

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

| | | |
|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization Western Illinois University Foundation Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 University Circle, Sherman Hall 303 City or town, state or country, and ZIP + 4 Macomb, IL 61455-1390 F Name and address of principal officer: TODD LESTER same as C above | D Employer identification number 37-6046814 E Telephone number 309-298-1861 G Gross receipts \$ 10,542,697. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ www.wiu.edu/foundation | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1946 | | M State of legal domicile: IL |

Part I Summary

| | | | |
|------------|--|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: The mission of the WIU Foundation is to maximize private support for Western Illinois | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 36 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 36 |
| 5 | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 375 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 115,216. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 112,724. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 7,423,837. | 7,973,507. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,124,978. | 1,309,092. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 605,510. | 1,061,769. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 9,154,325. | 10,344,368. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 2,403,592. | 2,327,194. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 152,724. | 0. | 0. |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 2,617,329. | 3,460,656. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,020,921. | 5,787,850. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 4,133,404. | 4,556,518. |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 37,265,015. | 45,107,605. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 645,247. | 566,899. |
| | | 36,619,768. | 44,540,706. |

Part II 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.

| | | |
|-------------------------------|--|---|
| Sign Here | Signature of officer TODD LESTER, PRESIDENT Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name Brent Leach | Preparer's signature |
| | Firm's name ▶ Eck, Schafer & Punke LLP Firm's address ▶ 600 East Adams Springfield, IL 62701-1624 | Date 1-9-11 Check if self-employed <input type="checkbox"/> PTIN |
| | Firm's EIN ▶ | Phone no. 217-525-1111 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Our mission is to maximize private support for Western Illinois University to assist in advancing its core values of academic excellence, educational opportunity, personal growth, and social responsibility. Private support enables Western Illinois University

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,327,194. including grants of \$ 2,327,194.) (Revenue \$) Approximately, 2048 scholarships and awards were distributed during the year. Grant totals: Scholarships: \$2,016,559; Faculty awards and grants \$26,098; Education: \$284,537 TOTAL: \$2,327,194.

4b (Code:) (Expenses \$ 3,079,284. including grants of \$) (Revenue \$) University: Provided financial support to departments, instructions, research, special projects, and other designated areas to enhance a variety of university programs.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,406,478.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | X | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and various input fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|--|-----------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | | |
| 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 | X | |
| 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 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 Does the organization have members or stockholders? | 6 | | X |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 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 | X | |

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

| | Yes | No |
|---|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates? | | X |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | X | |
| 13 Does the organization have a written whistleblower policy? | X | |
| 14 Does the organization have a written document retention and destruction policy? | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | X | |
| b Other officers or key employees of the organization | X | |
| 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? | | X |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **W.I.U. Foundation Office - 309-298-1861**
1 University Circle, Sherman Hall, Macomb, IL 61455-1390

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Todd V. Lester President | 0.60 | X | | X | | | 0. | 0. | 0. | |
| James S. Lodico Vice-President | 0.50 | X | | X | | | 0. | 0. | 0. | |
| Marlin L. France Secretary | 0.40 | X | | X | | | 0. | 0. | 0. | |
| John D. McMillan Treasurer | 0.50 | X | | X | | | 0. | 0. | 0. | |
| Quinton D. Baily Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Larry T. Balsamo Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Robert K. Baumann Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Nye F. Bouslog (deceased) Honorary Director | 0.00 | X | | | | | 0. | 0. | 0. | |
| Alfred D. Boyer Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Philip E. Bradshaw Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Patrick J. Burke Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Arthur D. Chown Director | 0.40 | X | | | | | 0. | 0. | 0. | |
| Donald H. Dexter Honorary Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Donald W. Dieke Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Cathy E. Early Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Lorraine Epperson Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Nicholas H. Estes Director | 0.10 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Charles H. Flack (deceased) Honorary Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| James R. Garner Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Charles C. Gilbert Director | 0.50 | X | | | | | 0. | 0. | 0. | |
| John E. Hallwas Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| William W. Hamman Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Franklin M. Hartzell Honorary Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Burnell A. Heinecke Honorary Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Karen B. Henderson Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| Lawrence J. Horvath Director | 0.10 | X | | | | | 0. | 0. | 0. | |
| 1b Sub-total | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 853,041. | 215,835. | |
| d Total (add lines 1b and 1c) | | | | | | | 0. | 853,041. | 215,835. | |

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

See Part VII, Section A Continuation sheets

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Laura J. Janus Director | 0.10 | X | | | | | | 0. | 0. | 0. |
| Steven J. McCann Director | 0.10 | X | | | | | | 0. | 0. | 0. |
| J. Dixson McRaven Honorary Director | 0.10 | X | | | | | | 0. | 0. | 0. |
| David L. Miller Director | 0.10 | X | | | | | | 0. | 0. | 0. |
| Richard P. Miller Director | 0.10 | X | | | | | | 0. | 0. | 0. |
| John C. Shanklin Honorary Director | 0.10 | X | | | | | | 0. | 0. | 0. |
| Ron G. Peterson Director | 0.40 | X | | | | | | 0. | 0. | 0. |
| F. Eugene Strode Director | 0.10 | X | | | | | | 0. | 0. | 0. |
| Leland Thurman Director | 0.10 | X | | | | | | 0. | 0. | 0. |
| Joan A. Ufkes Director | 0.10 | X | | | | | | 0. | 0. | 0. |
| Lisa L. Krieg Recording Secretary | 37.50 | | | X | | | | 0. | 32,610. | 26,528. |
| Bradley L. Bainter Executive Officer | 37.50 | | | X | | | | 0. | 115,818. | 20,155. |
| Alvin Goldfarb non-voting, ex-officio Dir | 37.50 | | | | X | | | 0. | 216,729. | 72,703. |
| Jack Thomas non-voting, ex-officio Dir | 37.50 | | | | X | | | 0. | 171,704. | 46,425. |
| Jacqueline K. Thompson non-voting, ex-officio Dir | 37.50 | | | | X | | | 0. | 163,063. | 24,397. |
| W. Garry Johnson non-voting, ex-officio Dir | 37.50 | | | | X | | | 0. | 153,117. | 25,627. |
| Total to Part VII, Section A, line 1c | | | | | | | | 853,041. | 215,835. | |

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|--|----------------------|---|---|--|---------|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c 32,863. | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 49,044. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 7,891,600. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 561,056. | | | | | |
| | h Total. Add lines 1a-1f | | 7,973,507. | | | | |
| | Program Service Revenue | 2 a _____ | Business Code | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d _____ | | | | | | | |
| e _____ | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,281,694. | | | 1281694. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 169,059. | | | 169,059. | |
| | 6 a Gross Rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 27,398. | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | 27,398. | | | | |
| | d Net gain or (loss) | | | 27,398. | 27,398. | | |
| | 8 a Gross income from fundraising events (not including \$ 32,863. of contributions reported on line 1c). See Part IV, line 18 | a 295,129. | | | | | |
| | | b Less: direct expenses | b 198,329. | | | | |
| | | c Net income or (loss) from fundraising events | | 96,800. | | | 96,800. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a Other income | 900099 | 680,694. | 680,694. | | | | |
| b Farm income | 111000 | 115,216. | | 115,216. | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 795,910. | | | | | |
| 12 Total revenue. See instructions. | | 10344368. | 708,092. | 115,216. | 1547553. | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 310,635. | 310,635. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 2,016,559. | 2,016,559. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,105. | | 1,105. | |
| c Accounting | 59,212. | 11,725. | 47,487. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 121,092. | | 121,092. | |
| 12 Advertising and promotion | 42,204. | 26,405. | 9,537. | 6,262. |
| 13 Office expenses | 367,149. | 342,755. | 356. | 24,038. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 149,379. | 148,087. | | 1,292. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 26,053. | 26,043. | 10. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 50,254. | 33,727. | 16,527. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a <u>Other contractual servi</u> | 1,629,025. | 1,526,292. | 29,437. | 73,296. |
| b <u>Equipment purchases/rem</u> | 329,112. | 322,821. | 586. | 5,705. |
| c <u>Catering & food supplie</u> | 210,976. | 184,754. | 4,493. | 21,729. |
| d <u>Cost of sales</u> | 128,827. | 131,682. | -2,855. | |
| e <u>Printing & publications</u> | 118,631. | 99,166. | 240. | 19,225. |
| f All other expenses | 227,637. | 225,827. | 633. | 1,177. |
| 25 Total functional expenses. Add lines 1 through 24f | 5,787,850. | 5,406,478. | 228,648. | 152,724. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 2,647,665. | 2 | 3,540,099. |
| | 3 Pledges and grants receivable, net | 2,283,259. | 3 | 4,883,383. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | 25,006. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 26,062. | 9 | 34,580. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,140,104. | | |
| | b Less: accumulated depreciation | 10b | 10c | 1,140,104. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 28,351,943. | 12 | 32,251,930. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 2,852,982. | 15 | 3,232,503. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 37,265,015. | 16 | 45,107,605. | |
| Liabilities | 17 Accounts payable and accrued expenses | 118,610. | 17 | 81,628. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 161,608. | 19 | 118,085. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 365,029. | 25 | 367,186. |
| | 26 Total liabilities. Add lines 17 through 25 | 645,247. | 26 | 566,899. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 13,470,094. | 27 | 16,998,452. |
| | 28 Temporarily restricted net assets | 8,844,274. | 28 | 8,965,685. |
| | 29 Permanently restricted net assets | 14,305,400. | 29 | 18,576,569. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 36,619,768. | 33 | 44,540,706. |
| 34 Total liabilities and net assets/fund balances | 37,265,015. | 34 | 45,107,605. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|---|--|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,344,368. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,787,850. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,556,518. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 36,619,768. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 3,364,420. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 44,540,706. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 2d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | 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. | | |

Form 990 (2010)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4200919. | 5035731. | 4807660. | 7423837. | 7973507. | 29441654. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | 865,280. | 643,483. | 687,034. | 756,437. | 561,056. | 3513290. |
| 4 Total. Add lines 1 through 3 | 5066199. | 5679214. | 5494694. | 8180274. | 8534563. | 32954944. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 32954944. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|-----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 5066199. | 5679214. | 5494694. | 8180274. | 8534563. | 32954944. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | 1315431. | 10397049. | 1732920. | 1208946. | 1450753. | 16105099. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | 11,615. | 42,073. | 45,013. | -1,492. | 115,216. | 212,425. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 559,671. | 1155237. | 117,411. | 427,558. | 680,694. | 2940571. |
| 11 Total support. Add lines 7 through 10 | | | | | | 52213039. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,780,824. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------------------------------------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 63.12 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 61.26 % |
| 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **Western Illinois University Foundation** Employer identification number **37-6046814**

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|---|
| 1 Total number at end of year | 0 | |
| 2 Aggregate contributions to (during year) | 0. | |
| 3 Aggregate grants from (during year) | 0. | |
| 4 Aggregate value at end of year | 0. | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 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 Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 23,047,720. | 20,449,241. | 24,857,237. | | |
| b Contributions | 888,665. | 1,344,890. | 509,999. | | |
| c Net investment earnings, gains, and losses | 4,239,207. | 2,191,143. | -3,434,073. | | |
| d Grants or scholarships | 0. | 555,003. | 522,905. | | |
| e Other expenditures for facilities and programs | 261,779. | 335,833. | 923,068. | | |
| f Administrative expenses | 38,004. | 46,718. | 37,948. | | |
| g End of year balance | 27,875,809. | 23,047,720. | 20,449,242. | | |

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 38.00 %
 - b Permanent endowment 62.00 %
 - c Term endowment .00 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | Yes | No |
|---|--------|-----|----|
| (i) unrelated organizations | 3a(i) | | X |
| (ii) related organizations | 3a(ii) | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 1,140,104. | | | 1,140,104. |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1,140,104.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) U.S. Treasury Notes | 739,751. | End-of-Year Market Value |
| (B) U.S. Treasury Bonds | 508,638. | End-of-Year Market Value |
| (C) U.S. Agency Obligations | 1,268,887. | End-of-Year Market Value |
| (D) Corporate Debt | | |
| (E) Obligations | 1,128,235. | End-of-Year Market Value |
| (F) Corporate Equity | | |
| (G) Securities | 25,380. | End-of-Year Market Value |
| (H) International Equity | | |
| (I) Securities | 1,771,973. | End-of-Year Market Value |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | 32,251,930. | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|-------------------|
| (1) Other receivables | 76,006. |
| (2) Due from WIU | 398. |
| (3) Charitable remainder trusts | 2,529,563. |
| (4) Cash Surrender value of life insurance policies | 626,536. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | 3,232,503. |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|--|-----------------|
| (1) Federal income taxes | |
| (2) Annuities payable | 225,044. |
| (3) Due to WIU | 98,429. |
| (4) Charitable remainder trust | |
| (5) distributions payable | 43,713. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 367,186. |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 10,344,368. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 5,787,850. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 4,556,518. |
| 4 | Net unrealized gains (losses) on investments | 4 | 3,027,557. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | 103,480. |
| 8 | Other (Describe in Part XIV.) | 8 | 233,383. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 3,364,420. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 7,920,938. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 13,803,637. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 3,027,557. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 431,712. |
| e | Add lines 2a through 2d | 2e | 3,459,269. |
| 3 | Subtract line 2e from line 1 | 3 | 10,344,368. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 10,344,368. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 5,986,179. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 198,329. |
| e | Add lines 2a through 2d | 2e | 198,329. |
| 3 | Subtract line 2e from line 1 | 3 | 5,787,850. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 5,787,850. |

Part XIV Supplemental Information

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

Part XI, Line 8 - Other Adjustments:

| | |
|---|-----------------|
| Change in surrender value of life insurance | 47,283. |
| Change in value of charitable remainder trust | 186,100. |
| Total to Schedule D, Part XI, Line 8 | 233,383. |

Part XII, Line 2d - Other Adjustments:

| | |
|---|---------|
| Change in surrender value of life insurance | 47,283. |
|---|---------|

Part XIV Supplemental Information (continued)

| | |
|--|----------|
| Special event expenses | 198,329. |
| Change in value of charitable remainder trusts | 186,100. |
| Total to Schedule D, Part XII, Line 2d | 431,712. |

Part XIII, Line 2d - Other Adjustments:

| | |
|------------------------|----------|
| Special event expenses | 198,329. |
|------------------------|----------|

Both quasi and true endowments funds are used to provide scholarship support, supplies support, travel abroad support, and various other forms of educational support for students and teachers at Western Illinois University. The majority of endowments provide scholarship support to students.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|---|---|---------------------------------------|---------------------|--|-------------|
| | | WAC Gala (event type) | Champaign on Rocks (event type) | 5 (total number) | | |
| Revenue | 1 | Gross receipts | 109,640. | 83,447. | 134,905. | 327,992. |
| | 2 | Less: Charitable contributions | 11,253. | 8,055. | 13,555. | 32,863. |
| | 3 | Gross income (line 1 minus line 2) | 98,387. | 75,392. | 121,350. | 295,129. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 0. | 314. | 5,121. | 5,435. |
| | 7 | Food and beverages | 10,357. | 5,099. | 15,590. | 31,046. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 56,986. | 41,034. | 63,828. | 161,848. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | (198,329) |
| 11 | Net income summary. Combine line 3, column (d), and line 10 | | | | 96,800. | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|-----------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| 8 | Net gaming income summary. Combine line 1, column d, and line 7 | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Western Illinois University Foundation

Employer identification number

37-6046814

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Western Illinois University 1 University Circle Macomb, IL 61455 | 37-0910458 | | 310,635. | 0. | FMV | | WIU faculty awards and grants, education |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 2** Enter total number of section 501(c)(3) and government organizations ▶ 1.
- 3** Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| WIU Student Scholarships | 2048 | 2,016,559. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: Grants to individuals are in the form of scholarships. The Foundation applies those directly to student accounts to be applied to appropriate expenses. Grants made to Western Illinois University are monitored by Western Illinois University's internal audit department for compliance with state regulations. In addition, all expenditures require proper approval.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Western Illinois University Foundation

Employer identification number

37-6046814

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|----|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Alvin Goldfarb | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 216,729. | 0. | 0. | 54,856. | 17,847. | 289,432. | 0. |
| 2 Jack Thomas | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 171,704. | 0. | 0. | 24,268. | 22,157. | 218,129. | 0. |
| 3 Jacqueline K. Thompson | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 163,063. | 0. | 0. | 14,996. | 9,401. | 187,460. | 0. |
| 4 W. Garry Johnson | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 153,117. | 0. | 0. | 18,504. | 7,123. | 178,744. | 0. |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **Western Illinois University Foundation** Employer identification number **37-6046814**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | X | 11 | 8,291. | Fair market value |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | X | | 39,193. | Fair market value |
| 5 Clothing and household goods | X | | 41,677. | Fair market value |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 3,175 | 65,291. | Fair market value |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | X | 34 | 14,942. | Fair market value |
| 19 Food inventory | X | 69 | 22,891. | Fair market value |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>Computer Equi</u>) | X | 3 | 102,217. | Fair market value |
| 26 Other ▶ (<u>Gift Certific</u>) | X | 197 | 56,052. | Fair market value |
| 27 Other ▶ (<u>Other</u>) | X | 56 | 23,894. | Fair market value |
| 28 Other ▶ (<u>Equipment</u>) | X | 5 | 21,892. | Fair market value |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

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

Part I, Other Types of Property:

Tree

- (a) Check if applicable = X
- (b) Number of Contributors = 1
- (c) Revenue Reported on Form 990, Part VIII § 249.
- (d) Method of determining revenue: Fair market value

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

| | |
|--|--|
| Name of the organization Western Illinois University Foundation | Employer identification number 37-6046814 |
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Form 990, Part I, Line 1, Description of Organization Mission:

University to assist in advancing its core values of academic excellence, educational opportunity, personal growth, and social responsibility. Private support enables Western Illinois University to enhance educational opportunities for its students and advance its mission of instruction, research, and public service.

Private assistance is sought and administered with the primary objective of serving purposes other than those for which the State of Illinois makes sufficient appropriations.

These contributions, when added to State resources, add an extra dimension by supporting programs that might not otherwise be possible. Such generosity enables Western Illinois University to enhance educational opportunities for its students and advance its mission of instruction, research, and public service.

Form 990, Part III, Line 1, Description of Organization Mission:

to enhance educational opportunities for its students and advance its mission of instruction, research, and public service.

Form 990, Part VI, Section A, line 2: John McMillan (Board Director) is the husband of Cathy McMillan (Non-voting, Ex-Officio Director).

Meredith Hancks (Non-voting Ex-Officio Director) is the wife of Jeffrey Hancks (Non-voting Ex-Officio Director).

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Amy Spelman (Non-Voting Ex-Officio Director) is the wife of Bradley Bainter (Non-Voting Ex-Officio Director).

John McMillan (Board Director-Professional) and Doug March (Non-Voting Ex-Officio Director) are each lawyers and one third owners in the law firm of March, McMillan, and DeJoode, PC.

Form 990, Part VI, Section B, line 11: Foundation accountants provide documentation to the tax preparer to prepare the 990 form, including answers to "yes/no" questions. The tax preparer uses all information to prepare the 990. After the 990 is prepared, the accountants in the foundation review the return for any discrepancies. Once all discrepancies have been addressed with the tax preparer, the return is taken to the board (at minimum the executive committee) for review and comment. If no problems are noted, the return is ready for signing and processing.

Form 990, Part VI, Section B, Line 12c: The board of directors discloses conflicts of interest annually.

Form 990, Part VI, Section B, Line 15: Key employees of the Western Illinois University Foundation are paid by Western Illinois University (a related organization and governmental entity). Western Illinois University establishes all hiring procedures and pay policies for employees of the Western Illinois University Foundation. When key employees are recruited, an Administrative Compensation Survey conducted by the College and University Professional Association from Human Resources (CUPA-HR) is used to get a salary range. However, the actual offer is based on an

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individual's qualifications. A search committee comprised of employees from various areas with various backgrounds is used during key employee searches.

Form 990, Part VI, Section C, Line 19: 990 Tax Forms from 2006 through the present are available at www.guidestar.com. Membership to Guide Star is free, and anyone wishes to see our tax forms are encouraged to visit this Website. Forms are also available by request to individuals who contact the Foundation office directly. The Foundation's audit report is also available on our Website through a link that will take you to our report, which is loaded on the Illinois Auditor General's Website.

Form 990, Part VII Contact Addresses for Officers, Directors, Etc:

Todd V. Lester - 127 S. Side Square, Macomb, IL 61455

James S. Lodico - 415 Ridge Drive, Geneseo, IL 61254

Marlin L. France - 821 South Pearl, Macomb, IL 61455

John D. McMillan - P.O. Box 443, Macomb, IL 61455

Quinton D. Baily - 309 E. Co. Hwy. 3, Table Grove, IL 61482

Robert K. Baumann - 2540 N 1800 Rd, Blandinsville, IL 61420

Alfred D. Boyer - 542 The Strand, Hermosa Beach, CA 90254

Philip E. Bradshaw - 29497 410th Street, Griggsville, IL 62340

Patrick J. Burke - 201 W. Carroll, Macomb, IL 61455

Arthur D. Chown - 108 Kurlene Drive, Macomb, IL 61455-1008

Donald H. Dexter - 1601 Tower Road, Macomb, IL 61455

Donald W. Dieke - 601 East Jefferson, Macomb, IL 61455

Cathy E. Early - 1221 West Jackson, Macomb, IL 61455

Lorraine Epperson - 119 North Randolph, Macomb, IL 61455

Nicholas H. Estes - P.O. Box 503, Macomb, IL 61455

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James R. Garner - 1103 Hawthorn Ridge, Macomb, IL 61455

Charles C. Gilbert - P.O. Box 447, Nauvoo, IL 62354

John E. Hallwas - 404 S. Edwards, Macomb, IL 61455

William W. Hamman - 102 Amberwood Drive, Longwood, FL 32779-2143

Franklin M. Hartzell - P.O. Box 70, Carthage, IL 62321

Burnell A. Heinecke - 1604 Lowell Avenue, Springfield, IL 62704

Karen B. Henderson - 9520 N. 990th Road, Macomb, IL 61455

Lawrence J. Horvath - 401 N. Hershey Road, Bloomington, IL 61702

Laura J. Janus - 1 North Wacker Drive, Suite 700, Chicago, IL 60606-2813

Steven J. McCann - McGladrey & Pullen, LLP, 201 N. Harrison, Ste. 300

Davenport, IA 52801-1999

J. Dixon McRaven - 702 East Franklin, Macomb, IL 61455

David L. Miller - 505 East Grant, Suite 103, Macomb, IL 61455

Richard P. Miller - 16 Alder Court, Bloomington, IL 61704

John C. Shanklin - 348 West Hurst, Bushnell, IL 61422

Ron G. Peterson - P.O. Box 507 (128 East Main), La Harpe, IL 61450-0507

F. Eugene Strode - R.R. 1 Box 66A, Frederick, IL 62639

Leland Thurman - 6 Sunset Lane, Bushnell, IL 61422

Joan A. Ufkes - 409 South Madison, Carthage, IL 62321

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments: 3,027,557.

Prior period adjustments: 103,480.

Change in surrender value of life insurance 47,283.

Change in value of charitable remainder trust 186,100.

Total to Form 990, Part XI, Line 5 3,364,420.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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Name of the organization: **Western Illinois University Foundation**
Employer identification number: **37-6046814**

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| Western Illinois University - 37-0910458 1 University Circle Macomb, IL 61455 | Education | Illinois | 115a | | N/A | | X |
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to other organization(s) | | X |
| c Gift, grant, or capital contribution from other organization(s) | X | |
| d Loans or loan guarantees to or for other organization(s) | | X |
| e Loans or loan guarantees by other organization(s) | | X |
| f Sale of assets to other organization(s) | X | |
| g Purchase of assets from other organization(s) | | X |
| h Exchange of assets | | X |
| i Lease of facilities, equipment, or other assets to other organization(s) | | X |
| j Lease of facilities, equipment, or other assets from other organization(s) | | X |
| k Performance of services or membership or fundraising solicitations for other organization(s) | X | |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets | X | |
| n Sharing of paid employees | X | |
| o Reimbursement paid to other organization for expenses | X | |
| p Reimbursement paid by other organization for expenses | | X |
| q Other transfer of cash or property to other organization(s) | | X |
| r Other transfer of cash or property from other organization(s) | | X |

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

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

