Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or th	e 201	3 calendar year, or tax year begir	ning 07/01, 201 3	s, and ending	<u> </u>	06	/30 ,20 ₁₄			
R ^	·		C Name of organization			D Employer	identific	ation number			
- C	heck if ap		SOUTHERN ILLINOIS UNIV	VERSITY FOUNDATION							
	Addre chang		Doing Business As			37-602	24575)			
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telephone	Telephone number				
	Initial	return	1235 DOUGLAS DR.			(618) 4	53-4	900			
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amer return		CARBONDALE, IL 62901			G Gross rece	eipts \$	78,265,	994.		
	Applie pendi	cation	F Name and address of principal officer:	JAMES G. SALMO		H(a) Is this a g		n for Yes	X No		
	-	-	1235 DOUGLAS DR. CARBO	ONDALE, IL 62901		H(b) Are all sub-		cluded? Yes	No		
ı	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," at	tach a list.	. (see instructions)			
J	Websi	ite: 🕨	WWW.SIUF.ORG			H(c) Group exe	emption nu	umber >			
K	Form	of organ	nization: X Corporation Trust	Association Other ►	L Year of	formation: 1942 N	State of	of legal domicile:	IL		
Pa	art I	Sui	mmary		•	•					
	1	Briefly	describe the organization's mission or	r most significant activities: PROVI	DING PRIV	JATE SUPPORT	FOR	THE MISSI	ON		
ė			SOUTHERN ILLINOIS UNIVER								
au											
/err	2	Check	this box 🕨 🔛 if the organization d	iscontinued its operations or dispose	ed of more tha	n 25% of its net ass	ets.				
Governance	3		er of voting members of the governing				3		24.		
	4		er of independent voting members of t				4		22.		
Activities &	5		number of individuals employed in cale						134.		
Ë	6		number of volunteers (estimate if necess				6		500.		
Ą	7a		unrelated business revenue from Part V				7a	-4	,906.		
			nrelated business taxable income from				7b				
						Prior Year		Current Ye	ar		
ø.	8	Contri	butions and grants (Part VIII, line 1h)			4,451,8	314.	8,927	,353.		
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	COP	Y FOR	69,3	331.	85	,234.		
eve	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)	NSPECTION	5,648,6	501.	15,508	,656.		
œ	11		revenue (Part VIII, column (A), lines 5,		,	646,0	28.	1,056	,790.		
	12		revenue - add lines 8 through 11 (must		i i	10,815,7	774.	25,578	,033.		
	13		s and similar amounts paid (Part IX, colu			7,554,8	864.	7,961	751 .		
	14		its paid to or for members (Part IX, colu				0				
Ś	15		es, other compensation, employee bene		251,6	549.	249	,530.			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column		0						
xbe	b	Total t	fundraising expenses (Part IX, column (I	D), line 25) ▶ 1,083,060).						
ш	17		expenses (Part IX, column (A), lines 11			3,003,8	317.	3,357	,674.		
			expenses. Add lines 13-17 (must equal			10,810,3	30.	11,568	,955.		
	19		nue less expenses. Subtract line 18 from			5,4	144.	14,009	,078.		
or						Beginning of Curren	t Year	End of Year			
sets	20	Total	assets (Part X, line 16)		[158,318,3	319.	179,083	,388.		
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			5,778,3	310.	6,016	,291.		
Fe	22		ssets or fund balances. Subtract line 21			152,540,0	09.	173,067	,097.		
Pa	ırt II	Siç	gnature Block								
Un	der pei	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	is return, including accompanying sched	ules and statem	ents, and to the best	of my k	nowledge and bel	ief, it is		
true	e, corre	T and	complete. Declaration of preparer (other than	officer) is based off all information of wif	ich preparei has	arry knowledge.					
٠.											
Sig			Signature of officer			Date					
He	re										
			Type or print name and title								
D		Print/	Type preparer's name	Preparer's signature	Date	Check	if P	PTIN			
Paid		TRO	Y A LINDSEY			self-empl	oyed	P01041237			
	parer Only	Firm's	sname ▶ BKD, LLP			Firm's EIN	44-0	0160260			
	•	Firm's	address > 211 N. BROADWAY, SUITE	600 ST. LOUIS, MO 63102-2733		Phone no.		-231-5544			
May	the I	RS dis	cuss this return with the preparer show	n above? (see instructions)	<u> </u>	<u> </u>		. X Yes	No		
			Reduction Act Notice, see the separat					Form 990	(2013)		

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	Check if Schedule O contains a response or note to any line in this Part III
-	ATTACHMENT 1
_	
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
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$
	ACADEMIC AND RESEARCH ACTIVITIES OF THE UNIVERSITY AND THE
	INDIVIDUALS IT SERVES.
	(Code:) (Expenses \$
	RELATED PUBLIC SERVICE PROGRAMS OF THE UNIVERSITY AND THE INDIVIDUALS IT SERVES.
	(Onder) (France) (Onder) (Onder)
4 .	
	(Code:) (Expenses \$
	STUDENT ASSISTANCE: PROVIDE SCHOLARSHIPS AND OTHER AWARDS PROGRAMS TO ASSIST INDIVIDUALS IN ACADEMIC EXCELLENCE: ALSO, GRANTING FUNDS
	STUDENT ASSISTANCE: PROVIDE SCHOLARSHIPS AND OTHER AWARDS PROGRAMS TO ASSIST INDIVIDUALS IN ACADEMIC EXCELLENCE: ALSO, GRANTING FUNDS TO SOUTHERN ILLINOIS UNIVERSITY FOR THE PURPOSE OF PROVIDING
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Form 990 (2013)
Part IV Checklist of Poquired Schodules

art	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.7
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		Х	
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		Х
6	Part III			- 21
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	l		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes."		21	
1	complete Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		7.7	
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	v	
20 -	If "Yes," complete Schedule G, Part III	202	X	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
<u>u</u>	1 100 to line 200, and the organization attach a copy of its addited infancial statements to this feturit!	200		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
	through 24d and complete Schedule K. If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 134			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			v
	account)?	4a		X
D	If "Yes," enter the name of the foreign country: ►			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
A	required to file Form 8282?	7c		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		Λ
<u> </u>	155, has it filed a form 125 to report those payments: If two, provide an explanation in schedule O	. 70		

JSA 3E1040 1.000 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.

Sect	ion 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 24			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?	•	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	•	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:				
а	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				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenue	Code		T
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	•			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•	10b		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?.	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			3.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	=		v	
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	=	40-	Х	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13 14	X	
14	Did the organization have a written document retention and destruction policy?		14	21	
15	Did the process for determining compensation of the following persons include a review an				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation		15a	X	
a	The organization's CEO, Executive Director, or top management official		15a		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		.00		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arrangemen t			
100	with a taxable entity during the year?	•	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		- 54		
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶_ ATTACHMENT_2	2			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and		501(:)(3)s	onlv)
-	available for public inspection. Indicate how you made these available. Check all that apply.	((, , - , -	,,
	X Own website X Another's website X Upon request Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of int	erest	policy	, and
•	financial statements available to the public during the tax year.			,	
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the	ne		

JSA 3E1042 1.000 Form **990** (2013)

organization: ▶ STEPHEN A NAGLE 1235 DOUGLAS DR., CARBONDALE, IL 62901

Part VII

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

- 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.

(C)

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 (list any	verage (do not check more the box, unless person is l					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JOHN G BENITEZ	1.00									
DIRECTOR	0	Х							0	0
(2)RITA CHENG	4.00									
CHANCELLOR - SIU CARBONDALE	40.00	Х						C	400,216.	53,213.
(3)SEAN T BOSTON	1.00									
DIRECTOR	0	X						C	0	0
_(4)MARCIA L BULLARD	2.00									
DIRECTOR	0	X						C	0	0
_(5)DIANE R COMPARDO	1.00									
DIRECTOR	0	X						С	0	0
_(6)GREG_N_COOK	2.00									
DIRECTOR	0	X						C	0	0
_(7)CLARENCE C COPPING	1.00									
DIRECTOR	0	X						C	0	0
_(8)G_DAVID_DELANEY	1.00									_
DIRECTOR	0	X						C	0	0
_(9)WILLIAM F HARTMANN	2.00									
DIRECTOR	0	X						С	0	0
(10)RANDY J DUNN	.50									
PRESIDENT - SIU	10.00	X						С	0	0
(11)KENNETH J HULL	1.00									
DIRECTOR	0	Х						C	0	0
(12)MARVIN K KAISER	1.00									
DIRECTOR	0	X						C	0	0

Form 990 (2013)

0

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JSA

(13)MICHAEL KASSER

(14)DANIEL G KORTE

DIRECTOR

DIRECTOR

1.00 0

1.00

0

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Part VII Section A. Officers, Directors, Ti (A)	(B)			(5	(D)	(E)		(F)
Name and title	Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe d a d	more rson lirect	e than o is both or/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo oi comp	mated ount of ther ensation in the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	nization related izations
5) CAMILLE W LOGAN	1.00										
DIRECTOR	0	X						C	0		
6) WILLIAM R LYMANGOOD JR	1.00										
DIRECTOR	0	Х						C	0		
7) DONNA L MANERING	.50										
DIRECTOR	0	X						C	0		
8) F LYNN MCPHEETERS	2.00										
DIRECTOR	0	X						C	0		
9)	2.00	-						_			
DIRECTOR	0	X						С	0		
0)	1.00										
DIRECTOR	0	X						C	0		
1) GLENN W POSHARD	.50								410 701		- 00
PRESIDENT - SIU	10.00	X						C	413,731.		5,99
2) SUSAN W RASHID	2.00										
DIRECTOR	1 00	X						U	U		
3) MATTHEW SOLVERSON	1.00	37									
DIRECTOR	2.00	X						U	0		
4) HOWARD M SPIEGEL	$-\frac{2.00}{0}$								0		
DIRECTOR 5) ROGER B TEDRICK	2.00	X							U		
DIRECTOR	$-\frac{2.00}{0}$	X									
Uh Oude Antal	0	_ A					_		400,216.		3,21
b Sub-total									1,039,901.		9,25
c Total from continuation sheets to Part VII,	_								1,440,117.		2,46
d Total (add lines 1b and 1c)								pooived more than			. 40
reportable compensation from the organization			11316)	uai	DOVE	s) wiic	, 16	ceived more man	\$ 100,000 OI		
	<u> </u>									,	Yes N
B Did the organization list any former offi	cer directo	or. or	tru	ıste	e.	kev e	emp	lovee or highes	t compensated		
employee on line 1a? If "Yes," complete Sched										3	
For any individual listed on line 1a, is the											
organization and related organizations g											
individual										4	Х
Did any person listed on line 1a receive of											
for services rendered to the organization? If "	es," comple	te Scl	hedu	ıle J	l for	such	per.	son		5	
Section B. Independent Contractors											

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 ▶ 1

Part VII Section A. Officers, Directors, Tru	ietooe Ko	v En	nlo			and l	Jia	host Component	and Employees (c		age 8
(A)	(B)	y ⊑ii	ipic	_	es, C)	anu r	ııg	(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	sition more	e than control Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	ı
26) ELIZABETH A BANYCKY	48.00										
TREASURER	0			Х				C	103,074.	34,06	64.
27) BARBARA BOGARD	15.00										
CORPORATE SECRETARY	33.00			Х				C	52,985.	15,96	69.
28) PATRICIA M MOLINE	35.00										
DIRECTOR OF DEVELOPMENT	11.00			Х				C	84,573.	19,50	01.
29) JAMES G SALMO	43.00										
CHIEF EXECUTIVE OFFICER	7.00			Х				C	182,517.	38,01	17.
30) BETH L MOHLENBROCK	43.00										
EXECUTIVE DIRECTOR	0					Х		C	102,971.	34,05	50.
31) DEBORAH A CASE	38.00										
DIR OF DEVELOPMENT- MED SCHOOL	0					X		C	100,050.	11,65	53.
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					b b	eceived more than	\$100,000 of		
										Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. If	"Yes	5, "	complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5	X
Section B. Independent Contractors							•				
Complete this table for your five highest components compensation from the organization. Report of year.											

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

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

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1,193 1a Federated campaigns 1b Membership dues 245 551,114. С Fundraising events 1d 1e 10.247 Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above . 1f 8,364,554 Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 8,927,353 Program Service Revenue **Business Code** 900099 56,509 56.509 SUPPLEMENT PAYMENT FROM SIU ENDOWMENT ADMIN FEE FROM AGENCY 900099 28,325 28,325 h MEMBERSHIP 900099 400 400 d All other program service revenue Total. Add lines 2a-2f 85,234 Investment income (including dividends, interest, and 3,357,912 3,342,296. Income from investment of tax-exempt bond proceeds . . . > 4 5,520. 5 5,520. (ii) Personal (i) Real 7,631 6a Gross rents **b** Less: rental expenses 487 7,144. Rental income or (loss) d Net rental income or (loss) . . 7,144 7,144 (ii) Other (i) Securities Gross amount from sales of 64,655,473. assets other than inventory **b** Less: cost or other basis and sales expenses . . . 52,504,729. 12,150,744. c Gain or (loss) d Net gain or (loss) 12,150,744 -20,522. 12,171,266. Other Revenue Gross income from fundraising events (not including \$ ___ 551,114. of contributions reported on line 1c). See Part IV, line 18 a 139,860 Less: direct expenses c Net income or (loss) from fundraising events -31,956 -31,956. 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 18,352 18,352. 10a Gross sales of inventory, returns and allowances 2,701 **b** Less: cost of goods sold Net income or (loss) from sales of inventory. 2,701 2,701 Miscellaneous Revenue **Business Code** ACTUARIAL ADJUSTMENT 900099 869,826 869,826. 11a 900099 PREMIUMS 109,361 109,361. b ALUMNI ASSOCIATION SUPPORT 900099 50,000. 50,000. С 25,842. 25,842 All other revenue 1,055,029 e Total. Add lines 11a-11d Total revenue. See instructions 25,578,033 85,234 -4,906 16,570,352.

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).

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	5,681,050.	5,681,050.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	2,196,125.	2,196,125.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	84,576.	84,576.		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	210,510.		39,916.	170,594.
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0	2	10.01	
9	Other employee benefits	20,933.	8,447.	10,812.	1,674.
10	Payroll taxes	18,087.		3,432.	14,655.
	Fees for services (non-employees):				
	Management	34,603.		24 (02	
	Legal	34,603.		34,603. 37,703.	
	Accounting	37,703.		37,703.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	292,849.		292,849.	
	Investment management fees	2,01,01,		2,01,01,	
y	Other. (If line 11g amount exceeds 10% of line 25, column	479,538.	237,644.	138,640.	103,254.
12	(A) amount, list line 11g expenses on Schedule O.). Advertising and promotion	102,248.	16,155.	13,393.	72,700.
13	Office expenses	655,723.	227,254.	172,079.	256,390.
14	Information technology	230,773.	9,773.	69,272.	151,728.
15	Royalties	. 0			· ·
16	Occupancy	101,059.	35,168.	53,726.	12,165.
	Travel	317,976.	143,557.	19,671.	154,748.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	121.	121.		
19	Conferences, conventions, and meetings	580,705.	417,016.	18,790.	144,899.
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	461,542.	357,125.	104,417.	
23	Insurance	28,037.	6,578.	21,459.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	22 526	22 500		
-	PREMIUM ITEMS FOR SALE	33,589.	33,589.	0.5.5	0.5.2
	MISCELLANEOUS	1,208.		955.	253.
	All all and a second				
	All other expenses	11,568,955.	9,454,178.	1,031,717.	1,083,060.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	11,300,933.	2,434,1/0.	1,031,/1/.	1,000,000.
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0			

JSA 3E1052 1.000

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Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X								
		Shock if Schedule S contains a response of	11010		(A)		(B)		
					Beginning of year		End of year		
	1	Cash - non-interest-bearing			1,050.	1	1,950.		
	2	Savings and temporary cash investments	414,464.	2	295,221.				
	3	Pledges and grants receivable, net	9,280,938.	3	7,005,562.				
	4	Accounts receivable, net	185,760.	4	284,421.				
	5	Loans and other receivables from current and							
		trustees, key employees, and highest co							
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers		0	5	0			
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as	defined under section					
		and sponsoring organizations of section $501(c)(9)$ volu							
Ŋ		organizations (see instructions). Complete Part II of Sche	0	_	0				
Assets	7	Notes and loans receivable, net			0	7	0		
As	8	Inventories for sale or use			3,191.	8	13,796.		
	9	Prepaid expenses and deferred charges			51,925.	9	100,306.		
	10 a	Land, buildings, and equipment: cost or		1 000 106					
			10a		007 026		025 070		
		Less: accumulated depreciation			927,036.		935,278.		
	11	Investments - publicly traded securities			129,632,641. 15,561,332.	11	142,635,260.		
	12	Investments - other securities. See Part IV, line 11	15,501,332.	12	25,806,654.				
	13 14	Investments - program-related. See Part IV, line 11	1,562,426.	13 14	1,205,301.				
	15	Intangible assets Other assets See Part IV line 11			697,556.	15	799,639.		
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal			158,318,319.	16	179,083,388.		
_	17	Accounts payable and accrued expenses			208,162.	17	215,549.		
	18	Grants payable		0		0			
	19	Deferred revenue	0	19	0				
	20	Tax-exempt bond liabilities		0	20	0			
S	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	2,091,317.	21	2,784,267.		
Liabilities	22	Loans and other payables to current and for							
abi		trustees, key employees, highest compen	sated	employees, and					
		disqualified persons. Complete Part II of Schedule	L		0	22	0		
	23	Secured mortgages and notes payable to unrelate			0	23	0		
	24	Unsecured notes and loans payable to unrelated			0	24	0		
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on lines		'					
		of Schedule D			3,478,831.	25	3,016,475.		
_	26	Total liabilities. Add lines 17 through 25			5,778,310.	26	6,016,291.		
S		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checi	k here ► X and					
Š	27	Unrestricted net assets			10,382,103.	27	14,609,917.		
3ala	28	Temporarily restricted net assets			63,618,961.	28	75,658,742.		
힏	29	Permanently restricted net assets			78,538,945.	29	82,798,438.		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.							
ts c	30	Capital stock or trust principal, or current funds				30			
set	31	Paid-in or capital surplus, or land, building, or equ				31			
As	32	Retained earnings, endowment, accumulated inco				32			
Net	33	Total net assets or fund balances			152,540,009.	33	173,067,097.		
_	34	Total liabilities and net assets/fund balances		<u> </u>	158,318,319.	34	179,083,388.		
				•					

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25,5	78,0	33.
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,5	68,9	55.
3	Revenue less expenses. Subtract line 2 from line 1	3		14,0	09,0	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	52,5	40,0	09.
5	Net unrealized gains (losses) on investments	5		7,6	64,4	07.
6	Donated services and use of facilities	6			3,7	749.
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,150,146.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	73,0	67,0	97.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent accour	itant?)	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

Name o	of the organization							Emplo	yer iden	tification number
SOUTI	HERN ILLINOIS UN	NIVERSITY FOU	NDATION						37-	-6024575
Part I	Reason for Pub	lic Charity Statu	s (All organizations mu	st con	nplete	this pa	art.) Se	e instru	uctions	
The or	ganization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1			association of churches		ed in s	ection	170(b)(1)(A)(i)		
2			(1)(A)(ii). (Attach Schedul							
3	•	•	ervice organization descri			-				
4			erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(k	o)(1)(A)(iii). Enter the
	hospital's name, cit									
5 X	X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(•					•		
<u>6</u> ⊢		_	or governmental unit des							and the consequent world the
7		=	es a substantial part of it	s supp	ort tro	om a go	vernme	entai un	iit or ire	om the general public
	described in section			nloto F	Dort II \					
8			on 170(b)(1)(A)(vi). (Comes: (1) more than 331/3%	-			contrib	utions	momb	archin food and grace
9		-	exempt functions - subj							•
	•		ome and unrelated busi			-				
	• • • • • • •		ne 30, 1975. See section				-			tax) from baomeocco
10			ted exclusively to test for			-		-).	
11	_	-	rated exclusively for the	-	-				-	, or to carry out the
		-	ipported organizations de			-				
			es the type of supporting					-		
	a Type I	b Type II	c Type III-Function	nally in	tegrate	ed	d	Type III	I-Non-fu	unctionally integrated
е 🗌	By checking this be	ox, I certify that th	e organization is not con	trolled	direct	ly or inc	directly	by one	or mor	e disqualified persons
	other than foundat	ion managers and	other than one or more	publicl	y supp	orted o	rganiza	tions d	escribe	d in section 509(a)(1)
	or section 509(a)(2	2).								
f	If the organization	received a writte	n determination from the	e IRS	that it	is a Ty	уре І, Т	ype II,	or Type	e III supporting
	organization, check									
g	-	006, has the orga	nization accepted any gift	or co	ntributi	on from	any of	the		
	following persons?									
		=	tly controls, either alone	_	ether v	with per	sons d	escribe	d in (ii)	
			the supported organization	on?						11g(i)
			scribed in (i) above?							11g(ii)
	• •		on described in (i) or (ii) a							11g(iii)
<u>h</u>		<u> </u>	ut the supported organiza	T .		63 Did.		6-23-1	- 41	(tall) A
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organi	ls the zation in	the orga	ou notify anization		s the zation in	(vii) Amount of monetary support
			above or IRC section (see instructions))	l vour a	listed in overning	in col. (i			rganized U.S.?	
			(See Ilistructions)	Yes	Ment?	Yes	No	Yes	No	
						100		100	110	
(A)										
(B)										
(C)										
(D)										
(D)										
/E\										
(E)										
Total										

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 Page 2

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.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,662,495.	11,477,686.	8,056,397.	4,453,454.	8,927,753.	44,577,785.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0				
3	The value of services or facilities furnished by a governmental unit to the organization without charge	59,696.	45,448.	45,363.	44,838.	45,659.	241,004.				
4	Total. Add lines 1 through 3	11,722,191.	11,523,134.	8,101,760.	4,498,292.	8,973,412.	44,818,789.				
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)						364,373.				
6	Public support. Subtract line 5 from line 4.						44,454,416.				
	tion B. Total Support	(-) 2000	(b) 0040	(-) 0044	(4) 0040	(-) 0040	(D. T-+-)				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,722,191. 3,053,884.	11,523,134. 3,168,822.	8,101,760. 2,924,639.	4,498,292. 3,140,796.	8,973,412. 3,354,385.	44,818,789. 15,642,526.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on				4,150.		4,150.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	529,285.	1,258,260.	-85,453.	440,473.	895,668.	3,038,233.				
11	Total support. Add lines 7 through 10						63,503,698.				
12	Gross receipts from related activities, etc. (s	see instructions)				12	27,263,475.				
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye						
Sec	tion C. Computation of Public Sup										
14	Public support percentage for 2013 (li	ne 6, column (f)) divided by line	11, column (f))		14	70.00%				
15	Public support percentage from 2012	Schedule A, Pa	rt II, line 14			15	78.19%				
16a	331/3% support test - 2013. If the o	rganization did	not check the b	oox on line 13,	and line 14 is	331/3 % or mor	e, check				
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶ X				
b	331/3% support test - 2012. If the o	organization did	not check a bo	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,				
	check this box and stop here. The orga	anization qualifi	es as a publicly s	supported orgai	nization		▶ 📖				
17a	10%-facts-and-circumstances test - 2	2013. If the org	janization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is				
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here. E	xplain in				
	Part IV how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly su	ipported				
b	organization	2012. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,					
	Explain in Part IV how the organizati										
18	supported organization Private foundation. If the organization						▶ □				
	instructions	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	▶ 🔲				
		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·					

Schedule A (Form 990 or 990-EZ) 2013 Page **3**

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	<u> </u>					
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						
7 a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	<u> </u>					
10 a	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	_					
С	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	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here	<u></u>					▶ 🔼
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmer	nt Income Per	centage				
17	Investment income percentage for 2013 (li	ne 10c, column (f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2012					18	%
19 a	331/3% support tests - 2013. If the or					e than 331/3%,	and line
	17 is not more than 331/3 %, check th	_					. \square
b	331/3% support tests - 2012. If the orga	-	-	-		•	
	line 18 is not more than 331/3 %, check						. \square
20	Private foundation If the organization		-	•	. ,		<u> </u>

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013 Page **4**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10

ACTUARIAL ADJUSTMENT, OTHER INCOME.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Internal Revenue Service Name of the organization

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number**

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION 37-6024575 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** | X | For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Employer identification number

			37-6024575
Part I Contrib	utors (see instructions). Use duplicate copie	s of Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,283,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$400,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Porson

Payroll
Noncash
(Complete Part II for noncash contributions.)

Name of organization SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Employer identification number

37-6024575

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

e of or	rganization SOUTHERN ILLINOIS UNIV	ERSITY FOUNDATION	Employer identification number					
			37-6024575					
t III	Exclusively religious, charitable, etc. that total more than \$1,000 for the y	, individual contributions to ear. Complete columns (a)	section 501(c)(7), (8), or (10) organization through (e) and the following line entry.					
	For organizations completing Part III, e contributions of \$1,000 or less for the	enter the total of <i>exclusively</i> e year. (Enter this informatio	religious, charitable, etc., n once. See instructions.) ▶\$					
	Use duplicate copies of Part III if additi-	onal space is needed.						
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, an	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
Ne								
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its See separate instructions.

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

•	Section 501(c)(4), (5), or (6) org	ganizations: Complete Part III.	,	, , ,	
	e of organization	·		Employer identi	fication number
SOU	THERN ILLINOIS UNIV	ERSITY FOUNDATION		37-60	24575
Pai	rt I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1		e organization's direct and indirect p			
2	Political expenditures			▶ \$	
3	Volunteer hours				
Par		organization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3	=	a section 4955 tax, did it file Form	-		Yes No
					Yes No
	If "Yes," describe in Part IV.	organization is exempt under			<u>, </u>
).
1		expended by the filing organization			
_					
2		ng organization's funds contributed ies			
3		enditures. Add lines 1 and 2. En			
	line 17b			▶\$	
4	Did the filing organization fi	le Form 1120-POL for this year?			Yes No
5		s and employer identification numb its. For each organization listed, en			
		itributions received that were prom			
		nd or a political action committee (I			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			, ,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(1)					
(')					
(2)					
(-)					
(3)					
(-,					
(4)					
_					
(5)					
(6)					
				1	

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

Pa	art II-A Complete if the or section 501(h)).	ganizatio	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under	
Α			belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup membe	er's
В	Check ► if the filing orga	anization	checked box A and "limited control" provisi	ons apply.		
			ying Expenditures	(a) Filing	(b) Affiliate	ed
	(The term "expendi	itures" me	eans amounts paid or incurred.)	organization's totals	group tota	als
1 a	a Total lobbying expenditures	to influenc	e public opinion (grass roots lobbying)			
k	b Total lobbying expenditures t	to influenc	e a legislative body (direct lobbying)			
(c Total lobbying expenditures	(add lines	1a and 1b)			
(d Other exempt purpose exper	11,568,955.				
•	e Total exempt purpose expen	11,568,955.				
f	f Lobbying nontaxable amount. Enter the amount from the following table in both					
	columns.			728,448.		
	If the amount on line 1e, column ((a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000		20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,00	00,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,5	500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500,000 but not over \$17	7,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000		\$1,000,000.			
ç	g Grassroots nontaxable amou	unt (enter :	25% of line 1f)	182,112.		
ŀ	h Subtract line 1g from line 1a	. If zero or	less, enter -0-	0		0
i	Subtract line 1f from line 1c.	If zero or	less, enter -0-	0		0
j	j If there is an amount other	than zer	o on either line 1h or line 1i, did the organiz	ation file Form 4720		_
	reporting section 4911 tax for	or this year	?		Yes	No
		4	-Year Averaging Period Under Section 501(h)			

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total				
2a	Lobbying nontaxable amount	719,567.	698,865.	690,517.	728,448.	2,837,397.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					4,256,096.				
С	Total lobbying expenditures									
d	Grassroots nontaxable amount	179,892.	174,716.	172,629.	182,112.	709,349.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,064,024.				
f	Grassroots lobbying expenditures	-								

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	m 576	88		
For	and "Van" represents to lines to through to helpy provide in Part IV a detailed	(a)		(b))	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?						
_							
j 2 a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
∠a b							
C	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
$\overline{}$	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5).	or s	ectio	n		
	501(c)(6).	-,(-,,			•		
	· // /					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?						
1 - al	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." Dues, assessments and similar amounts from members	OR (b) Pa			3, is	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount	te o	, t	1			
_	political expenses for which the section 527(f) tax was paid).		"				
а	Current year			2a			
b	Carryover from last year		•••	2b			
C	Total		• • •	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	 ;	• • •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		e i				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lob						
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
Pai							
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr	oup I	ist); P	art II-A	A, line 2	2; and	
Part	II-B, line 1. Also, complete this part for any additional information.						
_	·						

Schedule C (Form 990 or 990-EZ) 2013

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name	e of the organization		Employer identification number
SOU	JTHERN ILLINOIS UNIVERSITY FOUNDATION		37-6024575
Pa	Organizations Maintaining Donor Advised Funds or Complete if the organization answered "Yes" to Form	Other Similar Funds or A 990, Part IV, line 6.	ccounts.
	(a) D	onor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in	donor advised
	funds are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor advis	ors in writing that grant fund	ls can be used
	only for charitable purposes and not for the benefit of the donor	or donor advisor, or for any	other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization		m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (or	check all that apply).	
	Preservation of land for public use (e.g., recreation or educa	ation) Preservation o	f an historically important land area
	Protection of natural habitat	Preservation o	f 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structu		2c
d	Number of conservation easements included in (c) acquired afte		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or termina	ated by the organization during the
	tax year ▶		
4	Number of states where property subject to conservation easem		
5	Does the organization have a written policy regarding the periodi		
_	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing conservation ease	ements during the year
_	Annual of company to consider a solitoring because the consideration		As also show that you are
7	Amount of expenses incurred in monitoring, inspecting, and enfo	rcing conservation easemer	its during the year
	Does and conservation accoment reported on line 2/d) shave a	action, the requirements of ac	otion 170/h)//1)/P)
8	Does each conservation easement reported on line 2(d) above s		
9	(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation e	assements in its revenue and	evapore statement and
3	balance sheet, and include, if applicable, the text of the footnote		
	organization's accounting for conservation easements.	to the organization of manon	
Pa	rt III Organizations Maintaining Collections of Art, Histo	orical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	m 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its r	evenue statement and balance shee
	If the organization elected, as permitted under SFAS 116 (ASC works of art, historical treasures, or other similar assets held public service, provide, in Part XIII, the text of the footnote to its fi	for public exhibition, educ	cation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (AS works of art, historical treasures, or other similar assets held		
	public service, provide the following amounts relating to these ite		satisfies, or recognish in furtherance of
	(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 tr		
	following amounts required to be reported under SFAS 116 (ASC		<u> </u>
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **2**

Par	t III Organizations Maintaining Coll	ections of	Art, Hist	orical T	reasur	es,	or Oth	er Similar	Assets	(conti	inue	d)
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and o	ther recor	ds, check	any o	f the	follow	ing that are	a signi	icant us	se of	f its
а	Public exhibition		d _	Loan c	or excha	ange	prograr	ns				
b	Scholarly research		e X	Other	HELD	FOR	INVE	ESTMENT P	URPOS	ΞS		
С	Preservation for future generations			·								
4	Provide a description of the organization'	s collections	and expla	ain how t	hey fur	ther	the org	ganization's e	exempt	purpose	in F	Part
	XIII.											
5	During the year, did the organization solicit	or receive de	onations o	f art, histo	orical tr	easu	res, or o	other similar				
	assets to be sold to raise funds rather than	to be mainta	ined as pa	rt of the c	organiza	ation'	s collec	tion?	X	Yes		No
Par	t IV Escrow and Custodial Arrangen	nents. Com	plete if th	ne organi	ization	ansv	wered	"Yes" to For	m 990	Part I\	/, lin	e 9,
	or reported an amount on Form	990, Part X	, line 21.									
	Is the organization an agent, trustee, custo included on Form 990, Part X? If "Yes," explain the arrangement in Part XI							assets not		Yes	Х	No
~	Too, explain the arrangement in rate XI	r and comple	oto the follo	ownig tab				Amo	nunt			
c	Beginning balance					1c		7.1110	, di ii			
	Additions during the year					1d						
	Distributions during the year					1e						
	Ending balance					1f						
	Did the organization include an amount on								Х	Yes	\Box	No
	If "Yes," explain the arrangement in Part XI										Х	
Par												
		urrent year	(b) Prio		(c) Tw			(d) Three years		(e) Four y	ears b	ack
1a		454,090.		0,082.	95,			76,174,2		64,8		
		480,143.		8,271.			151.	5,389,8		2,9		
	Net investment earnings, gains,											
		410,705.	12,81	2,068.	-1,	057,	323.	18,645,0	076.	11,7	41,	130.
d		529,065.		1,182.			510.	615,				
е	Other expenditures for facilities											
	-	237,714.	1,97	9,413.	1,	829,	347.	2,434,	209.	2,0	97,	686.
f		989,502.		5,736.			633.	1,238,3		1,2		
g		588,657.			92,	870,	082.	95,920,	744.	76,1	74,	251 .
2	Provide the estimated percentage of the cu	rrent year er	nd balance	(line 1g,	column	(a))	held as:	:				
а	Board designated or quasi-endowment	2.9400	%	,		. ,,						
b	Permanent endowment ▶ 94.5200 %	,	_									
С		.5400 %										
	The percentages in lines 2a, 2b, and $\bar{2}\bar{c}$ sh	ould equal 10	00%.									
3a	Are there endowment funds not in the pos	session of th	e organiza	tion that	are hel	d and	d admin	istered for the	9			
	organization by:									Y	'es	No
	(i) unrelated organizations									3a(i)		X
	(ii) related organizations									3a(ii)		X
b	If "Yes" to 3a(ii), are the related organization	ns listed as r	equired on	Schedule	R? .					3b		
4	Describe in Part XIII the intended uses of the	ne organizatio	on's endov	vment fur	nds.							
Par	t VI Land, Buildings, and Equipment	June 2 d "Ver	o" to Form	- 000 D		ina 1	10 00	o Form 000	Dort	V line 1	10	
	Complete if the organization an Description of property	(a) Cost or o		(b) Cost o				umulated		N, IIIIE Book valu		
		(investr			ther)	1010		eciation	(α)	DOOK Valu		
1a	Land		00,750.	3	15,67	72.					6,4	
b	Buildings	(60,000.								0,0	
	Leasehold improvements				22,92	_					2,9	
d	Equipment			1,0	09,79	93.	8	73,858.		13	5,9	35.
	Other											
Tota	I. Add lines 1a through 1e. (Column (d) mus	st equal Form	990, Part	X, column	n (B), lin	e 10((c).)	▶ 🗔		93	5,2	78.

Schedule D (Form 990) 2013

Page 3 Schedule D (Form 990) 2013

(a) Description of security or casepary (c) Method of valuation: Cost or end-of-year marked value (c) Method of valuation: Cost or end-of-year marked value (c) Method of valuation: Cost or end-of-year marked value (c) Method of value (c) Method	Part VII Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990.	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category		(c) Method of valuation:
(3) Other (A) HEDGS FUNDS	(1) Financial derivatives		
(A) IEDSE FUNDS 3, 346, 070, PMV (B) PRIVATE EQUITY 5, 262, 919, PMV (C) LEVERAGED LOANS 6, 704, 884, PMV (D) DISTRESSED DEBT 902, 293, PMV (E) ALTERNATIVE STRATEGIES 9, 590, 588, PMV (G) (H) (G	(2) Closely-held equity interests		
(A) IEDSE FUNDS 3, 346, 070, PMV (B) PRIVATE EQUITY 5, 262, 919, PMV (C) LEVERAGED LOANS 6, 704, 884, PMV (D) DISTRESSED DEBT 902, 293, PMV (E) ALTERNATIVE STRATEGIES 9, 590, 588, PMV (G) (H) (G	(3) Other		
(C) LEVERAGED LOANS 6.704,881. FWV (D) DISTRESSED DRET 902,293. FMV (E) ALTERNATIVE STRATEGIES 9,590,588. FWV (F) (G) (H) (H)	(A)HEDGE FUNDS	3,346,070.	FMV
(E) ALTERNATIVE STRATEGIES 9,590,588. FMV (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► (a) Description of investment (b) Book value (c) (d) (e) (e) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(B)PRIVATE EQUITY	5,262,819.	FMV
(E) ALTERNATIVE STRATEGIES 9,590,588. FMV (F) (G) (H) (H) (Column (D) must equal Form 990, Part X, cot. (B) line 12.) ► 25,806,654. Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, cot. (B) line 15.) (b) Book value (1) (c) (d) (d) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(C)LEVERAGED LOANS	6,704,884.	FMV
(5) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(D)DISTRESSED DEBT	902,293.	FMV
(ii) (iii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiii) (iiii) (iii) (ii) (iii) (ii	(E) ALTERNATIVE STRATEGIES	9,590,588.	FMV
(a) Description of investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f)	(F)		
Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Cost or end-of-year market value (c)	Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	25,806,654.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) must equal Form 990, Part X, col. (8) line 13.) ► Cast or end-of-year market value	Part VIII Investments - Program Related. Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal income taxes (2) TRUST AND ANNUTTIES PAYABLE (3) (4) (5) (6) (7) (8) (9) (1) Federal income taxes (2) TRUST AND ANNUTTIES PAYABLE (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Folderal income taxes (2) TRUST AND ANNUTTIES PAYABLE (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Folderal income taxes (2) TRUST AND ANNUTTIES PAYABLE (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) Folderal income taxes (2) TRUST AND ANNUTTIES PAYABLE (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) Folderal income taxes (2) TRUST AND ANNUTTIES PAYABLE (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) Folderal income taxes (2) TRUST AND ANNUTTIES PAYABLE (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) Folderal income taxes (2) TRUST AND ANNUTTIES PAYABLE (3) (4) (4) (5) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a) Description of investment	(b) Book value	
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(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part XI Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ Part XI Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE 3, 016, 475. (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3, 016, 475.	(2)		
(5) (6) (7) (8) (9) Cottan (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE 3, 016, 475. (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3, 016, 475.	(3)		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(4)		
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(9)	(7)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ■	(8)		
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Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE (3), 016, 475. (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), . ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE 3,016,475. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.	(a)	Description	(b) Book value
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(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(5)		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE 3,016,475. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.	(6)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE 3,016,475. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.	(7)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(8)		
Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE 3,016,475. (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (7) (8) (9) (8) (9) (9) (8) (9) (9) (8) (9) (9) (9) (1) (8) (9) (8) (8) (9) (8) (8) (9) (8) (8) (9) (8) (8) (9) (8) (8) (8) (9) (8) (8) (8) (8) (9) (8) (8) (8) (9) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(9)		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE 3,016,475. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.	Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE 3,016,475. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.			<u> </u>
(1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE 3, 016, 475. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3, 016, 475.	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
(1) Federal income taxes (2) TRUST AND ANNUITIES PAYABLE 3, 016, 475. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3, 016, 475.	1. (a) Description of liability	(b) Book valu	e
(2) TRUST AND ANNUITIES PAYABLE (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.		3,016,	475.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,016,475.			
	_ , ,	3.016.4	475.
2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

JSA 3E1270 1.000

Schedule D (Form 990) 2013 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	38,375,692.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	00,000,000
а	Net unrealized gains on investments 2a 7,664,407.		
b	Donated services and use of facilities 2b 3,749.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 5,422,352.		
е	Add lines 2a through 2d	2e	13,090,508.
3	Subtract line 2e from line 1	3	25,285,184.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 292,849.		
b	Other (Describe in Part XIII.) 4b		
	Add lines 4a and 4b	4c	292,849.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,578,033.
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	17,848,609.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses ZC		
d	Other (Describe in Part XIII.) 2d 6,572,503.		
е	7.dd iiiloo 2d tiirodgii 2d	2e	6,572,503.
3	Subtract line 2e from line 1	3	11,276,106.
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 292,849.	-	
b	Other (Describe in Part XIII.)		000 040
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	292,849.
5 Part		5	11,568,955.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V	line 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	nation	1.
SEE		nation	1.
SEE	t XI, lines 2d and 46; and Part XII, lines 2d and 46. Also complete this part to provide any additional inform	nation	ı.
SEE		mation	ı.
SEE		nation	n.
SEE		nation	n.
SEE		mation	n.
SEE		nation	n
SEE		nation	
SEE		nation	1. ————————————————————————————————————
SEE		nation	

JSA 3E1271 1.000

Page 5

SCHEDULE D, PART III, LINE 4

DONATED ARTWORK TO HELP BENEFIT THE STUDENT SCHOLARSHIP PROGRAM.

SCHEDULE D, PART IV, LINE 2B

THE FOUNDATION ENTERED INTO AN AGREEMENT WITH SOUTHERN ILLINOIS

UNIVERSITY TO ADMINISTER AS AGENCY FUNDS ANY ENDOWMENT FUNDS RECEIVED BY

THE UNIVERSITY.

SCHEDULE D, PART V, LINE 4

SCHOLARSHIPS, RESEARCH, INSTRUCTION, LOANS, CAPITAL PROJECTS, AND OTHER.

SCHEDULE D, PART X, LINE 2

THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE FOUNDATION AS EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION FOLLOWS THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION IS SUBJECT TO FEDERAL AND STATE INCOME TAXES TO THE EXTENT IT HAS UNRELATED BUSINESS INCOME. IN ACCORDANCE WITH THE GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND DETERMINED THAT THERE ARE NO INCOME TAX EFFECTS WITH RESPECT TO ITS FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL OR STATE AUTHORITIES FOR YEARS ENDING BEFORE JUNE 30, 2011 NOR HAS THE FOUNDATION BEEN NOTIFIED OF ANY IMPENDING EXAMINATION AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

Schedule D (Form 990) 2013 SOUTHERN ILL	LINOIS UNIVERSITY FOUNDATION	37-6024575	Page 5
Part XIII Supplemental Information (continu	ued)		
SCHEDULE D, PART XI, LINE 2D			
RELATED ENTITY TRANSACTIONS	5,239,121		
FUNDRAISING EVENT EXPENSES	171,816		
GAMING EXPENSES	10,929		
RENTAL EXPENSES	487		
ROUNDING	(1)		
TOTAL	5,422,353		
SCHEDULE D, PART XII, LINE 2D			
RELATED ENTITY TRANSACTIONS	5,239,121		
BAD DEBT EXPENSES	1,150,147		
FUNDRAISING EVENT EXPENSES	171,816		
GAMING EXPENSES	10,929		
RENTAL EXPENSES	487		
ROUNDING	3		

6,572,503

TOTAL

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION 37-6024575 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No										
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.										
3	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)										
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region					
(1)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		12,489,306.					
(2)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TRAVEL	1,204.					
(3)	EUROPE			PROGRAM SERVICES	TRAVEL	12,457.					
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
10)											
11)											
12)											
13)											
14)											
15)											
16)											
17)											
3 a	Sub-total					12,502,967.					
	Total from continuation sheets to Part I										
С	Totals (add lines 3a and 3b)					12.502.967.					

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

Schedule F (Form 990) 2013

37 0024373

Schedule F (Form 990) 2013	Pag
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on For	rm 990.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
1)									
2)									
3)									
4)									
5)									
6)									
7)									
В)									
9)									
10)									
11)									
12)									
13)									
14)									
, 15)									
16)									
	er total number of recipien the IRS, or for which the gra	t organizations listed above antee or counsel has provide							

Schedule F (Form 990) 2013

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	CENT. AMERICA/CARIBBEAN	2.	6,470.	CHECK TO SIU			
(2) SCHOLARSHIPS	EAST ASIA/PACIFIC	18.	38,797.	CHECK TO SIU			
(3) SCHOLARSHIPS	EUROPE/ICELAND/GREENLAND	5.	4,658.	CHECK TO SIU			
(4) SCHOLARSHIPS	MIDDLE EAST/NORTH AFRICA	2.	5,500.	CHECK TO SIU			
(5) SCHOLARSHIPS	SOUTH AMERICA	5.	4,988.	CHECK TO SIU			
(6) SCHOLARSHIPS	SOUTH ASIA	4.	5,313.	CHECK TO SIU			
(7) SCHOLARSHIPS	SUB-SAHARAN AFRICA	7.	18,850.	CHECK TO SIU			
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page 4
Part IV Foreign Forms

ган	i oreign rorms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes	☐ No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		Yes	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X	Yes	No No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X	Yes	☐ No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X	Yes	No No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		Yes	X No	

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page 5

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

ALL SCHOLARSHIPS ARE PLACED DIRECTLY IN THE INDIVIDUAL'S BURSAR'S ACCOUNT TO PAY FOR TUITION, FEES, HOUSING, ETC. IF A STUDENT DROPS BEFORE DATE TO GET REFUND, THEN SCHOLARSHIPS ARE RETURNED TO SOUTHERN ILLINOIS UNIVERSITY FOUNDATION.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047
2013

Open to Public

Department of the Treasury
Internal Revenue Service

Information about Schedul

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization					Employer identification	on number
SOU	THERN ILLINOIS UNIVERSITY		37-6024575	5			
Pari	Fundraising Activities. Con				"Yes" to Form 9	90, Part IV, line	17.
		<u> </u>	.				
1	Indicate whether the organization rai	•		•			
а	Mail solicitations	е			non-government g		
b		f			government grant	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2 a	Did the organization have a written of						
h	or key employees listed in Form 990 If "Yes," list the ten highest paid ind						Yes No
b	compensated at least \$5,000 by the		(Turiuraise	is) puisua	and to agreements	under windir the	iuliulaisei is to be
	compensation acroact to, cool by the	o.ga <u>_</u> a					
			(m) D: 1 ((v) Amount paid to	
	(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)		contrib	outions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1							
2							
3							
4							
4							
- 5							
·							
6							
7							
8							
9							
40							
10							
Total							
3	List all states in which the organiza				contributions or	has been notified	it is evennt from
3	registration or licensing.	ition is registered t	JI IICCIISCO	i to solicit	Contributions of	nas been notined	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 Page **2**

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))
æ			(event type)	(event type)	(total number)	
evenu	1	Gross receipts	216,320.	81,075.	380,672.	678,067
Ř	2	Less: Contributions	184,006.	77,635.	282,126.	543,767.
		Gross income (line 1 minus	32.314.	3.440.	98.546.	134,300
_		mic 2)	32,311	3,1101	30,010.	101,000
	4	Cash prizes			0	
	5	Noncash prizes			16,688.	16,688
enses	6	Rent/facility costs	880.	3,002.	64,220.	68,102
ct Expo	7	Food and beverages	31,136.	1,459.	50,612.	83,207
Dire	8	Entertainment			0	
	9	Other direct expenses			396.	396
	10	Direct expense summary Add lines 4	4 through 9 in column (d)	•	168,393
	11	(event type) (event type) (total number (total number				-34,093
DENTM & DIAMOND CHANCELLOR GOL (and number) Col. (and number)		rted more				
		than \$15,000 on Form 990-E	EZ, line 6a.		1	
enne			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			29,281.	29,281
ģ	2	Cash prizes				
euse						
t Exp					10,309.	10,309
Oirec	4	Rent/facility costs				
	5	Other direct expenses			620	620
			Yes %	Yes %	_	320
	6	Volunteer labor	No			
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		10,929
	Q	Net gaming income summary Subtr	act line 7 from line 1 col	lumn (d)	_	10 252
_	0	Net gaining income summary. Subtra	act line / from line 1, col	umm (a)		18,352
9	Ε	nter the state(s) in which the organizat	tion operates gaming ac	tivities: IL,MO,		
	a Is	the organization licensed to operate of				Yes X No
ŀ						
	_	SEE SUPPLEMENTAL PAGE				
		"Voo." ovaloin:				Yes X No
	-					
_						

Sched	ule G (Form 990 or 990-EZ) 2013
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Todads.
	Name ► STEPHEN A NAGLE
	Address ► 1235 DOUGLAS DRIVE CARBONDALE, IL 62901
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
_	revenue? Yes X No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
C	Tes, enter name and address of the till party.
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶ STEPHEN A NAGLE
	Name > Sitertin A Nagle
	Gaming manager compensation ▶\$
	Description of services provided ► MONITOR NEEDED LICENSES AND REPORTING
	X Director/officer
17	Mandatory distributions:
ı,	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Part	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	additional information (see instructions).
SCH	EDULE G, PART III, LINE 9B EXPLANATION
THE	ORGANIZATION ACQUIRES LICENSES, WHEN APPLICABLE, TO OPERATE
GAI	MING ACTIVITIES WITHIN ILLINOIS. A GAMING LICENSE WAS NOT
RE	QUIRED IN MISSOURI BECAUSE THE GAMING ACTIVITY CONDUCTED WAS
ידעז	THIN THE LIMITS PERMITTED BY APPLICABLE MISSOURI LAW, WHICH
VV ⊥	THE THE BENEFIC PERMITTED OF ALTERCADES PHODOCKE HAW, WHICH
PEI	RMITS CERTAIN CHARITABLE RAFFLES AND SWEEPSTAKES WITHOUT

Schedule G (Form 990 or 990-EZ) 2013

Sched	ule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year \$ \bigs \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	additional information (see instructions).
SCH	EDULE G, PART III, LINE 9B EXPLANATION
LI	CENSURE.

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)

Name of the organization

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.

Department of the Treasury
Internal Revenue Service
Information about Schedule I (Fo

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

Part I General Information on Grants and)				37-602457	<u> </u>
1 Does the organization maintain records to su							
the selection criteria used to award the grant	s or assistanc	e?					X Yes No
2 Describe in Part IV the organization's proced	dures for mon	itoring the use of	of grant funds in the	United States.			
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient the	Sovernments nat received	s and Organiz more than \$5,	ations in the Uni t 000. Part II can b	ted States. Come duplicated if a	nplete if the organi additional space is	ization answered "\ needed.	es" to Form 990,
(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
(1) SOUTHERN ILLINOIS UNIVERSITY CARBONDALE							
1265 LINCOLN DRIVE CARBONDALE, IL 62901	37-6005961	501(C)(3)	5,530,023.				PROGRAM ACTIVITIES
(2) SOUTHERN ILLINOIS UNIVERSITY CARBONDALE							
1265 LINCOLN DRIVE CARBONDALE, IL 62901	37-6005961	501(C)(3)		120,426.	FAIR MARKET VALUE	EQUIPMENT	PROGRAM ACTIVITIES
(3) AMERICAN HEART ASSOCIATION							
2524 FARRAGUT DR SPRINGFIELD, IL 62704	23-1591999	501(C)(3)	15,000.				SPONSORSHIP OF EVEN
_(4)							
_(7)							
_(8)							
<u>(10)</u>							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	government o	rganizations lis	ted in the line 1 tab	le		·	2.
3 Enter total number of other organizations list	ed in the line	1 table	<u> </u>	<u> </u>	<u></u>	<u> ▶</u>	·
For Paperwork Reduction Act Notice, see the Ir	nstructions fo	or Form 990.					dule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
1 SCHOLARSHIPS AND FELLOWSHIPS	1,173.	2,178,657.			
2 NON-SCHOLARSHIP GRANTS AND AWARDS	49.	15,544.			
NON-SCHOLARSHIP GRANIS AND AWARDS	49.	15,544.			
3 NON-CASH AWARDS	6.		1,924.	COST	SUPPLIES
4					
_					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

ALL SCHOLARSHIPS ARE PLACED DIRECTLY IN THE INDIVIDUAL'S BURSAR'S ACCOUNT

TO PAY FOR TUITION, FEES, HOUSING, ETC. IF A STUDENT DROPS BEFORE DATE

TO GET REFUND, THEN SCHOLARSHIPS ARE RETURNED TO SIU FOUNDATION.

SCHEDULE J (Form 990)

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. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Part	Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account 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							
	r reimbursement or provision of all of the expenses described above? If "No," complete Part III to							
2	explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all							
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line							
	1a?							
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the							
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations 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:							
а	Receive a severance payment or change-of-control payment?	4a		X				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X				
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	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:							
а	The organization?	5a		Х				
b	Any related organization?	5b		Х				
	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:							
а	The organization?	6a		X				
b	Any related organization?	6b		X				
	If "Yes" to line 6a or 6b, describe in Part III.							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed							
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х				
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject							
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe							
	in Part III	8		X				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

JSA

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

Schedule J (Form 990) 2013

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION 37-6024575

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
RITA CHENG	(i)	C	((0	0	C	0
1 CHANCELLOR - SIU CARBONDALE	(ii)	400,216.	(32,857.	20,356.	453,429.	0
GLENN W POSHARD	(i)	C) () (0	0	C	0
2 PRESIDENT - SIU	(ii)	413,731.	((0	5,999.	419,730.	0
JAMES G SALMO	(i)	C)0	0	C	0
3 CHIEF EXECUTIVE OFFICER	(ii)	182,517.	(15,576.	22,441.	220,534.	0
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)			ļ				
7	(ii)							
	(i)							
8	(ii)							
	(i)			ļ 				
9	(ii)							
	(i)			ļ				
10	(ii)							
	(i)			ļ				
11	(ii)							
	(i)			ļ				
12	(ii)							
	(i)			ļ				
13	(ii)							
	(i)			ļ				
14	(ii)							
	(i)		L	ļ				
15	(ii)							
	(i)		L	ļ				
16	(ii)							

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION 37-6024575

Schedule J (Form 990) 2013

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3

THE CEO'S COMPENSATION IS DETERMINED BY THE SOUTHERN ILLINOIS UNIVERSITY

SYSTEM, A RELATED ORGANIZATION. THE SOUTHERN ILLINOIS UNIVERSITY

FOUNDATION PROVIDES THE FOLLOWING SUPPORT TO THE SOUTHERN ILLINOIS

UNIVERSITY CHANCELLOR TO DETERMINE THE CEO'S COMPENSATION: 1.

COMPENSATION COMMITTEE, 2. COMPENSATION SURVEYS OR STUDIES, 3. APPROVAL

BY THE BOARD OF DIRECTORS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

37-6024575 **Types of Property** Part I (c) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts applicable items contributed Art - Works of art 124. 38,625. SALES PRICE 1 Art - Historical treasures 3 Art - Fractional interests Books and publications Χ 632. SALES PRICE Clothing and household goods.......... X 30,812. SALES PRICE 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Χ 16. 98,298. AVERAGE SALES PRICE 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Χ 1. 101,250. APPRAISAL Real estate - Commercial 16 Real estate - Other 17 1,556. SALES PRICE Collectibles 18 Х 214. 25,772. SALES PRICE 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ►(__ATCH_1____) 164,263. 25 26 Other ►(_____) Other ►(_____ 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for 0. which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes Nο 30 a 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? 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Χ

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

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

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013) Page **2**

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE AMOUNTS LISTED IN COLUMN B REPRESENT THE NUMBER OF NON-CASH

CONTRIBUTIONS THAT WERE RECEIVED BY THE ORGANIZATION DURING THE YEAR.

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013) Page **2**

Part II Suppleme

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

	(B) NUMBER OF	(C) REVENUES	(D) METHOD OF
(A) CHECK	CONTRIBUTIONS	REPORTED	DETERMINING
X	46.	58,120.	SALES PRICE
X	1.	54,435.	ACTUARIAL
X	15.	22,249.	ACTUAL COST
X	34.	29,459.	SALES PRICE
_	96.	164,263.	
	X X X	(A) CHECKCONTRIBUTIONSX46.X1.X15.X34.	(A) CHECK CONTRIBUTIONS REPORTED X 46. 58,120. X 1. 54,435. X 15. 22,249. X 34. 29,459.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization
SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Employer identification number 37-6024575

FORM 990, PART VI, SECTION A, LINE 1A

THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF NOT FEWER THAN EIGHT OR
MORE THAN ELEVEN ELECTED DIRECTORS AS NOMINATED ANNUALLY BY THE COMMITTEE
ON DIRECTORS AND APPROVED BY THE BOARD. THE COMMITTEE WILL INCLUDE THE
PRESIDENT, PRESIDENT ELECT, AUDIT COMMITTEE CHAIR, INVESTMENT COMMITTEE
CHAIR, DEVELOPMENT COMMITTEE CHAIR AND THE BOARD OF TRUSTEES
REPRESENTATIVE. ADDITIONALLY, THE PRESIDENT OF THE SOUTHERN ILLINOIS
UNIVERSITY SYSTEM AND THE CHANCELLOR OF SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE SHALL BE EX-OFFICIO MEMBERS OF THE COMMITTEE, WITHOUT VOTE.
THE EXECUTIVE COMMITTEE CONDUCTS THE NECESSARY BUSINESS OF THE FOUNDATION
WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION. THE BOARD DELEGATES POWER
TO THE EXECUTIVE COMMITTEE AS APPROPRIATE, THOSE POWERS TO BE EXERCISED
ONLY IN CONSONANCE WITH POLICIES EARLIER ESTABLISHED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B

AFTER MANAGEMENT REVIEW, THE PUBLIC INSPECTION COPY OF THE FORM 990 WAS

SENT TO MEMBERS OF THE BOARD'S AUDIT COMMITTEE FOR REVIEW. IN ADDITION,

THE PUBLIC INSPECTION COPY OF THE FORM 990 WAS FORWARDED TO THE GOVERNING

FORM 990, PART VI, SECTION B, LINE 12C

BODY BEFORE FILING.

AN INTERESTED PERSON DISCLOSES ANY FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING THERETO TO THE BOARD OR COMMITTEE AS SOON AS THE INTERESTED PERSON BECOMES AWARE OF A POSSIBLE CONFLICT OF INTEREST. UPON

37-6024575

THE DISCLOSURE BY AN INTERESTED PERSON OF A FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING THERETO AND DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE LEAVES THE MEETING WHILE THE REMAINING MEMBERS OF THE BOARD OR COMMITTEE DISCUSS THE MATTER AND DETERMINE, BY MAJORITY VOTE WITHOUT THE INTERESTED PERSON VOTING, WHETHER OR NOT THE FINANCIAL INTEREST OF THE INTERESTED PERSON CONSTITUTES A CONFLICT OF INTEREST. A CONFLICT IS DETERMINED TO EXIST, THE BOARD OR COMMITTEE: 1. REQUIRES THE INTERESTED PERSON TO LEAVE THE MEETING DURING THE DISCUSSION OF AND THE VOTE ON THE TRANSACTION THAT RESULTS IN THE CONFLICT; PROVIDED, HOWEVER THAT THE INTERESTED PARTY MAY MAKE A PRESENTATION AT THE MEETING PRIOR TO LEAVING, 2. APPOINTS, IF DEEMED APPROPRIATE, A NON-INTERESTED PARTY TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION, 3. DETERMINES, BY MAJORITY VOTE WITHOUT THE INTERESTED PERSON VOTING, WHETHER THE TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FOR THE ORGANIZATION'S OWN BENEFIT AND IS FAIR AND REASONABLE TO THE ORGANIZATION. THE POLICY APPLIES TO ANY TRANSACTION OR ARRANGEMENT BETWEEN THE ORGANIZATION AND ANY INTERESTED PERSON. AN INTERESTED PERSON IS A DIRECTOR, OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST.

FORM 990, PART VI, SECTION B, LINE 15

THE CEO EVALUATION AND COMPENSATION COMMITTEE EVALUATES THE CEO BASED ON A SET OF IDENTIFIED GOALS AND EXPECTATIONS. THE COMMITTEE MEETS WITH THE CEO TO REVIEW THESE GOALS AND EXPECTATIONS. THE COMMITTEE THEN RECOMMENDS A SALARY BASED ON COMPARATIVE DATA TO THE CHANCELLOR OF THE UNIVERSITY.

Schedule O (Form 990 or 990-EZ) 2013 Page 2

Name of the organization

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

37-6024575

FORM 990, PART VI, SECTION C, LINE 19

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A, LINE 1A

GLENN W. POSHARD WAS A DIRECTOR THROUGH APRIL 30, 2014. RANDY J. DUNN REPLACED HIM AS A DIRECTOR ON MAY 1, 2014. DEBORAH A. CASE WAS EMPLOYED THROUGH JANUARY 31, 2014.

FORM 990, PART IX, LINE 9

OTHER EMPLOYEE BENEFITS LISTED AS PROGRAM SERVICE EXPENSES:

RECRUITMENT/MOVING EXP. FOR EMPLOYEES OF RELATED ORG. \$ 3,000

EMPLOYEE (AND RETIREMENT) GIFTS AND PARTIES

FOR EMPLOYEES OF RELATED ORG. 5,447

TOTAL PROGRAM SERVICES EMPLOYEE BENEFITS \$ 8,447

OTHER EMPLOYEE BENEFITS LISTED AS MANAGEMENT & GENERAL EXPENSES:

RECRUITMENT/MOVING EXP. FOR EMPLOYEES OF RELATED ORG.

WORKING FOR THE FOUNDATION \$10,812

FORM 990, PART XI, LINE 9

BAD DEBT EXPENSE (1,150,147)

ROUNDING 1

TOTAL (1,150,146)

Schedule O (Form 990 or 990-EZ) 2013 Page **2**

Name of the organization

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

37-6024575

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF THE SOUTHERN ILLINOIS UNIVERSITY FOUNDATION IS TO PROVIDE ALUMNI AND OTHER FRIENDS A MEANS TO INVEST IN THE FUTURE OF OTHERS BY PROVIDING PRIVATE SUPPORT FOR THE ACADEMIC, RESEARCH AND PUBLIC SERVICE MISSION OF SOUTHERN ILLINOIS UNIVERSITY AND THE POPULATION IT SERVES.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AK, CA,

IL, KY, MD, MA, MI,

MN, NH, NJ, NY, OK, OR,

SC, UT, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

ELLUCIAN COMPANY INC 14083 COLLECTIONS CTR DR CHICAGO, IL 60693 PROGRAMMING 139,347.

(c)

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(b)

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

SOUTHERN 1 ILLINOIS UNIVERSITY FOUNDATION

37-6024575

Name, address, and EIN (if applicable) of disregarded entity		Primary activity L	egal domicile (state or foreign country)	I otal income	End-of-year assets	Direct co ent		
(1)								
_(2)								
_(3)								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	Complete if the ne tax year.	organization answe	red "Yes" on Fo	orm 990, Part IV,	line 34 because	it had		
(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	
CARBONDALE 37-6005961 1265 LINCOLN DRIVE CARBONDALE, IL 62901	UNIVERSITY	IL	501(C)(3)	6	N/A		X	
(2)								
<u>(5)</u>								
<u></u>								

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000 (a)

Schedule R (Form 990) 2013

Part III	Identification of Relate because it had one or r (a) Name, address, and EIN of related organization	ed Organizations more related orga (b) Primary activity	(c) Legal domicile (state or	e as a Partnersh s treated as a pa (d) Direct controlling entity	nip Complete if the cartnership during the (e) Predominant income (related, unrelated, excluded from	organization and tax year. (f) Share of total income	Swered "Yes" ((g) Share of end-of- year assets	(Disprop	h) portionate ations?	990, Part IV, I (i) Code V-UBI amount in box 20 of Schedule K-1	Gene man	j) eral or aging ner?	(k) Percentage ownership
			foreign country)		tax under sections 512-514)					(Form 1065)	·		
			oouy/		,			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
<u>(7)</u>													

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

				<u>, , , , , , , , , , , , , , , , , , , </u>					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Secti 512(b) contro entit)(13) olled
								Yes N	No
(1) CHARITABLE REMAINDER TRUSTS (6)									
	INVESTMENT			TRUST				\sqcup	
(2)	_								
<u>(3)</u>	_								_
<u>(4)</u>	_								
<u>(5)</u>	_								_
<u>(6)</u>									_
<u>(7)</u>	-								_
	1	1		1					_

JSA

3E1308 1.000

Schedule R (Form 990) 2013

	Sched	lule R (Form 990) 2013					Pa	age 3
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) consulties or (iv) rent from a controlled entity. b Gift, grant, or capital contribution for related organization(s) c Gift, grant, or capital contribution from related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) g Sale of assets from related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets from related organization(s) g Sale	Pa	Transactions With Related Organizations Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
a Receipt of (f) interest (fi) annuties (fil) royalties or (fv) rent from a controlled entity 6 Gift, grant, or capital contribution to related organization(s) 6 Gift, grant, or capital contribution to related organization(s) 6 C Gift, grant, or capital contribution to related organization(s) 7 C C Dans or loan guarantees to or for related organization(s) 8 Loans or loan guarantees by related organization(s) 9 Loans or loan guarantees by related organization(s) 10 Loans or loan guarantees by related organization(s) 11	No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
b Gift, grant, or capital contribution for related organization(s) c Gift, grant, or capital contribution for related organization(s) d Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees to refer related organization(s) d Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) Sale of assets to related organization(s) f Purchase of assets to related organization(s) f Purchase of assets with related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of	1							
b Gift, grant, or capital contribution for related organization(s) c Gift, grant, or capital contribution for related organization(s) d Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees to refer related organization(s) d Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) Sale of assets to related organization(s) f Purchase of assets to related organization(s) f Purchase of assets with related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of services or membership or fundraising solicitations or related organization(s) f Performance of	а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
c Gift, grant, or capital contribution from related organization(s) 1d x x t L L L L L L L L L	b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
d Loans or loan guarantees to or for related organization(s)	С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
the Loans or loan guarantees by related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). f Decision related organization(s). g Exchange of assets with related organization(s). g Exchange of assets with related organization(s). g Exchange of facilities, equipment, or other assets from related organization(s). g Exchange of facilities, equipment, or other assets from related organization(s). g Performance of services or membership or fundraising solicitations by related organization(s). g Performance of services or membership or fundraising solicitations by related organization(s). g Performance of services or membership or fundraising solicitations by related organization(s). g Performance of services or membership or fundraising solicitations by related organization(s). g Pair fund in X X X X X X X X X X X X X X X X X X	d	Loans or loan guarantees to or for related organization(s)				1d		X
f Dividends from related organization(s)	е	Loans or loan guarantees by related organization(s)				1e		Х
g Sale of assets to related organization(s) h Purchase of assets from related organization(s)								
g Sale of assets to related organization(s) h Purchase of assets from related organization(s)	f	Dividends from related organization(s)				1f		X
h Purchase of assets from related organization(s)	g	Sale of assets to related organization(s)				1g		X
Exchange of assets with related organization(s)	h	Purchase of assets from related organization(s)				1h		X
Lease of facilities, equipment, or other assets to related organization(s) 1 k	i	Exchange of assets with related organization(s)				1i		X
k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Naming of facilities, equipment, mailing lists, or other assets with related organization(s) Naming of paid employees with related organization(s) Preimbursement paid to related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Preimbursement paid by related organization(s) for expenses Naming of paid employees with related organization(s) for expenses Preimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Prother transfer of cash or property to related organization(s) Name of related organization Name of related or	j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
Performance of services or membership or fundraising solicitations for related organization(s) 11 X M Performance of services or membership or fundraising solicitations by related organization(s) 1m X M X M X M X M M								
Performance of services or membership or fundraising solicitations for related organization(s) 11 X M Performance of services or membership or fundraising solicitations by related organization(s) 1m X M X M X M X M M	k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1 p	I	Performance of services or membership or fundraising solicitations for related organization(s)				11		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1 p	m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 10	n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
p Reimbursement paid to related organization(s) for expenses	0	Sharing of paid employees with related organization(s)				10	X	
q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s). 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) (b) (c) (d) Method of determining amount involved (1) (1) (2)								
q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s). 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) (b) (c) (d) Method of determining amount involved (1) (1) (2)	р	Reimbursement paid to related organization(s) for expenses				1р	X	
S Other transfer of cash or property from related organization(s)	q					1q		X
S Other transfer of cash or property from related organization(s)								
S Other transfer of cash or property from related organization(s)	r	Other transfer of cash or property to related organization(s)				1r	Х	
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) (b) Transaction type (a-s) (D) Amount involved Method of determining amount involved (1) (2)	s	Other transfer of cash or property from related organization(s)				1s		X
Name of related organization Transaction type (a-s) Amount involved Method of determining amount involved (1) (2)	2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transac	ction thres	holds	i	
(2)			Transaction			of dete		ng
	<u>(1)</u>							
(3)	(2)							
(3)								
	<u>(3)</u>							
(4)	(4)							
(5)	(5)							

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(6)

Schedule R (Form 990) 2013

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under		partners ction (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Dispro	portionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging	ownership	
			section 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No		
	Name, address, and EIN of entity	Name, address, and EIN of entity Primary activity Primary activity	Name, address, and EIN of entity Primary activity Legal domicle (state or foreign country)	Name, address, and EIN of entity Primary activity Legal domicile (state or foreing) accountry) Predominant income (related, unrelated, extuded section 512-514) Predominant income (related, unrelated, extuded section 512-514)	Name, address, and EIN of entity Primary activity Legal domicilic (state or foreign country) Income (related, income (related, excluded from target) action 512-514) Are all income (related, excluded from target) action 512-514 Are all income (related, excluded from target) action 512-514 Are all income (related, excluded from target) action 512-514 Are all income (related, excluded from target) action 512-514 Are all income (related, excluded from target) action 512-514 Are all income (related, excluded from target) action 512-514 Are all income (related, ex	Name, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Primary activity Legal domicile (state or foreign country) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, excluded from tax under section 512-514) Predominant income (realetad, unclated, un	Name, address, and EIN of entity Primary activity Legal domicie (state of roleg) country) Predominant income (related, unrelated, excluded from tax under section 512.514) Area II anterior of section of sec	Name, address, and ElN of entity Primary activity Legal domicing (state or foreign country) Income (related, excluded reserved as the control of the country) Share of the country of	Name, address, and EN of entity Primary activity Legal domoide (state of rober) country) Predominant income (feet and consultations) country (feet and consultations) country (feet and consultations) country) Predominant income (feet and consultations) country (feet and consu	Name, address, and EN of entity Primary activity (class or foreign to curriery) Predominant income (related, excluded characteristic excluded from tox under section 912-914) Wes No Wes	Name, address, and EN of entity	Name, address, and EIN of entry	Name, activess, and EN of oreity Primary activity Class of foreign (activity) Primary activity Class of foreign (activity) Primary activity Class of foreign (activity) Primary activity Primary activity	

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Schedule R (Form 990) 2013

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Part VII Supplemental Information

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

SCHEDULE R, PART IV

COLUMN C

FIVE OF THE TRUSTS ARE DOMICILED IN ILLINOIS; ONE OF THE TRUSTS IS

DOMICILED IN MASSACHUSETTS

COLUMN D

THE SOUTHERN ILLINOIS UNIVERSITY FOUNDATION IS TRUSTEE OF EACH TRUST, THE GRANTOR OF ONE TRUST IS A CO-TRUSTEE WITH THE SOUTHERN ILLINOIS

UNIVERSITY FOUNDATION ON THAT TRUST, THE TRUSTEES OF EACH TRUST CONTROL

THAT TRUST.

Exempt Organization Business Income Tax Return Form 990-T OMB No. 1545-0687 (and proxy tax under section 6033(e)) 07/01 , 2013, and ending 06/30 .2014 For calendar year 2013 or other tax year beginning ➤ See separate instructions.

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ((Employees' trust, see instructions.) address changed **B** Exempt under section SOUTHERN ILLINOIS UNIVERSITY FOUNDATION **Print** $X \mid 501(C)(3)$ Number, street, and room or suite no. If a P.O. box, see instructions. 37-6024575 E Unrelated business activity codes 220(e) 408(e) Type (See instructions.) 1235 DOUGLAS DR. 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets CARBONDALE, IL 62901 523000 at end of year Group exemption number (See instructions.) ▶ 179,083,388. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust <u>ATTA</u>CHMENT H Describe the organization's primary unrelated business activity. ▶ During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of STEPHEN A NAGLE Telephone number ▶ (618)453-4900Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses Gross receipts or sales b Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Form 8949 and Schedule D) 4a 4a -16,733. -16,733.Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts С 4c 32,349. 32,349 5 Income (loss) from partnerships and S corporations (attach statement) 5 ATCH 2 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule.) 15,616. 15,616. Total. Combine lines 3 through 12. 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Interest (attach schedule) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules.) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 42,492. 28 Total deductions. Add lines 14 through 28 42,492 29 -26,876. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

JSA For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

31

32

33

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30

31

32

089872

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)

Par	t III	Tax Computation	1								
35	Organi	zations Taxable as	Corporations.	See instructio	ns for	tax computa	ation. Controlled g	roup			
	member	rs (sections 1561 and 1	563) check here	▶ See ins	tructions	s and:					
а	Enter y	our share of the \$50,0	000, \$25,000, and	\$9,925,000	axable	income brack	ets (in that order):				
	(1) \$		(2) \$		(3)	\$					
b	Enter or	rganization's share of: (1)	Additional 5% tax (not more than	11,750)		\$				
		tional 3% tax (not more									
С	Income	tax on the amount on lin	ne 34					. ▶ 35	c		
36	Trusts	Taxable at Trust	Rates. See	instructions	for ta	x computat	ion. Income tax	on			
	the amo	ount on line 34 from:	☐ Tax rate schedule	e or S	chedule	D (Form 1041)	. ▶ 30	6		
		ax. See instructions							7		
38	Alternat	ive minimum tax						38	В		
		dd lines 37 and 38 to lin		ever applies				39	9		
		Tax and Payment									
	•	tax credit (corporations			,						
		redits (see instructions)									
		business credit. Attach									
		or prior year minimum ta									
		redits. Add lines 40a thro									
		t line 40e from line 39 . kes. Check if from: Forn	m 4255 Form 8								
42		x. Add lines 41 and 42						, - 			
		x. Add illies 41 and 42 its: A 2012 overpayment				1		4:	3		
		stimated tax payments									
		osited with Form 8868.									
		organizations: Tax paid				1					
	•			•	,						
	e Backup withholding (see instructions)										
		redits and payments:		n 2439	,						
		orm 4136	Othe	er		Total ▶ 44	lg				
45	Total pa	ayments. Add lines 44a t						4	5		
		ed tax penalty (see instru							6		
		. If line 45 is less than the							7		
48	Overpa	yment. If line 45 is large	er than the total of li	nes 43 and 46,	enter am	nount overpaid		. ▶ 48	3		
49	Enter the	e amount of line 48 you want	t: Credited to 2014 es	stimated tax			Refunde	ed ▶ 49	9		
Par	: V	Statements Rega	<u>arding Certain</u>	Activities	and O	ther Inforr	nation (see instru	uctions)			
1	-	ime during the 2013 cal	•	-			•	-		Yes	No
		(bank, securities, or other		-	-		to file Form TD F 90-	22.1, Rep	ort of Foreign		
_		d Financial Accounts. If Y		•	•						X
		the tax year, did the orga				s it the granto	r of, or transferor to, a	a foreign t	rust?		X
		see instructions for other	ŭ	•		▶ ₾					
		ne amount of tax-exempt A - Cost of Goods			-						
				ethod of inven	_		d of year	6			
		ry at beginning of year					d of year ds sold. Subtract		'		
3		es labor			1	•	5. Enter here and				
		nal section 263A costs	3		1		J. Litter Here and				
		schedule)	4a				of section 263			Yes	No
		osts (attach schedule)			1		uced or acquired	•	•		
		dd lines 1 through 4b					ion?				Х
-	Under	penalties of perjury, I declare	that I have examined t	this return, including	accompa	nying schedules a	and statements, and to the	e best of my	y knowledge and	belief, it	
Sigr	correc	t, and complete. Declaration of p	reparer (other than taxpay	ver) is based on all inf	ormation o	f which preparer h	as any knowledge.	_			
Here									he IRS discuss the prep <u>arer</u> s		
		ature of officer		Date		Title		_	tructions)? X Y		No
<u> </u>	,	Print/Type preparer's name	е	Preparer's si	gnature		Date	Check	if PTIN		
Paid		TROY A LINDSEY						self-emple	-016	4123	7
Prep Use		Firm's name ▶ BKD ,	LLP					Firm's EIN	▶ 44-016	0260	
	Oilly	Firm's address ▶ 211	N. BROADWAY,	SUITE 60	0			Phone no.			
		ST.	LOUIS, MO 6	53102-2733					Form 9	90-T	(2013)

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Schedule C - Rent Income (see instructions)	(From Real Pro	perty aı	nd Personal Prope	erty	Leased Wi	th Real Prope	rty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent received	or accrue	ed					
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percenta	rom real and personal propage of rent for personal properties if the rent is based on pro	perty	exceeds			nected with the income) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	Т	otal						
(c) Total income. Add totals of conere and on page 1, Part I, line 6	. , . , ,					(b) Total deducti d Enter here and of Part I, line 6, colu	n page 1,	
Schedule E - Unrelated De	ebt-Financed Inc	ome (se	e instructions)					
1. Description of deb	ot-financed property		2. Gross income from allocable to debt-finance				ced propert	у
			property			line depreciation schedule)	٠,	Other deductions attach schedule)
(1)								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted of or allocable debt-financed pro (attach schedu	to perty	6. Column 4 divided by column 5			come reportable 2 x column 6)	llocable deductions n 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals Total dividends-received deducti	ions included in colu	mn 8		> (Part I, line	and on page 1, 7, column (A).	Part I,	ere and on page 1, line 7, column (B).
Schedule F - Interest, Ann	nuities, Royalties	, and R	ents From Contro	lled	Organizati	ons (see instru	ictions)	
		Ex	cempt Controlled Org	ganiz	zations			
Name of controlled organization	2. Employer identification numb		B. Net unrelated income (loss) (see instructions)		otal of specified ayments made	5. Part of column included in the corganization's gro	ontrolling	Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organ	nizations							
7. Taxable Income	Net unrelated in (loss) (see instruction)		9. Total of specific payments made		include	t of column 9 that is ed in the controlling ation's gross income	cor	Deductions directly nected with income in column 10
(1)								
(2)								
(3)								
(4)								
Totals					Enter h	columns 5 and 10. nere and on page 1, line 8, column (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).

Form **990-T** (2013)

Form 990-T (2013)	SOUTHERN	1 ILLINOI	S UN	NIVERSITY FOU	NDAT	CION		37-6	0245	575 Page	e 4
Schedule G - Investment Ir	ncome of a Sec	ction 501(c)(7),	(9), or (17) Orga	nizat	ion (see inst	truct	ions)			
1. Description of income	2. Amount o	f income		3. Deductions directly connected (attach schedule)		4. Se (attach				Fotal deductions set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
	Enter here and Part I, line 9, o									here and on page , line 9, column (
Totals		Oth-	The	an Administration of the		- / !t	- 4"	\			
Schedule I - Exploited Exe	mpt Activity in	Come, Othe	erin	4. Net income	Com	e (see instru	Ction	18)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected v production unrelated business inco	vith of	(loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fror is	Gross income n activity that not unrelated siness income		6. Expenses ttributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	3
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col.	t I,							Enter here and on page 1, Part II, line 26.	
Totals											
Schedule J - Advertising In				id-4- d Di-							
Part I Income From Per	iodicals Repor	ted on a Co	nsol	Idated Basis	1						
1. Name of periodical	2. Gross advertising income	3. Direct advertising c		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	'			Excess readersh costs (column 6 inus column 5, b not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Part II Income From Pe 2 through 7 on a l	riodicals Repo	rted on a \$ s.)	Sepa	rate Basis (For e	each	periodical I	liste	d in Part	II, fil	l in column	าร
				A Advantisins					7	Excess readersh	— hin
1. Name of periodical	2. Gross advertising income	3. Direct advertising c		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	6	i. Readership costs		costs (column 6 inus column 5, b not more than column 4).	
(1)											_
(2)											
(3)											
(4)											
Totals from Part I											
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Pa line 11, col.	rt I							Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	n of Officers 5	Nivoctors -	ad T	nuctoos (see test		2)					
Schedule K - Compensation	on of Officers, L	Directors, ai	na ir	rustees (see instru	uction	S) 3. Percent of					
1. Name				2. Title		time devoted t	0	un		on attributable to business	
(1)							%				
(2)							%				
(3)		+					<u>%</u>				
(4) Total. Enter here and on page 1, P	Part II lino 14						%				
i otal. Enter here and on page 1, P	ait II, IIIIE 14						<u>. </u>		Fe	rm 990-T (20	112
JSA									Fo	m 33U-1 (20	13)

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

PARTNERSHIP INVESTMENTS, DIVIDENDS AND INTEREST FROM SECURITIES

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

-14,329. KAYNE ANDERSON MEZZANINE PARTNERS (QP) LP NORTHGATE IV, L.P. 46,260. 418. SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP 32,349. INCOME (LOSS) FROM PARTNERSHIPS

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INVESTMENT MANAGEMENT FEES	41,252.
INVESTMENT CONSULTANT FEES	506.
ACCOUNTING FEES	734.
PART II - LINE 28 - OTHER DEDUCTIONS	42,492.

NET OPERATING LOSS CARRYFORWARD:

Year Generated	Original NOL	NOL Previously Utilized	Amount Utilized	Amount Remaining
6/30/2011 6/30/2012 6/30/2014	17,187 15,986 26,876	7,829 - -		- 9,358 - 15,986 - 26,876
Total	60,049	7,829		- 52,220
Total Carried Forward to Next Year				52,220
CAPITAL LOSS CARRYFORWARD:				
Year Generated	Original Capital Loss	Loss Previously Utilized	Amount Utilized	Amount Remaining
6/30/2014	20,522	-		- 20,522

20,522

Total

20,522

20,522

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2013

Employer identification number SOUTHERN ILLINOIS UNIVERSITY FOUNDATION 37-6024575 Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked 85. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 85. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) whole dollars column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked -20,607. Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 Capital gain distributions (see instructions) 14 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h. 15 -20,607Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note. If losses exceed gains, see Capital losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) (2013)

Form 8949

Sales and Other Dispositions of Capital Assets

►Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No. 1545-0074

2013

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Social security number or taxpayer identification number

37-6024575

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions)

Schedule D, line 1a;	you are not	required to	report these tr	ansactions or	1 Form 8949) (see instructio	ns).
ou <i>must</i> check Box A, B, <i>or</i> C be	low. Check o	nly one box.	If more than one	e box applies f	or your short-	term transactions	3,
complete a separate Form 8949, _I	page 1, for e	ach applicab	le box. If you hav	ve more short-	term transac	tions than will fit o	n this page
or one or more of the boxes, com	plete as mar	ny forms with	the same box ch	ecked as you n	eed.		
(A) Short-term transactions repo	orted on Form(s) 1099-B show	ving basis was repo	orted to the IRS (s	see Note above))	
(B) Short-term transactions repo	orted on Form(s	s) 1099-B show	ring basis was not r	eported to the IF	RS		
X (C) Short-term transactions not	reported to you	on Form 1099	-B				
1						any, to gain or loss.	
		(0)	(4)	(e)	enter a co	amount in column (g), de in column (f).	(h)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis. See the	See the sepa	rate instructions.	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Ĉo.)	(Mo., day, yr.)	disposed (Mo., day, yr.)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FORM 6781, PART I							85.
2 Totals. Add the amounts in column act negative amounts). Enter each your Schedule D, line 1b (if Box A a Box B above is checked), or line 3 (total here and above is check	d include on ed), line 2 (if					85.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. $_{\rm JSA}^{\rm JSA}$ $_{\rm 3X2615}$ $_{\rm 2.000}$

Form **8949** (2013)

Form 8949 (2013) Attachment Sequence No. 12A Page 2

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

37-6024575

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II

Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

	Adjustment if any to gain or loss								
Х	(F) Long-term transactions not reported to you on Form 1099-B								
	(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS								
	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)								
11011	e of the boxes, complete as many forms with the same box checked as you need.								

(a) Description of property	(b) Date acquired	(c) Date sold or disposed	(sales price)	Proceeds (sales price)	or Proceeds by (sales price) yr.) (see instructions)	l or d (sales price) yr.) (see instructions) b	old or Proceeds sed (sales price) No (see instructions)	(e) Cost or other basis. See the Note below and	If you enter an a	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)		see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)				
FORM 6781, PART I							128.				
NORTHGATE IV, LP							-20,735.				
2 Totals. Add the amounts in colu (subtract negative amounts). En include on your Schedule D, linc checked), line 9 (if Box E above (if Box F above is checked) ▶	nter each tota e 8b (if Box D	I here and above is					-20,607.				

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2013)

Form **6781**

Gains and Losses From Section 1256 Contracts and Straddles

Department of the Treasury Internal Revenue Service ► Information about Form 6781 and its instructions is at www.irs.gov/form6781.
 ► Attach to your tax return.

OMB No. 1545-0644

2013

Attachment Sequence No. **82**

Name(s) shown on tax return								lo	dentifying number	
SOUTI	HERN ILLINOIS UNIVERSITY FO	UNDATIO	N							37-6024575	
Check	all applicable boxes (see instructi	ons). 🛮 🗛	Mixed	straddle election	n		С	Mixed strac	ldle ac	count election	
NO CONTRACTOR CONTRACT				le-by-straddle i	dentification	election	D	Net section	1256	contracts loss elect	ion
Pari	Section 1256 Contra	icts Mar	ked to M	larket	T		·····				
	(a) Identificatio	on of acco	ount		(b) (L	.oss)		(c) Gain			
1 N	ORTHGAGE IV, LP 26-1902666					<u> </u>		213	3		
2	Add the amounts on line 1 in col	umns (b) a	nd (c)	2	()	21:	3		
3	Net gain or (loss). Combine line	2, columns	(b) and (c)						3	213	
4	Form 1099-B adjustments. See								4		
5									5	213	
	Note: If line 5 shows a net gain instructions.	, skip line (6 and enter	the gain on line	e 7. Partnersi	nips and	l S coi	porations, see			
6	If you have a net section 1256										
	carried back. Enter the loss as a	positive ni	ımber .						6		
7	Combine lines 5 and 6								7	213	
8	Short-term capital gain or (los		· · · · v line 7 bv 4			· · · · ·	the a	noropriate line	–	213	
Ü	of Schedule D (see instructions)								8	85	
9	Long-term capital gain or (loso of Schedule D (see instructions)			60% (.60). Enter					9	128	1
Part	II Gains and Losses F								nd its		±
Secti	on A—Losses From Strac	ldles									
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Lo If column is more (d), e different Other	mn (e) e than enter ence. wise,	(g) Unrecogniz gain on offsetting positions	9	(h) Recognized In If column (f) is m than (g), enter difference. Otherwise, enter	ore
10											
	THE CONTRACTOR OF THE CONTRACT							<u> </u>	-		<u> </u>
11a	Enter the short-term portion of Schedule D or Form 8949 (see in								11a	1 ()
b	Enter the long-term portion of Schedule D or Form 8949 (see i								11b	, ()
Secti	ion B—Gains From Strado	lles		1							<u> </u>
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) G sales			ba	ost or other asis plus nse of sale		(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-	
12											[
								i			
13a	Enter the short-term portion of Schedule D or Form 8949 (see	_						ropriate line of	13a	3	
b	Enter the long-term portion of Schedule D or Form 8949 (see	gains fron	n line 12, d s)	column (f), here	and include	on the	e appı	opriate line of	13b		
Part	Unrecognized Gains	s From F	ositions	Held on Las	st Day of	Гах Үе	ear.	Memo Entry C			<u>. </u>
	(a) Description of property		(b) Da acquir		r market value on last ness day of tax year			(d) Cost or other basis as adjusted		(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-	
14							-				<u> </u>
						-					<u> </u>
			1					;			1

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Attach to your tax return. ▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Sequence No. 27

Identifying number

500	JIHERN ILLINOIS UNIVER	SITY FOUND	ATTON				3/-	6024575
1	Enter the gross proceeds from sa							
	substitute statement) that you are in	ncluding on line 2	, 10, or 20 (see	instructions)		<u> </u>	1	
Pa	rt I Sales or Exchanges of Than Casualty or Thef						ns Fro	om Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pl improvement expense of	us ts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
NC	RTHGATE IV, LP							-16,733.
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment	t sales from Form	n 6252. line 26 oi	· 37			4	
	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter t						7	-16,733.
-	Partnerships (except electing large						-	, , , , , , , , , , , , , , , , , , , ,
	instructions for Form 1065, Schedu							
	Individuals, partners, S corporatio line 7 on line 11 below and skip lin	nes 8 and 9. If lii	ne 7 is a gain a	nd you did not have	any prior year sec	tion 1231		
	losses, or they were recaptured in Schedule D filed with your return an				ong-term capital ga	in on the		
8	Nonrecaptured net section 1231 lo	sses from prior ye	ears (see instruct	ons)			8	
9	Subtract line 8 from line 7. If zero of	or less. enter -0 I	f line 9 is zero. e	enter the gain from I	ine 7 on line 12 be	low. If line		
	9 is more than zero, enter the amo			•				
	capital gain on the Schedule D filed	with your return	(see instructions	<u>)</u>			9	
Pa	rt II Ordinary Gains and Los	sses (see insti	ructions)					
10	Ordinary gains and losses not inclu	ided on lines 11	through 16 (inclu	ide property held 1 ye	ear or less):			
11	Loss, if any, from line 7						11	(16,733)
12	Gain, if any, from line 7 or amount	from line 8, if app	licable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,						14	
15	Ordinary gain from installment sale	es from Form 625	2, line 25 or 36				15	
16	Ordinary gain or (loss) from like-kin						16	
17	Combine lines 10 through 16						17	-16,733.
18	For all except individual returns, en	ter the amount fr	om line 17 on t	ne appropriate line o	of your return and s	kip lines a		
	and b below. For individual returns,	complete lines a	and b below:					
а	If the loss on line 11 includes a loss							
	part of the loss from income-produ property used as an employee or							
	See instructions						18a	
b	Redetermine the gain or (loss) on lir	ne 17 excluding t	he loss, if any, o	n line 18a. Enter he	re and on Form 104	0, line 14	18b	
For	Paperwork Reduction Act Notice, s	see separate instr	uctions.					Form 4797 (2013)

37-6024575 Form 4797 (2013) Page 2

Part III Gain From Disposition of Property (see instructions)	/ Un	der Sections 124	5, 1250, 1252,	12	54, and 1255	. 3
9 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acquired	(c) Date sold (mo.,
					` (mo., day, yr.)	day, yr.)`
_ A						
B						
_ <u>C</u>						
_ D						
These columns relate to the properties on lines 19A through 19I	o. ▶	Property A	Property B		Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20					
21 Cost or other basis plus expense of sale	21					
22 Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a						
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975 (see instructions).	26a					
b Applicable percentage multiplied by the smaller of						
line 24 or line 26a (see instructions)	26b					
c Subtract line 26a from line 24. If residential rental property						
or line 24 is not more than line 26a, skip lines 26d and 26e .	26c					
d Additional depreciation after 1969 and before 1976.	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)						
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage (see instructions)	27b					
c Enter the smaller of line 24 or 27b	27c					
 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, 						
mining exploration costs, and depletion (see instructions)	28a					
b Enter the smaller of line 24 or 28a	28b					
29 If section 1255 property:						
a Applicable percentage of payments excluded from						
income under section 126 (see instructions)	29a					
b Enter the smaller of line 24 or 29a (see instructions).	29b					
Summary of Part III Gains. Complete proper	ty co	lumns A through	D through line	29b	before going to	o line 30.
30 Total gains for all properties. Add property columns A	A thro	uah D. line 24				30
31 Add property columns A through D, lines 25b, 26g, 2						31
32 Subtract line 31 from line 30. Enter the portion from			' = '			<u>. </u>
other than casualty or theft on Form 4797, line 6		•				32
Part IV Recapture Amounts Under Section (see instructions)	ns 17	79 and 280F(b)(2)	When Busine	ss l	Jse Drops to 5	
					(a) Section	(b) Section
					179	280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years 33						.,,,
34 Recomputed depreciation (see instructions) 34						
35 Recapture amount. Subtract line 34 from line 33. Se				35		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						Form 4797 (201

Form **4797** (2013)