 990 (2018) Page 3 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 Yes 1 2 Yes 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 No 3 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? 4 No 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? 5 No 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 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? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Nο **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 14b Yes valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

No

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Par	Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

7b

7с

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

7d |

10a

10b

11a

11b

12b

13b

13c

Yes

Nο

No

No

Nο

If "Yes," did the organization notify the donor of the value of the goods or services provided?

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI		
Section	A. Governing Body and Management		
·		Yes	No

	Check if Schedule O contains a response or note to any line in this Part VI			✓				
Se	ction 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 11							
	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 1b 17							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					

3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			_
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	2.)	
			Yes	No
	and the second s			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a	Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10b 11a 12a 12b	Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a b c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No

	persons other than the governing body	1 1		
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
e	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	 ⊋.)	
			Yes	No
3	Did the organization have local chapters, branches, or affiliates?	10a		No
)	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		
1	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
,	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
1	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ı	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
3	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
)	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
e	ction C. Disclosure			
_	List the States with which a copy of this Form 990 is required to be filed AK , AZ , CA , KY , MD , MA , MI , MN , NH SC , UT , WV , WI	, NJ ,	NY , OH	, OR ,
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			

11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	status with respect to such arrangements?	16b		No
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AK , AZ , CA , KY , MD , MA , MI , MN , NH SC , UT , WV , WI	, NJ ,	NY , OH	, OR ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AK , AZ , CA , KY , MD , MA , MI , MN , NH SC , UT , WV , WI	, NJ ,	NY , OH	, OR ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Lisa Eslinger 2505 University Boulevard Ames, IA 500102230 (515) 294-4607			
		F	orm 99	0 (2018)

Part VII

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

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

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

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

year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee"

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - f 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

• 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)

(B)

(C)

(D)

(E)

(F)

(F)

Average

hours per

than one box, unless person

week (list

is both an officer and a

from the

compensation

from related

compensation

from related

Name and Title	hours per week (list any hours for related	than o	ne bo	ox, u n off or/t	inles ficer ruste	and a	on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1005-11150)	(W- 2/1099- MISC)	related organizations
See Additional Data Table										
										Form 990 (2018)

Center Rock Capital Partners Fund I,

compensation from the organization ▶ 23

39400 Woodward Ave Ste 185 Bloomfield Hills, MI 48304

Part VII

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

Page 8

(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, ι n of	t che inle: ficer	eck moss person and a contract and a	son	Reporta compens from t organization	able sation the on (W-	Reportable compensation from related organizations (V	٧-	(F) Estimated amount of othe compensation from the organization ar	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-N	vISC)	2/1099-MISC)		relat relat organiz:	ed
See Additional Data Table													
1b Sub-Total c Total from continuation sheets to P d Total (add lines 1b and 1c)	art VII , Section	Α				>		1,733	3,613	()		295,500
Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who	rece	eived more	than \$1	00,000			
										Г		Yes	No
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .						oyee,		ghest comp	ensated • •	employee on	3		No
4 For any individual listed on line 1a, is organization and related organization individual	s greater than \$	150,00	0? <i>If</i>	"Yes	," c	omplet	e Sc	hedule J for		n the		,	
5 Did any person listed on line 1a receiservices rendered to the organization									n or ınd	ıvıdual for	<u>4</u> 5	Yes	No No
Section B. Independent Contract	tors												
1 Complete this table for your five high from the organization Report compet											pens	sation	
	(A) and business addre	ess							Desc	(B) cription of services		(C Comper	
Cambridge Associates, 4100 North Fairfax Drive Suite 130 Arlington, VA 222031664								Cor	nsulting				999,500
Viking Long Fund LP, 55 Railroad Ave Greenwich, CT 06830								Inv	estment	Fees			677,776
Kiltearn Partners Inc, 651 Holiday Drive Suite 300 Pittsburgh, PA 15220								Inv	estment/	Fees			395,938
KPMG LLP, 666 Grand Avenue Suite 2500 Des Moines, IA 50309								Aud	dıt/Tax F	ees			329,355

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

(C)

(D)

Investment Fees

(E)

324,524

	90 (2018)								Page 9
Part									
	Check If Schedul	e O contains a re	esponse or	note to any	Ine in this (A) Total reve		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1a Federated campaig	ns 1	a						
ant	b Membership dues	1	ь						
5 6	c Fundraising events	1	.с						
ns, Gifts, Grants Similar Amounts	d Related organizatio	ns 1	d						
<u>i</u> .	e Government grants (co	ontributions) 1	e						
ıtions. er Sin		ot included	.f	145,041,131					
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribution in lines 1a - 1f \$		15,157,6	<u>64</u>					
<u>5 </u>	h Total. Add lines 1a	-1f		. •	145,	041,131			
				Business	Code				
Ve n	2a 								
g <u>.</u>	b ————								+
ΝC	с ———								
3	"								+
an	-								
Program Service Revenue	f All other program se	rvice revenue			0		•	•	•
<u> </u>	9 Total. Add lines 2a-2	2f	•	_					,
	3 Investment income (ii similar amounts)			t, and other	.]	2,206,772		-2,755,470	4,962,242
	4 Income from investme			oceeds >		0			
	5 Royalties			. •	·	1,365			1,365
		(ı) Real	(11)) Personal					
	6a Gross rents	238,	E43						
	b Less rental expenses	238,	542		1				
	c Rental income or (loss)	238,	542	(5				
	d Net rental income o	r (loss)			1	238,542			238,542
	- Nee Tental Income o	(ı) Securities		ıı) Other	1				
	7a Gross amount from sales of	, ,			-				
	from sales of assets other than inventory	356,160,	727	734,003	3				
	b Less cost or other basis and sales expenses	344,555,	030	1,559,588	3				
	C Gain or (loss)	11,605,	697	-825,585	5				
	d Net gain or (loss) .			•] 1	.0,780,112			10,780,112
an	8a Gross income from from (not including \$contributions reporte	of	5						
Other Revenue	See Part IV, line 18		a	0					
Re	b Less direct expense	s	ь	0					
ē	c Net income or (loss)	from fundraising	events .	• •	_	0			
O =	9a Gross income from g See Part IV, line 19								
			a	0					
	b Less direct expense	s	ь	0	1				
	c Net income or (loss)	from gaming ac	ivities .	. •		0			
	10aGross sales of invent returns and allowand			0					
	b Less cost of goods s	-old	a b	0	-				
	c Net income or (loss)			. •	_	0			
	Miscellaneous			iness Code					
	11a Administrative Fee			541900		2,500,000	2,500,000		
	b Other		+	611710		39,824			39,824
	с		+						
	d All other revenue . e Total. Add lines 11a			. •					
				. •		2,539,824			
	12 Total revenue. See	Instructions .		• • •	16	0,807,746	2,500,000	-2,755,470	
							·		Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses	All -th		l-t l (A)	
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	·		
Check if Schedule O contains a response or note to any		(B)	(C)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	118,656,499	118,656,499		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,202,392		330,181	872,211
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	8,715,559		1,468,046	7,247,513
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	847,498		143,463	704,035
9 Other employee benefits	1,566,823		367,374	1,199,449
10 Payroll taxes	673,385		119,493	553,892
11 Fees for services (non-employees)				
a Management	0			
b Legal	86,161		86,161	
c Accounting	141,611		141,611	
d Lobbying	0		,	
e Professional fundraising services See Part IV, line 17	0			
	7,062,386		7,062,386	
f Investment management fees	7,002,380		520,124	215,449
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)			520,124	
12 Advertising and promotion	183,171		457 200	183,171
13 Office expenses	1,072,790		457,289	615,501
14 Information technology	785,783		328,585	457,198
15 Royalties	0			
16 Occupancy	244,939		244,939	
17 Travel	748,678		182,327	566,351
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	600,687		87,368	513,319
20 Interest	64,009		64,009	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	258,601		258,601	
23 Insurance	78,922		78,922	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Miscellaneous Expenses	91,315		91,315	
b Annuity Payments	1,751,602	1,751,602		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	145,568,384	120,408,101	12,032,194	13,128,089
		,,	,, ·	,

Form **990** (2018)

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Forn	า 990	(2018)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments .		[3,269,489	2	3,808,183
	3	Pledges and grants receivable, net			125,480,210	3	141,160,910
	4	Accounts receivable, net			0	4	0
Assets	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and If section 501(c)(9) Structions) Complete	0	6	0	
	7	Notes and loans receivable, net	1,318,113	7	1,094,382		
	8	Inventories for sale or use		•	0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	16,365,541			
	ь	Less accumulated depreciation	10 b	3,476,511	14,651,663	10 c	12,889,030
	11	Investments—publicly traded securities .			428,966,585	11	401,041,478
	12	Investments—other securities See Part IV, line	11 .		655,147,902	12	755,028,782
	13	Investments—program-related See Part IV, line	211 .		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			34,363,425	15	26,390,189
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	1,263,197,387	16	1,341,412,954
	17	Accounts payable and accrued expenses			1,096,654	17	1,058,861
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			1,923,259	20	1,788,052
Š	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	0	21	0
ilitie	22	Loans and other payables to current and former key employees, highest compensated employee					
Liabilities		persons Complete Part II of Schedule L $$. $$.			0	22	0
	23	Secured mortgages and notes payable to unrela	ited thi	rd parties	0	23	0
	24	Unsecured notes and loans payable to unrelated	third	parties	0	24	0
	25	Other liabilities (including federal income tax in	avables	to related third parties	34.952.221	25	50.562.134

37.972.134

20.855.633

293,972,317

910,397,303

1,225,225,253

1,263,197,387

26

27

28

29

30

31

32

33

34

53.409.047

32.611.422

306,670,407

948,722,078

1,288,003,907

1,341,412,954 Form **990** (2018)

and other liabilities not included on lines 17 - 24)

Total liabilities.Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds

Organizations that follow SFAS 117 (ASC 958), check here > \square and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

26

27

28

29

30

31

32

33 34

Net Assets or Fund Balances

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 42-1143702

Name: IOWA STATE UNIVERSITY FOUNDATION

Form 990 (2018)

Form 000 Bart III Line /

Form 990, Part III, Line 4a:

Student Support Iowa State undergraduate and graduate students received more than \$34 million in scholarships, fellowships, loans and awards from private gift support Students received both ment- and need-based scholarship support across all programs and units of the University Private gift support is critical to ensuring that all willing students are able to explore their education opportunities, experience college life and efficiently manage tuition costs and debt loads. In 2019, over 6,700 students received scholarships funded by private gift support.

Form 990, Part III, Line 4b: Faculty and Program Support With more than \$32 million from the Iowa State University Foundation, University faculty and staff received additional support allowing for

increased research opportunities and improved classroom experiences for all students. Private gift support helps meet the University's goal to attract and retain the world-class faculty, which ultimately attracts the best and brightest students. During 2019, the number of endowed faculty positions (chairs, professorships and fellowships) was

Form 990, Part III, Line 4c: Facilities The Foundation provided more than \$51 million to the University in support of new building construction, renovation and equipment needs State-of-the-art facilities help the University attract high-quality faculty and students These facilities provide space, environments and technologies that promote the highest levels of

teaching, learning and research. Private gift support assisted in funding of the Student Innovation Center, the Gerdin Building addition, the Student Athletics Performance

Center and more

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code (Expenses \$ 560.352 including grants of \$ 560,352) (Revenue \$ Noncash Grants

(Code) (Expenses \$ including grants of \$ (Revenue \$ 1.751,602

Annuity Payment and Actuarial Valuation

ı	Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section $501(c)(3)$ and (4) organizations and $4947(a)(1)$ trusts are required to report the amount of grants and allocations to

others, the total expenses,	and revenue, if any, for each	ted.	

```
(Code
                         ) (Expenses $
                                                           including grants of $
                                                                                            11,754 ) (Revenue $
                                                   11,754
```

ISU Facilities Corporation Fees

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	for rolated							/\M_ 2/1000_	////- 2/1000-	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
Nancy Armbrust Chair	5 0	×		х				0	0	0	
Gary Streit Vice Chair	2 0	×		×				0	0	0	
James Frein Secretary	2 0	×		x				0	0	0	
Mary Jane Hagenson Treasurer	2 0	×		×				0	0	0	
Curran Balancara	1 0	l	l	l	1	l	I				

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Secretary	0 0
Mary Jane Hagenson	2 0
Treasurer	0 0
Gregg Behrens	1 0
Director	0.0

Craig Denny

Jon Fleming

Ron Hallenbeck

Kathy Howell

Barbara Janson

Director

Director

Director

Director

Director

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

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

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Ric Jurgens Director	1 0	×						0	0	0	
David Kingland Director	10	×						0	0	0	
Richard Mahoney	1 0							0	0	0	

David Kingland	1 0	×			n	
Director	0 0	*			7	
Richard Mahoney	1 0					
Director	0 0	×			0	
Larry Pithan	1 0	¥			0	
Director	0.0	^			0	

10

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1 0 40 0

10 40 0

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365,933

254,261

212,184

43,925

34,591

37,752

0

......

and Independent Contractors

Terry Tobin

Roger Underwood

Wendy Wintersteen

Larissa Holtmyer Jones

Chief Financial/Admin Officer

President and CEO

VP for Development

Lisa Eslinger

Steve Biever

Director

Director

Director

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation compensation amount of other hours per

week (list

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

person is both an officer

Х

from the

134,995

128,993

123,835

from related

compensation the

29,983

27,609

28,504

	any hours							organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 .	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Jeremy Galvın VP for Development	40 0				х			212,460	0	37,244	
Jenni Cushman	0 0 40 0										
Sr Exec Dir of Development	0 0					×		151,513	0	24,314	
Rosa Unal	40 0					×		149,439	0	31,578	
Assoc VP/Chief Info Officer						``		,	•		

40 0

10 40 0

0 0

Michael Wahlin

Kelly Hanfelt

Rvan Harms

Assistant VP of Investments

Sr Exec Dir of Development

Exec Dir of Development

SCHEDU Form 990 90EZ)		Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	a section	2018					
epartment of th ternal Revenue ame of the	Service	ion	► Go to	www.irs.gov/Form	Employer identific	Open to Public Inspection					
OWA STATE UN	IVERSITY FO	UNDATION						acion number			
Part I	Reason f	or Public (Charity Stat	us (All organization	s must comple	ete this part.) S	42-1143702 See instructions.				
e organizat	ion is not a	private foun	dation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)					
	A church, co	nvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).				
2	school des	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))					
·	hospital o	r a cooperati	ve hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).				
_ r	name, city,	and state	•	ed in conjunction with	·						
	-	tion operated i v). (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170			
			•	governmental unit de	scribed in secti	on 170(b)(1)(A	()(v).				
			mally receives vi). (Complete	a substantial part of it Part II)	s support from a	ı governmental u	ınıt or from the gener	al public described in			
3 🗆 A	\ communit	y trust descr	ıbed ın sectio ı	n 170(b)(1)(A)(vi)	(Complete Part I	Ι)					
		with a land-grant col college or university	lege or university or								
f	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after J 30, 1975 See section 509(a)(2). (Complete Part III)										
	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).				
r	nore public	y supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a				
י ו	T ype I. A si organization	apporting org	ganızatıon oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
□ r	nanagemer	t of the supp		pervised or controlled in ation vested in the sar and C.							
				supporting organizatio				ated with, its			
	Type III no unctionally	n-function integrated	ally integrate The organizatio	d. A supporting organi in generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai				
			•	ved a written determir	•		pe I, Type II, Type II	I functionally			
_	-		on-functionally organizations	integrated supporting	organization		_				
				upported organization(1			(vi) Amount of			
	me of supp rganization										
					Yes	No					
tal											
	ule Daviderate	ion Act Not	ica caa tha T	 nstructions for	Cat No 1128!	5F 9	 Schedule A (Form 9	90 or 990-F7\ 201			

(b)(1)(A)(ix)(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	Section A. Public Support			,			
-	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	118,926,479	92,963,643	182,944,883	167,710,694	145,041,13	1 707,586,830
	ınclude any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either						0
	paid to or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						0
	the organization without charge						
4	Total. Add lines 1 through 3	118,926,479	92,963,643	182,944,883	167,710,694	145,041,13	1 707,586,830
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						120 107 024
	supported organization) included on line 1 that exceeds 2% of the						129,107,934
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						578,478,896
	from line 4						378,478,690
S	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	118,926,479	92,963,643	182,944,883	167,710,694	145,041,13	1 707,586,830
8	Gross income from interest,	110,920,479	92,903,043	102,944,003	107,710,034	143,041,13	707,300,030
0	dividends, payments received on						
	securities loans, rents, royalties	5,197,325	4,642,341	2,511,062	2,999,404	2,446,67	9 17,796,811
	and income from similar sources		, ,	. ,			
9	Net income from unrelated						
	business activities, whether or not			717,082	37,920,968		38,638,050
	the business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	44,579	44,470	265,264	45,557	39,82	4 439,694
	assets (Explain in Part VI)						
11							764,461,385
	through 10 Gross receipts from related activities,	ots (see instruction				142	<u> </u>
						12	14,055,324
13	First five years. If the Form 990 is f	-			•	,	
	check this box and stop here					<u></u>	<u> </u>
	Section C. Computation of Publ	• •	-				
	Public support percentage for 2018 (I			olumn (f))		14	75 671 %
	Public support percentage for 2017 S					15	72 745 %
16	33 1/3% support test—2018. If th	e organızatıon dıd ı	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check th	is box
	and stop here. The organization qua	ilifies as a publicly s	supported organiza	tion			▶ ☑
Ł	33 1/3% support test— 2017. If t	he organızatıon dıd	not check a box o	n line 13 or 16a, a	nd line 15 is 33 1/	3% or more, ch	eck this
	box and stop here. The organizatio	n qualifies as a pub	olicly supported org	anızatıon			ightharpoons
17 a	10%-facts-and-circumstances tes	st-2018. If the or	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets	s the "facts-and-cir	cumstances" test	The organization q	ualifies as a public	ly supported	_
	organization						▶□
Ŀ	10%-facts-and-circumstances te						
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizati	on meets the "fact	s-and-circumstance	es test The organ	nization qualifies as	s a publicly	. —
	supported organization						▶□

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(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							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	,	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anızatıon	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

P	art IV	Supporting Organizations (continued)			
				Yes	No
11	. Has tl	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
		B. Type I Supporting Organizations			
				Yes	No
1	elect VI ho organ truste	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part tow the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the nization had more than one supported organization, describe how the powers to appoint and/or remove directors or ses were allocated among the supported organizations and what conditions or restrictions, if any, applied to such ris during the tax year.			
_	Б. 4 44		1		
2	opera <i>carrie</i>	ne organization operate for the benefit of any supported organization other than the supported organization(s) that ited, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit in the purposes of the supported organization(s) that operated, supervised or controlled the supporting inization	2		
_	costion	C. Type II Supporting Organizations			
	ection	c. Type 11 Supporting Organizations		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the		163	140
	suppo	orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section	D. All Type III Supporting Organizations			
				Yes	No
1	tax ye Form	ne organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing ments in effect on the date of notification, to the extent not previously provided?			
			1		
2	(s) or	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization tained a close and continuous working relationship with the supported organization(s)			
			2		
3	organ	ason of the relationship described in (2), did the organization's supported organizations have a significant voice in the lization's investment policies and in directing the use of the organization's income or assets at all times during the tax If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
9	Section	E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons)		
	а □	The organization satisfied the Activities Test Complete line 2 below	•		
	ь 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below			
	c 🗆	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activi	ties Test Answer (a) and (b) below.		Yes	No
	suppo orgai respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was nsive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities	2a		
	organ <i>organ</i>	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of the inzation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the inzation's position that its supported organization(s) would have engaged in these activities but for the organization's rement	21		
3		t of Supported Organizations Answer (a) and (b) below.	2b		
3	a Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	b Did th	upported organizations? Provide details in Part VI. ne organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	suppo	orted organizations? If "Yes," describe in Part VI. the role played by the organization in this regard			

Sche	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		

•	income or for management, conservation, or maintenance of property held for production of income (see instructions)			
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
ē	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1 b		
	: Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see			

			(optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1 b	
С	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2018 Page 8					
	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)					
	Facts And Circumstances Test					
	Tacts And Oncumstances Test					
990 Schedi	ule A, Supplemer	ntal Information	<u> </u>			
Retu	Return Reference Explanation					
Sch A Part II	ich A Part II Line 10 Other income includes fees for various services and other miscellaneous income					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

DLN: 93493065007160

OMB No 1545-0047

Supplemental Financial Statements

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

Open to Public

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** IOWA STATE UNIVERSITY FOUNDATION 42-1143702 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Part	3 + + +	Organizations Ma	aintaining Collections	of Art, Histor	ical T	reası	ures, or	· Other Si	imilar Ass	sets (cont	inued)	
3			uisition, accession, and othe									
а		Public exhibition		d		Loan	or excha	ange progra	ams			
b		Scholarly research		е		Othe	r					
c		Preservation for future	e generations									
4	Provide Part		organization's collections an	d explain how th	ey furt	her the	e organız	ation's exe	mpt purpos	e in		
5			anızatıon solicit or receive do nds rather than to be mainta						ar	☐ Yes	□ N-	0
Par	t IV		codial Arrangements. ganızatıon answered "Ye:	s" on Form 990	O, Pari	IV, lı	ine 9, or	reported	an amour		n 990,	Part
1a		e organization an agent ded on Form 990, Part	trustee, custodian or other X?	ıntermediary fo	r contr	ibution	s or othe	er assets no	t	☐ Yes	□ N	o
b	If "Ye	es " explain the arrange	ement in Part XIII and comp	lete the following	ı tahle		[An	nount		_
c		nning balance	ement in Fart Affi and Comp	iete tile lollowilig	, table		-	1c		ilount .		_
d	_	ions during the year					•	1d				-
e		butions during the year	r				•	1e				-
f		ng balance	I				ŀ	1f				-
		-						I				-
2a			an amount on Form 990, Pa								L N₁	0
		· · · · · · · · · · · · · · · · · · ·	ement in Part XIII Check hei	· ·			•					
Pa	rt V	Endowment Fund	ds. Complete if the organ									
1 -	Reginn	ing of year balance .	(a)Curre	0,099,589	Prior yea 807,11	_	(c)Two ye	94,384,257	d)Three year	38,724	Four year	080,753
	-	outions		8,146,182		1,427		35,731,410	•	33,992		564,680
				6,070,717		3,805		52,520,208		15,406		187,120
		estment earnings, gair or scholarships	13, 4114 103363	9,919,724		9,124		9,016,156		05,587	· ·	181,929
		expenditures for facilities		5,515,724	٥,5٦	7,127		3,010,130		03,307		101,525
		ograms	2.	4,488,374	21,38	8,485	1	.6,653,833	15,8	22,457	14,5	594,692
f	Admını	strative expenses .	1	1,186,312	10,28	2,785		9,851,135	9,8	45,009	10,0	17,208
g	End of	year balance	94	8,722,078	910,09	9,589	80	7,114,751	604,3	84,257	611,3	338,724
2	Provid	de the estimated perce	ntage of the current year en	d balance (line 1	.a. colu	ımn (a)) held a			I		
а		d designated or quasi-e	= :		5,		,,					
ь	Perm	anent endowment ▶	100 000 %									
		oorarily restricted endov	wment 🕨									
	-	·	, 2b, and 2c should equal 10	00%								
3a	Are th	-	not in the possession of the		at are h	neld an	ıd admını	stered for t	:he		Yes	No
	(i) ur	nrelated organizations								3a(i)	Yes	
	• •	elated organizations .								3a(ii)		No
			lated organizations listed as	•		₹?.				3b		
4			ended uses of the organization	on's endowment	funds							
Par	t VI	Land, Buildings,	and Equipment. ganization answered "Yes	-" on Form 00/) Dow	- T\/ .	no 115	Coo Form	. 000 Dow	+ V l.no. 1	Λ	
	Descri	ption of property	(a) Cost or other basis (investment)	(b) Cost or othe				umulated dep			ook value	9
1a	Land		9,218,526	<u> </u>	9	60,000					10	,178,526
	Buildin	as	-,,			61,418			1,997,418			,564,000
		nold improvements			.,.	_,.15			, ,			,, 500
		·			1 6	25,597			1,479,093			146,504
a	⊏quipñ	nent			1,0	23,33/	ļ		1,4/2,033			140,304

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VII Investments—Other Securities. Complete if See Form 990, Part X, line 12.	the organization answ	vered "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category	(b) Book value		nod of valuation
(Including name of security) (1) Financial derivatives		Cost of end-	of-year market value
(2) Closely-held equity interests			
(A) EQUITY	360,011,844		F
(B) HEDGE FUNDS	212,534,282		F
(C) PRIVATE EQUITY	136,840,811		F
(D) NATURAL RESOURCES/COMMODITIES	32,243,186		F
(E) REAL ESTATE	13,398,659		F
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	755,028,782		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990, Part IV, lii	ne 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value		nod of valuation of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			_
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answer	ed 'Yes' on Form 990. Pa	rt IV. line 11d See Form	990. Part X. line 15
(a) Descripti			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	answered 'Yes' on Fo	rm 990, Part IV, line :	11e or 11f.
1. (a) Description of liability	(b) B	ook value	
(1) Federal income taxes		0	
DUE TO RELATED ORGANIZATIONS		20,391,443 27,962,802	
TRUST LIABILITY DUE TO OTHERS		1,551,864	
OTHER LONG TERM LIABILITIES (5)		656,025	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	50,562,134	
Liability for uncertain tax positions In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC		-	

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Reve zation answered 'Yes' on Form 990, Part IV, line 12a.	nue per Return	
1		upport per audited financial statements	. 1	
2		ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	nvestments 2a		
b	Donated services and use of facil	ties		
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) .	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	. 5	
Par		penses per Audited Financial Statements With Expe zation answered 'Yes' on Form 990, Part IV, line 12a.	enses per Return	
1	Total expenses and losses per au	dited financial statements	. 1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		_
а	Donated services and use of facil	ties		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII) $\ \ .$	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		. 3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
С	Add lines 4a and 4b		. 4с	
5	Total expenses Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b 2d and 4b Also complete this part to provide any additional info		4, Part X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 42-1143702

Name: IOWA STATE UNIVERSITY FOUNDATION

Supplemental Information

Explanation

Return Reference Sch D Part V Line 4 The Iowa State University Foundation uses the earnings from the endowment funds based upon the donor intent of individual endowed accounts. These uses include college program suppo rt, student financial aid, faculty and staff support, research, building, equipment and ma intenance, as well as other uses

Supplemental Information	
Return Reference	Explanation
	The Foundation recognizes the effect of income tax positions only if those positions are m ore likely than not of being sustained. Such tax positions, which are more than 50% likely of being realized, are measured at their highest value. Changes in recognition or measure ment are reflected in the period in which the change in judgment occurs.

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493065007160 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** IOWA STATE UNIVERSITY FOUNDATION 42-1143702 Part I General Information on Activities Outside the United States. 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 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g, program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 169,481,510 3a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 169,481,510

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and Otl				ed States. Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			T	1		
(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)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
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	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain 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, don't file with Form 990)	Yes	✓ 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 Certain Foreign Corporations (see Instructions for Form 5471)	☑ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified 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)	✓ Yes	□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	□No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	□Yes	☑ No

scriedule i (i oi	n 990) 2018 Page 5
Pr ar m ar	pplemental Information by point the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting ethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide y additional information (see instructions).
990 Schedul	e F, Supplemental Information
Return Reference	Explanation Explanation

Additional Data

Europe (Including Iceland and

Greenland)

Software ID: Software Version:

EIN: 42-1143702

29,906,970

Name: IOWA STATE UNIVERSITY FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
Central America and the Caribbean			Investments		138,662,734

Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of fundraising, program region agents in services, grants to service(s) in region region recipients located in the region) Fast Asia and the Pacific 911,806 lInvestments

efile GRAPHIC print - I	OO NOT PROCESS	As Filed Data -					DL	N: 934930650	07160
Note: To capture the fu Schedule I (Form 990) Department of the Treasury	(Grants and C Governments mplete if the organiza	Iect landscape mode Other Assistance and Individuals Ition answered "Yes," o Attach to Form W.irs.gov/Form990 for	ce to Organiz in the Unite on Form 990, Part IV 990.	ations, d States , line 21 or 22.		C	2018 Open to Public Inspection	
Internal Revenue Service Name of the organization IOWA STATE UNIVERSITY FO							ployer identific 1143702	ation number	
 Does the organization in the selection criteria us Describe in Part IV the Part III Grants and Oth 	ed to award the grants organization's procedur er Assistance to Dom	stantiate the amount of to or assistance? es for monitoring the us	the grants or assistance, t e of grant funds in the Un nd Domestic Governme	ited States		,	0, Part IV, line	✓ Yes 21, for any recipi	□ No
(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)		cription of assistance	(h) Purpose of or assistance	grant
(1) Iowa State University Beardshear Hall Ames, IA 50011	42-6004224	115	118,084,393	560,352	FMV	See Part IV		See Part IV	
(2) ISU Facilities Corporation 2505 University Boulevard Ames, IA 500102230	n 47-4757561	501(c)(3)	11,754	0	FMV			Legal Fees	
	other organizations listed	d in the line 1 table	listed in the line 1 table .				. ▶ . ▶	edule I (Form 990	2

Schedule I (Form 990) 2018						Page 2
Part III Grants and Other Ass	sistance to	Domestic Individended space is needed	uals. Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assista		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental I	Information	on. Provide the in	iformation required in	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference	Explanatio	on				
Sch I Part I Line 2	Monitoring compliance with donor intent is a collaborative effort between gift fund administrators at Iowa State University and the Donor Compliance Services team at the Foundation University personnel are responsible for monitoring expenditures for appropriateness and allowability. The Donor Compliance Services team strives to monitor the expenditures and balances of the various accounts, with the focus on donor intent, as well as develop strategies to ensure donor compliance with the donor gift agreements in place.					
Name of the organization or government Iowa State University (g) Description of Non-Cash Assistance Publicly traded securities, books, art and other non-cash gifts (h) Purpose of Grant or Assistance Grants are provided to Iowa State University in the form of student support (scholarships, fellowships, loans, awards), faculty and staff support (endowed faculty positions, research, professional development), program support (academic and out-of-classroom programs and campus organizations and facilities support (building construction and renovation, equipment)					scholarships, fellowships, loans, awards), faculty and	

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -		LN: 934930	65007	160			
Sch	edule J	Compensation Info	rmation	OMB No	1545-	0047			
(For	n 990)	For certain Officers, Directors, Trustees, Ke							
		Compensated Employ Complete if the organization answered "Yes"	ees on Form 990. Part IV. line 23.	20	2018				
_		► Attach to Form 99	0.		Open to Public				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.qov/Form990</u> for instructions	s and the latest information.		pectio				
	ne of the organiza A STATE UNIVERSIT		Employer id	dentification n	umber				
100	A STATE UNIVERSE	FOUNDATION	42-1143702						
Pa	rt I Questi	ons Regarding Compensation	•						
					Yes	No			
1a		piate box(es) if the organization provided any of the following ection A, line 1a Complete Part III to provide any relevant in							
			wance or residence for personal use						
	_	· · · · · · · · · · · · · · · · · · ·	r business use of personal residence						
			cial club dues or initiation fees						
	LI Discretion	ary spending account \square Personal sei	vices (e g , maid, chauffeur, chef)						
b		es in line 1a are checked, did the organization follow a writte Il of the expenses described above? If "No," complete Part III		ursement 1b	Yes				
2		tion require substantiation prior to reimbursing or allowing exes, officers, including the CEO/Executive Director, regarding t		2	Yes				
	directors, truste	es, officers, including the CEO/Executive Director, regarding t	ne items checked in line 1a?						
3		f any, of the following the filing organization used to establisl EO/Executive Director Check all that apply Do not check any							
	_	d organization to establish compensation of the CEO/Executiv							
	✓ Compensa	ation committee	oloyment contract						
	_ '		on survey or study						
			the board or compensation committe	ee					
4	During the year related organiza	did any person listed on Form 990, Part VII, Section A, line :	.a, with respect to the filing organiza	tion or a					
	_			_					
a b		ance payment or change-of-control payment? receive payment from, a supplemental nonqualified retireme	nt nlan2	4a 4b	+	No No			
C	•	receive payment from, an equity-based compensation arran	•	4c		No			
·		f lines 4a-c, list the persons and provide the applicable amou	•			110			
_), 501(c)(4), and 501(c)(29) organizations must compl							
5		ed on Form 990, Part VII, Section A, line 1a, did the organizat ontingent on the revenues of	ion pay or accrue any						
а	The organization	17		5a		No			
b	Any related orga			5b		No			
_	-	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, line 1a, did the organizat ontingent on the net earnings of	ion pay or accrue any						
a	The organization			6a	1	No			
b	Any related orga	anization? 6a or 6b, describe in Part III		6b	+	No			
7	•	·	ion provide any pentitred						
7		ed on Form 990, Part VII, Section A, line 1a, did the organizat escribed in lines 5 and 6? If "Yes," describe in Part III	ion provide any nontixed	7		No			
8		nts reported on Form 990, Part VII, paid or accured pursuant itial contract exception described in Regulations section 53 49		8		No			
9	If "Yes" on line 53 4958-6(c)?	3, did the organization also follow the rebuttable presumption	procedure described in Regulations						
For I	Danerwork Pedu	ction Act Notice, see the Instructions for Form 990.	Cat No 50053T Sc	hedule 1 (For	m 990)	2018			

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 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 column (D) and (E) amounts for that individual (F) Compensation in (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns other deferred benefits column (B) reported (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 354,508 1 Larissa Holtmyer Jones (i) 0 11,425 27,500 17,319 410.752 President and CEO 0 0 0 0 0 0 (ii) 2 Lisa Eslinger 251,692 (i) 0 2,569 25,483 10,002 289,746 0 Chief Financial/Admin Officer 0 0 0 0 0 0 0 (ii) 3 Steve Biever 210,927 (i) 0 1,257 21,327 17,259 250,770 0 VP for Development 0 0 0 0 0 0 0 (ii) 4 Jeremy Galvin 211,288 (i) 0 1,172 21,327 16,751 250,538 0 VP for Development 0 0 0 0 0 0 0 (ii) 5 Jenni Cushman 150,455 (i) 0 1,058 13,865 11,174 176,552 0 Sr Exec Dir of Development 0 0 0 0 0 0 0 (ii) 6 Rosa Unal 129,207 (i) 0 20,232 15,153 17,217 181,809 0 Assoc VP/Chief Info Officer 0 0 0 0 0 0 0 (ii) 7 Michael Wahlin 133,473 (i) 0 1,522 13,558 17,148 165,701 0 Assistant VP of Investments 0 0 0 0 0 0 (ii) 8 Kelly Hanfelt 128,127 (i) 0 866 15,027 0 13,296 157,316 Sr Exec Dir of Development 0 0 0 0 0 0 0 (ii) 9 Ryan Harms 122,825 (i) 0 1,010 12,415 16,749 152,999 0 Exec Dir of Development 0 0 0 0 0 0 0 (ii)

Schedule J (Form 990) 2018	Page 3						
Part III Supplemental Inform	art III Supplemental Information						
Provide the information, explanation, or	ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation						
Sch J Part I Line 1a	When there is a business purpose, occasional private/charter aircraft are used. Travel for companions was provided when there was a business purpose for the						

companion attending the fundraising event. These benefits are considered business expenses and therefore are not considered taxable income to the individuals

Schodula 1 (Form 000) 2010

Return Reference	Explanation
Sch J Part II All employees participate in a retirement plan	consisting of a 403(b) defined contribution plan

Additional Data	а							
			Software ID: Software Version:					
				42-1143702				
			Name:	IOWA STATE UNIVER	SITY FOUNDATION			
Form 990, Schedule	e J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	Highest Compensate	ed Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
Larissa Holtmyer Jones President and CEO	(1)	354,508	0	11,425	27,500	17,319	410,752	. 0
	(11)	0	0	0	0	0	0	0
Lisa Eslinger Chief Financial/Admin	(1)	251,692	0	2,569	25,483	10,002	289,746	, 0
Officer	(11)	0	0	0	0	0	0	0
Steve Biever VP for Development	(1)	210,927	0	1,257	21,327	17,259	250,770	0
•	(11)	0	0	0	0	0	0	0
Jeremy Galvin VP for Development	(1)	211,288	0	1,172	21,327	16,751	250,538	0
	(11)		0	0	0	0	0	0
Jenni Cushman Sr Exec Dir of Development	(1)	150,455	0	1,058	13,865	11,174	176,552	. 0
	(11)	0	0	0	0	0	0	0
Rosa Unal Assoc VP/Chief Info Officer	(1)	129,207	0	20,232	15,153	17,217	181,809	0
	(11)	o	0	0	0	0	O	0

1,522

866

1,010

13,558

13,296

12,415

17,148

15,027

16,749

165,701

157,316

152,999

Michael Wahlin

Assistant VP of Investments

Kelly Hanfelt Sr Exec Dir of Development

Ryan Harms Exec Dir of Development

133,473

128,127

122,825

efi	ile GRAPHIC print - DO NO	OT PROCESS As	Filed Data -									DLN: 9	34930	6500	7160	
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	hedule K	Su	polemental I	Information o	n Tax-F	xem	nt F	Ronds					No 1545			
(F	orm 990)			wered "Yes" to Form					criptions,			2018				
_				, and any additional		in Par	t VI.									
	artment of the Treasury rnal Revenue Service			► Attach to Form 99¢ <u>irs.gov/Form990</u> for		nforma	ition.						en to Pu nspectio			
	e of the organization /A STATE UNIVERSITY FOUNDAT	TON								Emplo	yer iden	tification	number			
		1011								42-11	.43702					
Pa	art I Bond Issues	T	I							1						
(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued			(e) Issue p	rice	((f) Description	on of purpose	(g) De	efeased	(h) On behalf of		(i) Pool financing				
												ıssu				
_	C 2002 C B 11/7	12 (021 (02		11 01 2012	2.5	20.267	DEETN	IANGE CERT	C 2002 CEE	Yes	No	Yes	No	Yes	No	
А	Series 2002-See Part VI	42-6021693		11-01-2013	2,5.		PART		S 2002- SEE		X		×		Х	
Dа	art II Proceeds															
	Troccus				,	4	Т	E	3	•	:			D		
1	Amount of bonds retired					760	0,315									
2	Amount of bonds legally defe						0									
3	Total proceeds of issue				2,538,367											
4	Gross proceeds in reserve fur				0											
5	Capitalized interest from proc						0									
6	Proceeds in refunding escrow						0									
7_	Issuance costs from proceeds						0									
8	Credit enhancement from pro				0											
9	Working capital expenditures	•			0											
10	Capital expenditures from pro				0											
11	Other spent proceeds				2,538,567											
12	Other unspent proceeds						0									
13	Year of substantial completion	n				13										
					Yes	No	<u> </u>	Yes	No	Yes	No		Yes	 	No	
14	Were the bonds issued as par				Х									4		
15	Were the bonds issued as par					Х										
16	16 Has the final allocation of proceeds been made?				Х											
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?															
Pa	Private Business															
						1		E		(D		
1	Was the organization a partne	er in a nartnershin er s	member of an IIC	which owned property	Yes	No	<u> </u>	Yes	No	Yes	No		Yes	 	No	
	financed by tax-exempt bond	s?														
2	Are there any lease arrangem	nents that may result in	private business use													
Ear	Paperwork Peduction Act No			No 50	01035					chedule	V /For	m 995	V 2018			

b

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

0 %

В

No

Yes

C

No

Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . . Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Α

No

Χ

Χ

Χ

Χ

Yes

Χ

Х

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

IISSUANCE WERE SPENT WITHIN 6 MONTHS OF THE ISSUE DATE

Nο

Explanation

SCHEDULE K, PART I, LINE 1 COLUMN A CITY OF HUXLEY, IA OFFICE BUILDING REVENUE BONDS (IOWA STATE UNIVERSITY FOUNDATION), SERIES 2002 SCHEDULE K, PART I, LINE 1 COLUMN F REFINANCE SERIES 2002, PREVIOUSLY REFINANCED IN 2010 SCHEDULE K, PART IV, LINE 2B ALL PROCEEDS OF THE

Yes

Yes

No

Yes

Nο

Yes

Page 3

Nο

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

SUPPLEMENTAL INFORMATION

Schedule K (Form 990) 2018

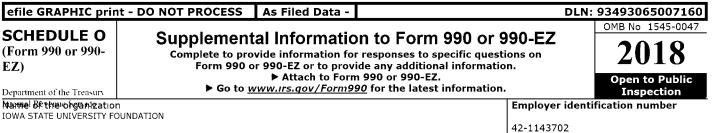
period?

Part V

Part VI

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493065007160 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** IOWA STATE UNIVERSITY FOUNDATION 42-1143702 **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . . 213,851 Opinions of experts Χ 2 Art—Historical treasures Χ 1,741 Opinions of experts 3 Art—Fractional interests Books and publications Χ 818 Opinions of experts Clothing and household 166 Cost/Selling price Х aoods Cars and other vehicles Boats and planes . . Χ 2,830 Fair market value Intellectual property . . 175 Χ 9,204,432 Fair market value Securities—Publicly traded . 10 Securities—Closely held stock . Χ 212,521 Fair market value 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 437 3,498,525 Fair market value Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . Real estate—Residential . 291,000 Sale of similar prop 16 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 1,050 Opinions of experts 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . 23 Scientific specimens . . 24 Archeological artifacts . 640,344 Replacement costs 25 Other ▶ (Χ 68 Other) Χ 26 Other ▶ (13 47,960 Fair market value Grain) 27 Other ▶ (Χ 1,042,426 Fair market value Life Insurance Policy) 28 Other ▶ (___ 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2018) Cat No 51227J

Schedule M (Form 990) (2018)	Page 2
I, column (b), the r	ormation. Ition required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part number of contributions, the number of items received, or a combination of both. Also complete ditional information.
Return Reference	Explanation
Sch M Part I Line 32b	The Iowa State University Foundation hires real estate companies or similar organizations to sell any real estate or property. Various stock gifts are sold through stock brokers where the ISU Foundation holds an account
	Schedule M (Form 990) (2018)



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 1 continued	As a land-grant university, lowa State is committed to the mission of providing opportunit ies for students of all backgrounds to access and obtain a high-quality college education. On July 1, 2012, the lowa State University Foundation launched Forever True, For lowa State, an eight-year campaign with a goal to raise \$11 billion, which supports the Universit y's vision to make lowa State the premier land-grant university for the 21st Century. Camp aign priorities include funding for research, faculty, student scholarship, new facilities and innovative programming, among others. Funds raised during this campaign have the pote nitial to truly transform the university. As of October 2018, the campaign goal of \$1.1 bill ion was surpassed and the campaign was extended to June 30, 2021 with a new goal of \$1.5 billion. As of June 30, 2019, campaign support has surpassed \$1.2 billion. Form 990 Part V I Line 4. The Sixth Amended and Restated Bylaws were adopted by lowa State University Found ation on April 26, 2019. The adopted bylaws included the following changes. 1) Increased the number of the board of directors to up to twenty directors. Prior to April 26, 2019, the bylaws allowed up to nineteen directors. The adopted bylaws state, "The affairs of this Corporation shall be conducted by a board of directors composed of up to twenty (20) direc tors allocated among the following four classes of directors." 2) Added one committee chair to Class B directors Prior to April 26, 2019, Class B directors were made up of chairs of four committees. The adopted bylaws state, "Class B directors shall consist of those in dividuals who are members of the Corporation who are not then-currently serving as Class A directors but who are nevertheless nominated by the chair and selected by the board to serve as chair of one of the following committees of the board (i) Audit Committee, (iii) Development Committee (iii) The secretary of the board one serves as the chair of the newly created Governor Membership Committee shall assist the bo

Return

Reference	·
Form 990 Part III Line 1 continued	the newly created Staff Talent Committee Prior to April 26, 2019, there was no Staff Tale nt Committee. The adopted bylaws state, "The Staff Talent Committee shall assist the board with responsibilities related to talent management and serve as the Corporation's compens ation committee. The chair of the Staff Talent Committee shall be the individual then-serving as vice chair of the board of directors. The remaining membership of the Staff Talent Committee shall be comprised of then-serving directors of the Corporation recommended by the chair of the board and approved by the board of directors." Staff Talent Committee shall be comprised of then-serving directors of the Corporation recommended by the chair of the board and approved by the board of directors."

Explanation

Return

Reference	Explanation
	As of the effective date of the Amended and Restated Bylaws, the Corporation has members which are known as the "lowa State University Foundation Governors" Each member shall serve until death or until resignation or removal pursuant to the Amended
	and Restated Bylaws Additional persons may become members upon nomination by another member, followed by

Evolunation

members at any annual or special meeting. The affairs and business of the Corporation shall be conducted by a board of directors

Return Reference	Explanation
Form 990 Part VI Line 7a	The board of directors is composed of up to twenty (20) directors allocated among four classes of directors. A) Class A directors shall be between ten (10) and twelve (12) in number, and shall be elected from and by the members of the corporation upon nomination by the board governance committee and approval by the board of directors. The term of each Class A director shall commence with the start of the Corporation's fiscal year immediately following such director's election and shall continue until the expiration of the fourth fiscal year thereafter, provided, however, that any director elected to fill a vacancy shall serve for the remainder of the vacated term. Each Class A director may serve up to two (2) terms, which may be consecutive. B) Class B directors shall consist of those individuals who are members of the corporation who are not then-currently serving as Class A directors, but who are nevertheless nominated by the Chair and selected by the Board to serve as a chair of one of the following committees of the board, (I) Audit Committee, (II) Development Committee (or Campaign Committee), (III) Finance Committee, (IV) Investment Committee, and (V) Board Governance Committee Class B directors shall serve for the duration of their qualifying chairship. C) The corporation shall have one (1) Class C director who shall be the individual then-serving as President or Interim President of lowa State University. The Class C director shall serve for the duration of his or her tenure as President or Interim President of lowa State University. D) The corporation may have up to two (2) Class D directors, who may or may not be members of the corporation, appointed by the Board of Directors at a regular or special meeting. The term of each Class D director shall be designated by the board of directors upon such appointment. Appointment of Class D directors, if any, shall be within the discretion of the board.

Return Explanation
Reference

Form 990
Part VI Line
Part VI Line
To b

Each active member of the corporation present shall be entitled to one vote on any question properly coming before the members at an annual or special meeting. While the affairs and business of the corporation are directed to and conducted by the board of directors, the members of the corporation shall be responsible for approval of Class A directors and any amendments to the Articles of Incorporation.

990 Schedule O, Supplemental Information

Return Explanation

990 is then electronically filed with the IRS by KPMG

Reference

Form 990
Part VI Line
11b
The information for Form 990 is prepared and compiled by the finance staff of the Iowa State University Foundation and provided to KPMG LLP After inputting the data into their tax software, an initial draft of the Form 990 is provided to the Foundation for review by the Controller and the Chief Financial and Administrative Officer After incorporating any changes and completing their review, KPMG provides a final draft for presentation to the ISU Foundation audit committee for review and approval.

by the audit committee, the Form 990 is provided to the ISU Foundation Board of Directors for their review prior to filing. The Form

990 Schedule O, Supplemental Information

Return Explanation

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

990 Schedule O, Supplemental Information

Return

Reference	·
Form 990	Any change to compensation for the President of the Iowa State University Foundation is authorized by the executive committee of
Part VI Line	the Board of Directors, acting as the entity's compensation committee. The President's compensation is determined by the
15a	executive committee based upon the recommendation of the Chair. The Chair's recommendation is based on 1) Gathering
	Information regarding compensation being paid to persons in comparable positions around the country (prepared by the Human
	Resources Administrator) 2) Soliciting a self-evaluation from the President, together with evaluations from anyone else the Chair

Explanation

Resources Administrator), 2) Soliciting a self-evaluation from the President, together with evaluations from anyone else the Chair deems appropriate, 3) Conducting a performance review with the President and establishing new objectives for the year, 4) Compensation surveys completed annually, and 5) Evaluating with other members of the committee the performance in light of the objectives established at the beginning of the year Compensation related to the senior leadership team is determined by the President of the Foundation, who is also advised by Board members in regards to qualification standards. Compensation information for the President is shared with the Board of Directors.

Return Explanation

line is answered "no "

Form 990
Part VI Line
Because of its participation in various investments that require the execution of limited partnership agreements (see Schedule D, Part VII), the ISU Foundation answers "yes" to Line 16a However, as Line 16b relates to a true joint venture arrangement whereby the organization negotiates with other members of the venture (in contrast to the Foundation's passive investment approach), this

Return Explanation

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

Return Explanation
Reference

Form 990	The Foundation received a donation of a boat from an estate corpus during the tax year. Since no income tax charitable
Part V Line	contribution deduction could be taken by the estate, with respect to the gift, the Foundation did not file a Form 1098-C
76	

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R**

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

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

DLN: 93493065007160

Open to Public Inspection

Schedule R (Form 990) 2018

Name of the organization OWA STATE UNIVERSITY FOUNDATION				Employer ident	ification number		
OWA STATE UNIVERSITY FOUNDATION				42-1143702			
Part I Identification of Disregarded Entities Comple	ete if the organization answ	ered "Yes" on Form	990, Part IV, line 3	33.			
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign countr	ate (d) Total income y)	(e) End-of-year assets	(f) Direct controllin entity	g	
(1) Foundation Properties LLC 2505 University Boulevard Ames, IA 500102230 42-1143702	Real Estate	al Estate IA		291,000	ISUF		_
(2) Forestry Camp LLC 2505 University Boulevard Ames, IA 500102230 42-1143702	Real Estate	IA	0	3,100,000	ISUF		
(3) Foundation Ventures LLC 2505 University Boulevard Ames, IA 500102230 42-1143702	Investment	IA	0	0	ISUF		
							_
							_
Part II Identification of Related Tax-Exempt Organiz related tax-exempt organizations during the tax years.		anızatıon answered	"Yes" on Form 990	 , Part IV, line 34 b	 ecause it had one or	- more	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b ontrolled tity?
						Yes	No
(1)The Original University Foundation 2505 University Boulevard	Support	IA	501(c)3	L12 Type 1	ISUF	Yes	
Ames, IA 500102230 42-0861651							
(2)Iowa State University Achievement Fund 2505 University Boulevard	Support	IA	501(c)3	L12 Type 1	ISUF	Yes	
Ames, IA 500102230 42-6059969							
(3)ISU Facilities Corporation 2505 University Boulevard	Bond Issuance	IA	501(c)3	L12 Type 1	ISUF	Yes	
Ames, IA 500102230 47-4757561							
							_

Cat No 50135Y

		(ь)	1		1	1		1	l		1	. ,			
(a) Name, address, and EIN related organization	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	unrelati excluded tax und sections	nant Sh lated, total ed, from der 512-	(f) lare of lincome		(f Dispropi allocat	rtionate	(i Code \ amount 20 Schedu (Form	V-UBI in box of ile K-1	(j Gene mana part	ral or aging	(k) Percentag ownershij
					514)				Yes	No	1	ŀ	Yes	No	
														-	
art IV Identification of Related Orga because it had one or more relate	ed organizations treated as	s a corporation	on or tru	t Complete st during th	he tax yea	ir.	n answ		" on Fo		90, Pai				
because it had one or more related (a) Name, address, and EIN of related organization	ed organizations treated as (b) Primary activity	s a corporation	or Trus on or trus (c) egal micile or foreign untry)	st during th	e if the org he tax yea (d) t controlling entity	Ganization ar. (e) Type of en (C corp, S of trust	ntity S	vered "Yes (f) Share of total Income	Share	(g) of end- year assets		rt IV, (h) Percen owner) tage	Se (1	(i) ection 512(3) controll entity?
because it had one or more relations (a) Name, address, and EIN of	ed organizations treated as (b)	s a corporation	on or tru: (c) egal micile or foreign	st during th	ne tax yea (d) t controlling	(e) Type of en	ntity S	(f) Share of total	Share	(g) of end- year		(h) Percen) tage	Se (1	3) controll
because it had one or more relation. (a) Name, address, and EIN of related organization	ed organizations treated as (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling	(e) Type of en (C corp, S o	ntity S	(f) Share of total	Share	(g) of end- year		(h) Percen) tage	Se (1	3) controll entity? fes N o
because it had one or more relation. (a) Name, address, and EIN of related organization) Charitable Remainder Trusts (61) 05 University Boulevard	ed organizations treated as (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling	(e) Type of en (C corp, S o	ntity S	(f) Share of total	Share	(g) of end- year		(h) Percen) tage	Se (1	3) controll entity? fes N o
because it had one or more relation. (a) Name, address, and EIN of related organization) Charitable Remainder Trusts (61) 05 University Boulevard	ed organizations treated as (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling	(e) Type of en (C corp, S o	ntity S	(f) Share of total	Share	(g) of end- year		(h) Percen) tage	Se (1	3) controll entity? fes N o
because it had one or more relation. (a) Name, address, and EIN of related organization) Charitable Remainder Trusts (61) 05 University Boulevard	ed organizations treated as (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling	(e) Type of en (C corp, S o	ntity S	(f) Share of total	Share	(g) of end- year		(h) Percen) tage	Se (1	3) controll entity? fes N o
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No

No

No No

No

10

1q

1r

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(d)

Method of determining amount involved

1s Yes

Pe	Iransactions with Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 [Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1 f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No

e Loans or loan guarantees by related organization(s)	 1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1 g	No
h Purchase of assets from related organization(s)	 1h	No
i Exchange of assets with related organization(s)	 1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	 1j	No

e Loans or loan guarantees by related organization(s)	 1e	No
f Dividends from related organization(s)	 1f	No
g Sale of assets to related organization(s)	 1 g	No
h Purchase of assets from related organization(s)	 1h	No
i Exchange of assets with related organization(s)	 1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	 1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	 1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	 11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	 1m	No

(b)

Transaction

type (a-s)

(c)

Amount involved

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

(a)

Name of related organization

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	organizations?		(f) (g Share of Sha total end-o- income ass	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
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