## FOR PUBLIC INSPECTION

#### EXTENDED TO MAY 15, 2019

Department of the Treasury internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

A	For the	2017 calendar year, or tax year beginning JUL	1, 2017 and	ending J	JN 30, 2018	1	
В	Check if applicable	C Name of organization			D Employe	r identific	cation number
	Addres	TUTINOIS STATE ONIARRSILI LOONDALIO	N				
	Name chang	Doing business as				••*:*	**-**5713
	Initlal   return	Number and street (or P.O. box if mail is not deliver	red to street address)	Room/suite	E Telephon	e numbei	•
	Final return/	101 ALUMNI CENTER, CAMPUS BOX 8000					438-8901
	termin ated		or foreign postal code		<b>G</b> Gross recelp	ts\$	97,635,417.
	Ameno return				H(a) Is this a	group re	turn
	Applic tion	F Name and address of principal officer: PAT VIC	KERMAN		for sub-	ordinates	?
	pendir	SAME AS C ABOVE			H(b) Are all sub	ordinates in	cluded? Yes No
			(insert no.) 4947(a)(1)	or 527	If "No,"	attach a	list. (see instructions)
J	Websit	e: > www.advancement.illinoisstate.edu/i	SU-FOUNDATION		H(c) Group	exemptio	n number ►
K	Form of	organization: X Corporation Trust Assoc	ciation Other >	L Year	of formation: 1	948 N	A State of legal domicile: TL
P	art I	Summary					
4	1	Briefly describe the organization's mission or most sig	nificant activities: TO HOLI	D & ADMIN	ISTER GIFT	'S WITH	
Governance		THE PRIMARY OBJECTIVE OF SERVING THE EDU	JCATIONAL PURPOSES OF	ISU.			
E	2	Check this box 🕨 🔲 if the organization discontin	nued its operations or dispos	ed of more	than 25% of it	ts net ass	sets.
y e	3	Number of voting members of the governing body (Pa	ırt VI, line 1a)			з	28
		Number of independent voting members of the govern	ning body (Part VI, line 1b)			4	28
90	5	Total number of individuals employed in calendar year					0
/itis	6	Total number of volunteers (estimate if necessary)					0
Activities &	7 a	Total unrelated business revenue from Part VIII, colum					<72,788.>
_	b	Net unrelated business taxable income from Form 990					<75,456.>
					Prior Yea		Current Year
ď	8	Contributions and grants (Part VIII, line 1h)			10,58	2,299.	15,767,648.
Ĭ	9				43	1,026.	384,292.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, an			1,06	0,384.	9,300,512.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			4,59	9,842.	1,041,049.
		Total revenue - add lines 8 through 11 (must equal Pa			16,67	3,551.	26,493,501.
		Grants and similar amounts paid (Part IX, column (A),			8,61	5,532.	8,584,989.
		Benefits paid to or for members (Part IX, column (A), li			-	0.	0.
co.	146	Salaries, other compensation, employee benefits (Part				0.	0,
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			0.	0.	
ρer	b	Total fundraising expenses (Part IX, column (D), line 29			formation.	4/5 W/W	TANKE KARDE PER BUSINE
Ж	i  <sub>17</sub>	Other expenses (Part IX, column (A), lines 11a-11d, 11			2,17	2,574.	2,338,516.
		Total expenses. Add lines 13-17 (must equal Part IX, c				8,106.	10,923,505.
		Revenue less expenses. Subtract line 18 from line 12				5,445.	15,569,996.
	4			Be	ginning of Curr		End of Year
<u>S</u>	20	Total assets (Part X, line 16)				2,043.	176,282,627.
Net Assets or	21		•••••••••••••••••••••••••••••••••••••••			2,659.	3,909,149.
et	22	Net assets or fund balances. Subtract line 21 from line				9,384.	172,373,478.
P	art II	Signature Block			•	<u> </u>	
Unc	der pena	Ities of perjury, I declare that I have examined this return, inc	luding accompanying schedules	and stateme	ents, and to the	best of my	knowledge and helief, it is
		t, and complete. Declaration of preparer (other than officer) is				-	The state of the s
	····			' '			
Sig	ın	Signature of officer			Date	-	
He		PAT VICKERMAN, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Pr	reparer's signature		Date	Check	PTIN
Pai	d	** * *	SH C. CLARK	lo	3/27/19	lf self-employ	P01424717
	parer	Firm's name KERBER, ECK & BRAECKEL LLP		L		's EIN	••*:* <u>**</u> **-***298
	Only	Firm's address 3200 ROBBINS ROAD, STE 200.				J = 1111	
		SPRINGFIELD, IL 62704			Pho	ne no 217	-789-0960
Ma	v the if	RS discuss this return with the preparer shown above?	? (see instructions)		11,1101		X Yes No

Form 990 (2017) ILLINOIS STATE UNITED TO THE PART OF T

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			110
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•		3		х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	. 3		
-	, ,	١,		х
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
0	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
^	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١_		45
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_	X	
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		X
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			JANES.
	as applicable.			39 A
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	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		Ī	l
	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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<del> </del>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	x	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<b></b>	$\vdash$
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>  ''</del>		<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10	<del></del> -	
		10		x
	complete Schedule G. Part III	19	000	

Form 990 (2017) ILLINOIS STATE UNIVERSITY FOR Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ł
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>x</u>
	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 to defease			1
	any tax-exempt bonds?	24c		<del></del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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			
06	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		<u> </u>
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? ## "Yes."			
		26		ж
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<del></del>
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	3/2/03	35.7	3/24
	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		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
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	<u> </u>
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			l
	Schedule N, Part II	32		X.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l <u>.</u> .	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	ļ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del> -	
b	, , , , , , , , , , , , , , , , , , , ,	OF!		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	<b></b> -	<del> </del>
30	•	26		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<del></del>
O1	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?	101	-	<del></del> -
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2017) ILLINOIS STATE UNIVERSITY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

tal. Enfort the number reported in Box 3 of Form 1996, Enter-O- If not applicable 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10		Check if Schedule O contains a response or note to any line in this Part V						
18 Einter the number of Forms WSD (included in line is Einter -0 Principal applicable 19 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9						Yes	No	
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable genning (an imperiod programment) and a comparison of the programment of t	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	79	- W. T	CHE	450	İ
Gambling) winnings to prize winners?  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  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b  Note. If the sum of files 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3c  2b if the organization have unrelated business gross income of \$1,000 or more during the year?  3c  3c  3d  4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a file manufact out unity (such as a bank account, securities account, or other filendal accounts (FEAF).  4d  4d  4d  4d  4d  4d  4d  4d  4d  4	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b	0				ĺ
2a Enter the number of employees reported on Form W-3, Transmitted of Waga and Tax Statements, a 0	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming				ı
field for the celendary year ending with or within the year covored by the relum  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required foldered employment tax returns?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to a-nia (see instructions)  Diff were instructions.  Diff were instructions.  Diff were instructions.  Diff year, I have if field a form 990-17 for this year? If You, " to line 3b, provide an explanation in Schedule 0.  Diff Yes," and if field a form 990-17 for this year? If You, " to line 3b, provide an explanation in Schedule 0.  Diff Yes, and the dealer out year, did the organization have an interest in, or a signature or other authority over, a financial account)?  Diff Yes, and the field a form 990-17 for this year.  Diff year, and the organization out you will not be able account, securities account, or other financial accounts (FBAF).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  See instructions for filling requirements for Fince(FInc Finan 114, Report of Foreign Bank and Financial Accounts (FBAF).  Was the organization aparty to a prohibited tax shelter transaction?  Diff were in the same of the foreign country:  Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions?  Diff the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of accountributions and partly for goods and services provided to the page.  Diff the organization received a contribution of the value of the good or services provided?  To granizations that may receive deductible contributions under section 170(a).  Diff the organization received a contribution of care a		(gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·		1c	Х		•
b ff at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to a_file_(see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year during the calendary way, did the organization for interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b if "Yes," interest the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c in the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c in the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c in the Sa or Sb, did the organization file Form 8898-17?  5c in the Sa or Sb, did the organization file Form 8898-17?  5c in the Sa or Sb, did the organization file Form 8898 at statement that such contributions or gifts were not tax deductible as charitable contributions?  5c in the "Yes," did the organization include with every solicitation an express attement that such contributions or gifts were not tax deductible.  5c in the Form 8282?  6c in the Form 8282?  6d if "Yes," indicate the number of Forms 8282 filed during the year.  6d if the organization receive an contribution of the value of the goods or services provided to the payor?  7d in the organization receive an contribution of cars, boats, singlenes, or otherwhice, did the organization file a Form 1088-07?  7d if the organization received a contribution of cars, boats, singlenes, or other vehicles, did the organization file a Form 1088-07?  7d if the organization received a contribution of cars, boats, singlenes, or other vehicles, did the organization file and the single distributions under section 4966?  9d in the organization members or shareholders  10d the sponsoring organizati	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			10 (\$37/40) 10 (\$37/40)		7/1/2	ı
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a	0				ı
38 Did the organization have unrelated business gross income of \$1,000 or more during the year?  48 At any time during the calendar year, did the organization his schedule O  49 At any time during the calendar year, did the organization his schedule O  40 At any time during the calendar year, did the organization his schedule O  41 At any time during the calendar year, did the organization his schedule O  42 At any time during the calendar year, did the organization his schedule O  43 B X  44 At any time during the calendar year, did the organization his schedule O  55 B Was the organization or foreign country (such as a bank account, sociutives account, or other financial account)?  56 Was the organization for foreign country (such as a bank account, sociutives account, or other financial account)?  57 B Was the organization for foreign country (such as a bank account)?  58 Was the organization account or foreign country (such as a bank account)?  59 Did any time the tax year?  50 Does the organization his organization that It was or is a party to a prohibited tax shefter transaction?  50 Does the organization his nucled with every solicitation an express statement that such contributions or gifts were not tax deductible?  50 Organization state were not tax deductible as charitable contributions?  51 P'Yes, 'd did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  52 Organization solicit and appreciate that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  53 Did the deductible?  54 Organization solicit and appreciate that such contributions or gifts were not tax deductible?  55 Organization solicit and accounting the promosal property of the proparization solicit the pagenization solicit and accounting the pagenization foreign accounting the contribution of pagenization solicit and pagenization solicit and pagenization solicit and	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? _	***************************************	2b			
b if "Yes," insign it fliet a Form 980-T for this year" (**P.*No.**) to time \$5, provide an explanation in Schedule O  A 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 accountity  B if "Yes," enter the name of the foreign country. **P  See instructions for filling requirements for FinceTR Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  50 Did any taxable party notify the organization file Form 8886-T?  61 Dose 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?  62 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  2 Did the organization receive a payment in excess of \$75 mate party to a prohibited that services provided to the payor?  7 Diff was propertied to the comparization notify the donor of the value of the goods or services provided?  7 Diff was propertied to engine the contribution of the value of the goods or services provided?  8 Did the organization receive any funds, cliracity or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received an contribution of qualified intellectual property, did the organization file a Form 1088-C7  8 Sponsoring organization make a distribution of caris, boats, sirplanes, or other vehicles, did the organization file a Form 1088-C7  8 Sponsoring organization make any taxable distributions under section 4968?  10 Did the sponsoring organization make any taxable distribution to a donor, device of the vehicles, did the organization		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	***************************************		\$4.20°	3020	ı
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 accountity?  See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See Was the organization or party to a prohibited text shelter transaction at any time during the tax year?  5a Was the organization for thing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  b Id any taxable party notity the organization file Form 8888-T?  c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If Yes, "to line 5a or 5b, did the organization file Form 8888-T?  6c Does the organization include with every solicitation an express statement that such contributions on gifts were not tax deductible as charitable contributions?  6c If Yes, "Indicate the many receive deductible contributions under section 170(o).  6c Did the organization reake a payment in excess of \$75 mately party as a contribution and party for goods and services provided to the payor?  7c Did the organization reake a payment in excess of \$75 mately party as a contribution and party for goods and services provided to the payor?  7c Did the organization reake a payment in excess of \$75 mately party as a contribution and party for goods and services provided to the payor?  7c Did the organization reake a contribution of organization reake a payment in excess provided?  7c Did the organization reake a contribution of capalited intellectual property, did the organization flore payment in excess payment in excess business holdings at any time during the year payment in the organization reaked and contribution of capa, boats, singlenae, or other vehicles, did the organization flore and contribution of care, boats, singlenae, or other vehicles, did the organization flore and contribut	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х		
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b if "Yes," in clare the name of the foreign country: ► See instructions for filling requirements for FinCeN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," it ine Sa or Sb, I in the Sa or Sb, I in	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ity over, a				
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sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13 Did the organization receive any payments for indoor tanning services during the tax year?  14 Did the organization receive any payments for indoor tanning services during the tax year?					/n	6 a. 38	Services A.F.	1
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12		-			1/2,21535	18 phil 9	341 5000	j
Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 10a  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand 13c  Did the organization receive any payments for indoor tanning services during the tax year? 14a X								
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a 1b  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand 13c  Lida Did the organization receive any payments for indoor tanning services during the tax year? 14a X			109	I				١
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X				<del>                                     </del>			1	۱
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			100		1 (3)40	1000	(S-8%)	١
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Note. See the instructions for additional information the organization must report on Schedule O.  13b 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 13c 14a			112	1				١
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		***************************************			- 22		100	١
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		•	11b					١
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a			?	12a		1.7.5.	1
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. 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  c Enter the amount of reserves on hand  13b  13b  13c  14a  X			1	ĺ	57.8		1002	1
a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13c  13b  13c  14a  X	13	· · · · · · · · · · · · · · · · · · ·		-			KW	1
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  c Enter the amount of reserves on hand  13c  14a  X		In the examination lineared to investigate health where in your they are at the			13a			1
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  c Enter the amount of reserves on hand  13c  14a  X				***************************************	5079	Program.	200-200 200-200	l
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a  X	þ				Liferia Jake			
c Enter the amount of reserves on hand 13c 14a X		·	13b					۱
14a Did the organization receive any payments for indoor tanning services during the tax year?	c							١
		Did the argonization reading any payments for indept terminal and it as all the thinks and			14a		х	4
	b							•

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.

<del></del>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			- <del></del>
		47-61-4	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 28		v 74	
	If there are material differences in voting rights among members of the governing body, or if the governing			
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent 1b 28			\$40
b				
. <b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 2	386 11.	x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		<u>-</u>	<del></del>
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
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 elect or appoint one or			
	more members of the governing body?	7a		x
b		74		
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	13554	130/150 /In 130/150	7.50
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			,
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4370		1000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	マンシウェ タンラッチ		\$4.50 14.50
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		400	2.5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1000 /4 1000 /4	14.7	為強。
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			PAGE STA
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1,000		8.7
	exempt status with respect to such arrangements?	16b		Ļ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed LIL, AZ, CA, CT, DC, FL, LA, ME, MD, MA, MI, MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	/ailable	<del>)</del>	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	PAT VICKERMAN - (309)438-2294	_		
	101 ALUMNI CENTER, 1101 N. MAIN ST., CAMPUS BOX 8000, NORMAL, IL 61790-			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

. . .

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			_ ((	2)			(D)	(E)	(F)
Name and Title	Average	(do	not d	Pos heck i			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer an	ss per	son l	s both	ı an	compensation	compensation	amount of
	Week		1					from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	50 8	stee			nsafe		(W-2/1099-MISC)	(** 27 1000-141100)	organization
	organizations	tust	Institutional trustee		)yee	Highest compensated employee		(,		and related
	below	iduai	tution	ъ	Key employee	est co loyee	Te.			organizations
	line)	igi	Instil	Officer	Key	E E	Former			
(1) ERIC E BURWELL	0.50	]								
CHAIRMAN		Х		X				0.	0.	0.
(2) KENNETH GLOVER, SR.	0,50	]						1		
VICE CHAIRPERSON		Х	L_	Х				0.	0,	0.
(3) JAMES A. KNECHT	0.50	1	ŀ				ŀ			
SECRETARY		х	_	х				0.	0.	0,
(4) ROBERT W. RUSH	0.50									
TREASURER		x		х				0,	0.	0.
(5) GREG AYERS	0,50									,,
BOARD MEMBER		X						0.	0.	0.
(6) ANN P. BAUGHAN	0.50								, i	
BOARD MEMBER		х				<u> </u>		0.	0.	0.
(7) KURT BOCK	0.50								, i	11111
BOARD MEMBER		Х						0,	0.	0,
(8) KATHRYN S. BOHN	0.50				ļ					
BOARD MEMBER		х						0.	0.	0.
(9) DAVID L. BROWN	0.50	]								
BOARD MEMBER		х						0.	0.	0.
(10) SHARI BUCKELLEW	0,50									
BOARD MEMBER		Х						0.	0.	0.
(11) MARC BULANDR	0.50								-	
BOARD MEMBER		х						0,	0.	0.
(12) ROBERT DOBSKI	0.50									
BOARD MEMBER	<u></u>	X				<u></u>		0.	0,	0.
(13) BILL ENGLAND	0.50							,		
BOARD MEMBER		x						0.	0.	0.
(14) GARY GEMBERLING	0.50									
BOARD MEMBER		Х						0.	0,	0.
(15) BENJAMIN HART	0,50									
BOARD MEMBER		х		L		$oxed{oxed}$	L	0.	0.	0.
(16) COLLEEN KANNADAY	0,50									
BOARD MEMBER		х						0.	0.	0.
(17) DAN KELLEY	0,50				l					
BOARD MEMBER		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus (A)	(B)			((	2)			(D)	(E)	(F)
Name and title	Average hours per week	box	not o , unle:	33 Det	nore son l	than c s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below 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
(18) JOSEPH J. LOSS BOARD MEMBER	0,50	x						0.	0,	0
(19) JAMES MOUNIER BOARD MEMBER	0.50	х						0.	0.	0
(20) JACK NORTH BOARD MEMBER	0,50	х						0.	0.	0
(21) THOMAS R. REEDY BOARD MEMBER	0,50	х						0.	0.	o
(22) JOHN P. RIGAS BOARD MEMBER	0.50	х						0.	0.	
(23) MAYA B. SHENOY BOARD MEMBER	0.50	х						0.	0.	0
(24) CARL B SNEED BOARD MEMBER	0.50	х						0,	0.	0
(25) DEREK VOGLER BOARD MEMBER	0.50	x						0.	0.	0
(26) MARY ANN WEBB BOARD MEMBER	0,50	х						0.	0.	C
1b Sub-total c Total from continuation sheets to Part V	II, Section A			•••••			<b>▶</b>	0, 946,951,	0.	20,221
d Total (add lines 1b and 1c)								946,951.	0.	20,221

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

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RUFFALO LEVITZ		
,	CONSULTING	395,442.
COMMONFUND		
,	INVESTMENT SERVICES	257,493.
KRUEGER INTERNATIONAL, INC		
,	OFFICE FURNITURE	123,081.
JACKSONVILLE STAINED GLASS		
	REPAIR SERVICES	111,875.
BLOOMINGTON RELOCATION SYSTEMS		
	MOVING SERVICES	100,343.
<ul> <li>Total number of independent contractors (including but not limited \$100,000 of compensation from the organization</li> </ul>	to those listed above) who received more than	

Part VII   Section A. Officers, Directors, Tr (A) Name and title	(B) Average			(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average							, , ,	۱/	ξi /
					ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	y)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	, o				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(44-27 1000-141100)	organization
	related	ee or	stee			nsate		(** 12 1005 111100)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itution	뉹	empl	rest c	Former	]		-
	line)	Judj	Inst	Officer	Key	Higi	Forr			
(27) LARRY WILLIAMS	0,50									
BOARD MEMBER		Х						0.	0.	0.
(28) PAT VICKERMAN	32,00									
EXECUTIVE DIRECTOR			$ldsymbol{ld}}}}}}$	Х				262,338.	0.	6,973.
(29) JILL JONES	32,00			1						
CHIEF OPERATIONS OFFICER						Х		157,801.	0.	108
(30) LORA WEY	40.00									
EXEC, DIR. OF ANNUAL GIVING	ļ		$ldsymbol{ld}}}}}}$		Ш	х		133,568.	0.	4,482
(31) MARK WUNDER	40.00									
ASSISTANT VP OF DEVELOPMENT						х		160,333.	0.	4,116.
(32) JOY HUTCHCRAFT	40.00							-		
EXEC. DIR. OF DEVELOPMENT						х		127,282.	0.	2,364.
(33) ELIZABETH ADAMS	40.00	ļ				:				
SR, DIR, OF DEVELOPMENT		<u></u>				Х		105,629.	0,	2,178
(34) DAVID WAMPLER	0,50									
BOARD MEMBER					!			0.	0.	0.
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Form 990 (2017) ILLINOIS ST Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII	***************************************		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran		Membership dues	1 1					
O E	c	Fundraising events		683,002.	M - Se & Washington			
irts ar A		Related organizations						
0.E		Government grants (contributi						
Sign		All other contributions, gifts, gran	′ <del>                                    </del>					
Pet	-	similar amounts not included above		15,084,646.		3.37(4).37(5).78(4).5	a gaza a Posa ()	
語り	a	Noncash contributions included in lines		2,411,797.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			15,767,648.	Ole (Stripped Strip)	34.400	STANDARD TO SHARE
-				Business Code	also have the more of the following and the second of the	STEED STATE	<b>的多数公司</b>	
۵	2 a	OTHER EVENTS/DEPT RCPT		900099	384,292.	384,292,		Control of the Authorities and
Program Service Revenue	b				·			
Set	c							
E S	d							
ğά	e							
F.	f	All other program service reve	nue				·	
:	g	Total. Add lines 2a-2f		<b></b>	384,292.	48 48 48 48 48		Karbinata
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			1,524,987.		<72,788.>	1,597,775.
	4	Income from investment of tax						
j	5	Royalties		•				
		•	(i) Real	(ii) Personal			3000 BAN BAN BAN	
	6 a	Gross rents	,,					
	b	Less: rental expenses						
		Rental income or (loss)			10 C		260 B (40 LES) (A	
		Making at all have a new and the season		<b></b>			. The second sec	
		Gross amount from sales of	(i) Securities	(ii) Other	86 W 12 W 18	- The late of the late of the		-1927 (\$.5.1978) 2510(\$.
	-	assets other than inventory	78,691,207.					
	b	Less: cost or other basis						
		and sales expenses	70,915,682.	.				
	С	Gain or (loss)	7,775,525.		100 ST 10 ST			
		Net gain or (loss)			7,775,525.			7,775,525.
4		Gross income from fundraising			48,28,39,39,40,53	The Control of the Control	25080010000505080	
IIIe		including \$ 683						A7/405-英雄元。
Š		contributions reported on line	1c). See					
ΨĔ		Part IV, line 18		190,638.				
Other Revenu	b	Less: direct expenses		226,234.	SWATER			
Ö		Net income or (loss) from fund			<35,596.>	35 41212 5000		<35,596.>
		Gross income from garning ac	-		-2018 (2.30A.S)	4	(海东西)湖南南	14 9 7 1 2 3 3 3 2 2
		Part IV, line 19						
	b	Less: direct expenses		)				
		Net income or (loss) from gam						<u> </u>
		Gross sales of inventory, less			7774 AV \$104 AV	2.数10.10全国整金	Market Comment	
		and allowances						
	b	Less: cost of goods sold		,				
•		Net income or (loss) from sale						
		Miscellaneous Revenu	•	Business Code	<b>考虑关系</b>	3 0,447 655 0.05		
ľ	11 a			900099	651,757.	651,757.		
	b	OTHER REVENUE		900099	424,888.	424,888,		
	c							
	d	• • • • • • • • • • • • • • • • • • • •						
		Total. Add lines 11a-11d		<b>&gt;</b>	1,076,645.	TOWN AND ARREST	· 有点性的类似。这位数	· 自由,自身通過
	12	Total revenue. See instructions.			26,493,501.		<72,788.>	9,337,704.

## Form 990 (2017) ILLINOIS STATE UNIVERSITY STATE UNIVERSITY STATE UNIVERSITY OF PART IX 
Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,710,569	5,710,569.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,874,420	2,874,420.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			SECULE SECUL	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		<b>\</b>		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	21,190	•	21,190.	
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		AND SERVICE STATE	2000年1月1日以	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			İ	
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	141,634	•	46,881.	94,753.
14	Information technology				
15	Royalties				
16	Occupancy	122,787		117,123.	5,664.
17	Travel	135,578	•	11,565.	124,013.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,135	•	9,898.	10,237.
20	Interest	88,548	•	88,548.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	436,053		436,053.	
23	Insurance	85,422	•	85,422.	
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 0.)	· 西西古典的著名藝術的			
а	CONTRACTUAL PAYMENTS	449,611		57,381.	392,230.
b	MISCELLANEOUS	352,769	<del></del>	290,434.	62,335,
С	INVESTMENT EXPENSES	257,493		257,493.	
d	PROMOTIONAL EXPENSES	187,920		19,903.	168,017.
е	All other expenses	39,376		26,768.	12,608.
25	Total functional expenses. Add lines 1 through 24e	10,923,505	8,584,989.	1,468,659.	869,857.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	-			

Form 990 (2017)
Part X Balance Sheet

	Check if Schedule O contains a response or note	e to any lin	e in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			127,274.	1	122,271.
2	Savings and temporary cash investments			10,141,002.	2	8,588,167.
3	Pledges and grants receivable, net			4,071,041.	3	3,674,574.
4	Accounts receivable, net			362,637.	4	38,249.
5	Loans and other receivables from current and for	rmer office	rs, directors,			
	trustees, key employees, and highest compensa	ted emplo	yees. Complete		2	
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualif	ied person	s (as defined under			
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of secti	on 501(c)(	9) voluntary	A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A		
}	employees' beneficiary organizations (see instr).				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			8		
9	Prepaid expenses and deferred charges		9			
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		12,810,431.		400	
b	Less: accumulated depreciation		4,928,416.	8,210,213.		7,882,015.
11	Investments - publicly traded securities	77,011,255.	11	90,476,596		
12	Investments - other securities. See Part IV, line 1		53,006,958.	12	59,752,432.	
13	Investments - program-related. See Part IV, line 1			13		
14	Intangible assets		••••••		14	
15	Other assets. See Part IV, line 11			4,761,663.	15	5,748,323.
16	Total assets. Add lines 1 through 15 (must equa			157,692,043.	16	176,282,627.
17	Accounts payable and accrued expenses		1,316,124.	17	434,405	
18	Grants payable			18		
19	Deferred revenue		300,000.	19	0.	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	Schedule D		21		
22	Loans and other payables to current and former	officers, d	irectors, trustees,			
	key employees, highest compensated employees				.540	
22	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela			2,662,670.	23	2,557,293
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines	17-24). Co	omplete Part X of			
	Schedule D	383,865.	25	917,451.		
26	Total liabilities. Add lines 17 through 25			4,662,659.	26	3,909,149.
	Organizations that follow SFAS 117 (ASC 958)		ere 🕨 🗓 and			
}	complete lines 27 through 29, and lines 33 and			45.044.045		
27	Unrestricted net assets	••••••		15,211,947.	27	17,262,013.
28	Temporarily restricted net assets	60,351,056.	28	71,951,372,		
29	Permanently restricted net assets	77,466,381.	29	83,160,093.		
<u>:</u>	Organizations that do not follow SFAS 117 (AS					
<u> </u>	and complete lines 30 through 34.				14676	
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or eq				31	
27 28 29 30 31 32 32	Retained earnings, endowment, accumulated inc			450 000 501	32	482 272 177
100		************		153,029,384.	33	172,373,478,
34	Total liabilities and net assets/fund balances			157,692,043.	34	176,282,627.

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		.,		X	
		ļ				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,	493,	501.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,	923,	505.	
3	Revenue less expenses. Subtract line 2 from line 1	3	15,	569,	996.	
4						
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		49,	814.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	172,	373,	478.	
Pa	t XII Financial Statements and Reporting			· · · · ·		
	Check if Schedule O contains a response or note to any line in this Part XII	**********************			Х	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		22.6		3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		益長	N. Ko	
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?				X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				\$ 1867 \$2.57	
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				200	
	consolidated basis, or both:			344		
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		220	97.5	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		ALAZO PARSO		
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

| 3b | | Form **990** (2017)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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. ► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

TLEATHOUS STATE INTUERSITY FOUNDATION

Employer identification number

			IS STATE UNIVER					1	••*:*—**-**5713
P	art I	Reason for Public (	Charity Status 🕢	All organizations must co	mplete thi	s part.) Se	e instructions.		
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	==	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	$\equiv$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	$\vdash$	A nospital or a cooperative nospital service organization described in section 1/0(b)(1)(A)(iii). Enter the hospital's name,  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
7	L/	city, and state:							
_	Х								
5		section 170(b)(1)(A)(iv). (Complete Part II.)							
_						10/1 W3W1W			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
_		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			•				
9		An agricultural research org							=
		or university or a non-land-g	grant college of agric	ulture (see instructions). I	Enter the r	name, city,	and state of the	college	or
	_	university:							
10	Ш	An organization that normal							<del>-</del>
		activities related to its exem	npt functions - subjec	t to certain exceptions, a	and (2) no	more than	33 1/3% of its su	upport f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	ed by the organi:	zation a	fter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	19(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to carry o	out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> or	r section (	509(a)(2).	See section 509	(a)(3). C	Check the box in
		_lines 12a through 12d that o	describes the type of	f supporting organization	and com	olete lines	12e, 12f, and 12g	g.	
í	a	Type I. A supporting orga	anization operated, s	upervised, gr controlled l	by its supp	orted orga	anization(s), typic	ally by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees o	of the su	pporting
		organization. You must o	complete Part IV, Se	ctions A and B.					
ı	o 🗀	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s)	, by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage t	he supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
	; <u> </u>	Type III functionally inte	grated. A supporting	g organization operated i	in connect	tion with, a	and functionally in	ntegrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	-	
	d 🗀	Type III non-functionally	integrated. A supp	orting organization opera	ated in co	nnection w	ith its supported	organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and an	attentiv	/eness
		requirement (see instructi			-				
	e 🗀	Check this box if the orga						Vpe III	
		functionally integrated, or						,,,	
	f Ente	er the number of supported o							
		vide the following information			**************	*************			
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount of mo	netary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instru	uctions)	support (see instructions)
_									
_									
_			Little 1997AN KROTT TERTIFE	Magazaji, masou ji kansu uzaktersa aya k	Maria de Santa	Tay of State			
<u>Tot</u>	al				************************************	<u> </u>	L		<u> </u>

#### 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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	8,085,727.	11,093,499.	17,061,022.	10,582,299.	18,179,445.	65,001,992.	
2	Tax revenues levied for the organ-						•	
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	2,291,329.	2,390,524.	2,248,812.	2,446,698.	2,457,018.	11,834,381.	
4	Total. Add lines 1 through 3	10,377,056.	13,484,023.	19,309,834.	13,028,997.	20,636,463.	76,836,373.	
5	The portion of total contributions			A4445				
	by each person (other than a					1307443004		
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the		(Va. 0.6. ) 4/3	学业特别的 经基本	20 cm (2007 55×50 kg	多多合作的原本		
	amount shown on line 11,							
	column (f)						9,114,559.	
	Public support. Subtract line 5 from line 4.	RECORPORATION OF	SATISTICAL STATES	多。今期代共產黨的	26.82 (\$ X\$96) (\$ \$ )	\$15,600 (A.900)	67,721,814.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	10,377,056.	13,484,023.	19,309,834.	13,028,997.	20,636,463.	76,836,373.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,142,715.	1,000,131.	1,273,347.	1,058,761.	1,524,987.	5,999,941.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	6,724.	105,440.	<84,727.>	1,623.		29,060.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	1,119,401.	977,618.	1,220,853.	1,104,489.	1,460,937.	5,883,298.	
11	Total support. Add lines 7 through 10						88,748,672.	
12	Gross receipts from related activities,	etc. (see instruction	ons)	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12		
13	3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here								
Section C. Computation of Public Support Percentage								
	Public support percentage for 2017 (li					14	76.31 %	
	15 Public support percentage from 2016 Schedule A, Part II, line 14							
16a	16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2016. If the o	_		•				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶Ш	
17a	10% -facts-and-circumstances test						· ·	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization	************************	▶□	
k	10% -facts-and-circumstances test							
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	•	
	organization meets the "facts-and-circ	umstances" test. <sup>-</sup>	The organization q	ualifies as a public	ly supported orga	nization	▶□	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<b></b>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	ļ					
include any "unusual grants.")	ļ					
2 Gross receipts from admissions,						
merchandise sold or services per-	ļ					
formed, or facilities furnished in any activity that is related to the	ļ					
organization's tax-exempt purpose	ļ					
3 Gross receipts from activities that						
are not an unrelated trade or bus-	ļ					
iness under section 513	ļ					
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	ļ					
or expended on its behalf	]					
5 The value of services or facilities			<del>.</del>			
furnished by a governmental unit to						
the organization without charge				<u> </u>		
6 Total. Add lines 1 through 5						· · · · · · · · · · · · · · · · · · ·
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b				<u> </u>		
8 Public support. (Subtract line 7c from line 6.)		<u>《</u> 集》《诗歌·《春·		7.500.500.00	· 表象地位的成功。	
Section B. Total Support	1					
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						·
10a Gross income from interest, dividends, payments received on						
securities loans, rents, rovalties.						
and income from similar sources						
<b>b</b> Unrelated business taxable income						·····
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)					<u> </u>	
14 First five years. If the Form 990 is for	r the organization's	firet encound this	d fourth or fifth t	OV VOOR OO O OOSTIO	n 501/o)/0) overeige	
check this box and stop here				_		·
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2017 (I			olumn (fl)		15	%
16 Public support percentage from 2016				•••••••••••••••••••••••••••••••••••••••	16	
Section D. Computation of Inves						70
17 Investment income percentage for 20	)17 (line 10c. colur	nn (f) divided by lir	ne 13. column (f)		17	3,0
18 Investment income percentage from :					18	<u>%</u> %
19a 33 1/3% support tests - 2017. If the						
more than 33 1/3%, check this box ar						. —
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, che						_ [
20 Private foundation. If the organization						<b>?</b> ;;;
20 rato roundament il tilo organizatio	TO SECTION OF CHICAN	SON OF HITE 1-1, 13	ALOU TOD, CHECK U	THE DON ALICE SEE ITS	<u> </u>	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations,
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (l) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
100 30 30		
1		170 S.
_ 2		
_3a		
3b		\$100 P.V
3c 4a	177.18	<b>X</b>
_ 4b		
4c		
5a	25/24	
5b		
5c		
6		8 (1) 1 (1) 1 (1)
. 7 	yn far	, Sajar
		\$ 100 400 X
		$\mathbb{A}_{Y_{2}}$
9b	A Sec. 1	The Array of The A
9c		**************************************
10a	11.75595	933

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard

ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3	VE A CONTRACTOR CONTRACTOR	•
4 Enter greater of line 2 or line 3	4	·····································	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-function	nally integr	ated Type III supporting organiza	ation (see
instructions).			
		Schedule A (Fo	orm 990 or 990-EZ) 2

Sche	dule A (Form 990 or 990-EZ) 2017 ILLINOIS STATE UNIV			••*:* <u>*</u> **-**57∯åge 7
Par	t.V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	8		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	<b>数</b> 为2000年发生		
2	Underdistributions, if any, for years prior to 2017 (reason-			<b>发展。在1974年日的</b> 基本
	able cause required- explain in Part VI). See instructions.			PART PART OF WAY
3	Excess distributions carryover, if any, to 2017	14. g(4.00年) \$1.3 \$1.3 \$1.3 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5		
а				
b	From 2013	SCOOK AND A WARREST AND A		BANGAR PARAMET
C	From 2014			(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1985)(1
d	From 2015			Andrew Control Control
е	From 2016	APA 1000 A A A A A A A A A A A A A A A A A		多。\$P\$美国为1954年
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	The Committee of the Co		
h	Applied to 2017 distributable amount		75.00.53888788788	
i	Carryover from 2012 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			45.853.853.553.65
4	Distributions for 2017 from Section D,			200 40 40 22 38 40 30 30 30 30 30 30 30 30 30 30 30 30 30
	line 7; \$			
<u>a</u>	Applied to underdistributions of prior years			
þ	Applied to 2017 distributable amount		0.8845.05 (8.42.05.484.67.69)	
С	Remainder. Subtract lines 4a and 4b from 4.	No. 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.		Table Street Service Control of the Service Service	
6	Remaining underdistributions for 2017. Subtract lines 3h	LA STANSSANTE		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			//
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	Communication of the Communica		
8	Breakdown of line 7:			
а	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2017

b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

Schedule A	Form 990 or 990-EZ) 2017 ILLINOIS STATE UNIVERSITY FOUNDATION	••*:*—**-**57⊅åge 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additing (See instructions.)	or 17b; Part III, line 12;
<u> </u>		
		· , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2017

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
TATE FARM COMPANIES FOUNDATION	10,889,532.	9,114,559
		<u>-</u>
		····
		<del></del>
		<del></del>
		<u> </u>
otal Excess Contributions to Schedule A, Part II, Line 5		9,114,55

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ILLINOIS STATE UNIVERSITY FOUNDATION

Employer identification number ··\*:\*-\*\*\*5713

	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in v		d funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		•
	impermissible private benefit?		Yes No
Par	til Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f 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
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	e
	listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located 🕨	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	handling of violations, and enforcing conse	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	<b>&gt;</b> \$		- ,
	> \$Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	)(4)(B)(i)
8	▶ \$  Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(h	)(4)(B)(i) Yes No
8	> \$	ve satisfy the requirements of section 170(h	)(4)(B)(i)  Yes No statement, and balance sheet, and
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservationally include, if applicable, the text of the footnote to the organization.	ve satisfy the requirements of section 170(h	)(4)(B)(i)  Yes No statement, and balance sheet, and
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements.	ve satisfy the requirements of section 170(h ion easements in its revenue and expense s tion's financial statements that describes th	)(4)(B)(i)  Yes No statement, and balance sheet, and ne organization's accounting for
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organizationservation easements.  IIII Organizations Maintaining Collections of	ve satisfy the requirements of section 170(h ion easements in its revenue and expense s tion's financial statements that describes the	)(4)(B)(i)  Yes No statement, and balance sheet, and ne organization's accounting for
8 9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(li)?  In Part XIII, describe how the organization reports conservationally include, if applicable, the text of the footnote to the organizationservation easements.  † III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	ve satisfy the requirements of section 170(h ion easements in its revenue and expense s ition's financial statements that describes th f Art, Historical Treasures, or Oth n 990, Part IV, line 8.	)(4)(B)(i)  Yes No statement, and balance sheet, and ne organization's accounting for  ner Similar Assets.
8 9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organizationservation easements.  Till: Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	ve satisfy the requirements of section 170(h ion easements in its revenue and expense s ition's financial statements that describes the f Art, Historical Treasures, or Oth in 990, Part IV, line 8. ISC 958), not to report in its revenue statements	Yes No statement, and balance sheet, and ne organization's accounting for ner Similar Assets. ent and balance sheet works of art,
8 9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservationally include, if applicable, the text of the footnote to the organizationservation easements.  Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public extensions.	ve satisfy the requirements of section 170(h ion easements in its revenue and expense stition's financial statements that describes the f Art, Historical Treasures, or Oth n 990, Part IV, line 8. SC 958), not to report in its revenue statementalistic, education, or research in furtheran	Yes No statement, and balance sheet, and ne organization's accounting for ner Similar Assets. ent and balance sheet works of art,
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(li)?  In Part XIII, describe how the organization reports conservationately include, if applicable, the text of the footnote to the organizationservation easements.  IIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exit the text of the footnote to its financial statements that descri	ve satisfy the requirements of section 170(h ion easements in its revenue and expense stition's financial statements that describes the f Art, Historical Treasures, or Oth n 990, Part IV, line 8. SC 958), not to report in its revenue statemental hibition, education, or research in furtherantibes these items.	Yes No statement, and balance sheet, and ne organization's accounting for ner Similar Assets.  ent and balance sheet works of art, ce of public service, provide, in Part XIII,
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(li)?  In Part XIII, describe how the organization reports conservationally include, if applicable, the text of the footnote to the organizationservation easements.  It III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exit the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (AS	ve satisfy the requirements of section 170(h	yes No statement, and balance sheet, and ne organization's accounting for ner Similar Assets.  ent and balance sheet works of art, ce of public service, provide, in Part XIII, and balance sheet works of art, historical
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organizationservation easements.  Till: Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures.	ve satisfy the requirements of section 170(h	yes No statement, and balance sheet, and ne organization's accounting for ner Similar Assets.  ent and balance sheet works of art, ce of public service, provide, in Part XIII, and balance sheet works of art, historical
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organizationservation easements.  Complete if the organization answered "Yes" on Form of the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures, or other similar assets held for public exhibition, extreasures.	ve satisfy the requirements of section 170(h ion easements in its revenue and expense stion's financial statements that describes the fart, Historical Treasures, or Other 990, Part IV, line 8. SC 958), not to report in its revenue statement in the statement in the section of the section of the section of the section, or research in furtherance of public ducation, or research in furtherance of public statements.	Yes No statement, and balance sheet, and ne organization's accounting for ner Similar Assets.  ent and balance sheet works of art, ce of public service, provide, in Part XIII, and balance sheet works of art, historical lic service, provide the following amounts
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organizationservation easements.  IIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, explaining to these items:  (i) Revenue included on Form 990, Part VIII, line 1	ve satisfy the requirements of section 170(h ion easements in its revenue and expense s ition's financial statements that describes the f Art, Historical Treasures, or Oth in 990, Part IV, line 8. SC 958), not to report in its revenue statement hibition, education, or research in furtherant ibes these items. SC 958), to report in its revenue statement and ducation, or research in furtherance of pub	Yes No statement, and balance sheet, and ne organization's accounting for ner Similar Assets.  ent and balance sheet works of art, ce of public service, provide, in Part XIII, and balance sheet works of art, historical lic service, provide the following amounts  **No No
9 Par 1a b	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organizationservation easements.  Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, explaining to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	ve satisfy the requirements of section 170(h ion easements in its revenue and expense station's financial statements that describes the f Art, Historical Treasures, or Other 990, Part IV, line 8. GC 958), not to report in its revenue statemental hibition, education, or research in furtherantibes these items. GC 958), to report in its revenue statement aducation, or research in furtherance of pub	Yes No statement, and balance sheet, and ne organization's accounting for ner Similar Assets.  Sent and balance sheet works of art, ce of public service, provide, in Part XIII, and balance sheet works of art, historical lic service, provide the following amounts  \$ 128,811,
9 Par 1a b	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(li)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organizationservation easements.  IIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exit the text of the footnote to its financial statements that descrif the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, explaining to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trees.	ve satisfy the requirements of section 170(helion easements in its revenue and expense station's financial statements that describes the fart, Historical Treasures, or Other 990, Part IV, line 8.  SC 958), not to report in its revenue statement in the statement	Yes No statement, and balance sheet, and ne organization's accounting for ner Similar Assets.  Sent and balance sheet works of art, ce of public service, provide, in Part XIII, and balance sheet works of art, historical lic service, provide the following amounts  \$ 128,811,
9 Par 1a b	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organizationservation easements.  Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, explaining to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	ve satisfy the requirements of section 170(h ion easements in its revenue and expense s ition's financial statements that describes the f Art, Historical Treasures, or Oth n 990, Part IV, line 8. SC 958), not to report in its revenue statement hibition, education, or research in furtherant ibes these items. SC 958), to report in its revenue statement a ducation, or research in furtherance of pub	yes No statement, and balance sheet, and ne organization's accounting for her Similar Assets.  ent and balance sheet works of art, ce of public service, provide, in Part XIII, and balance sheet works of art, historical lic service, provide the following amounts    S

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Par	tilla Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or C	ther Si	milar Assets	(continued)
3	Using the organization's acquisition, accession						
	(check all that apply):		•	-	_		
а	X Public exhibition	d	Loan or exc	hange programs	3		
b	Scholarly research	е		0,0			
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt	nurnose in Part	XIII
5	During the year, did the organization solicit or						ZUII.
	to be sold to raise funds rather than to be ma						Yes X No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Ye	s" on For	m 990, Part IV,	line 9. or
	reported an amount on Form 990, Par						
la	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	or other assets	not inclu	uded	
	on Form 990, Part X?	**************************				$\square$	Yes X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	***
е	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on Fo						Yes No
	If "Yes," explain the arrangement in Part XIII.				•		
	t V Endowment Funds. Complete i					***************************************	
		(a) Current year	(b) Prior year	(c) Two years b		Three years back	(e) Four years back
1a	Beginning of year balance	113,043,510.	97,062,178.	102,658,2		99,916,999.	87,292,218.
b	Contributions	9,596,561.				3,361,062.	
C	Net investment earnings, gains, and losses	11,485,053.				3,086,011.	
d	Grants or scholarships	4,165,411.	4,064,644.	5,880,9		3,054,652.	
e	Other expenditures for facilities	, ,					7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
-	and programs	254,535.	245,234.	301,9	76.	188,719.	192,778.
f	Administrative expenses	880,106.				462,501.	<del></del>
g g	End of year balance	128,825,072.				102,658,200.	<del></del>
2	Provide the estimated percentage of the curr						1 7 1
a	Board designated or quasi-endowment	2.67	%	y mora do.			
b	Permanent endowment 61.29	%	<b>-</b> ^*				
		36.04 %					
·	The percentages on lines 2a, 2b, and 2c shot						
32	Are there endowment funds not in the posses	•	ition that are held a	nd administered	for the o	rganization	
ou	by:	bolon of the organiza	adon anacaro noto a	ia aariii iistoroa	101 110 0	garnzanon	Van Na
							Yes No
						***************************************	<del>  _                                  </del>
	(ii) related organizations	tions listed as your in	C-bkd- D0				OG(11)
						*******************************	
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.	٠,			<del></del>
i j	Complete if the organization answered		Dort IV line 11a S	oo Form 000 D	art V lina	. 10	
-							
	Description of property	(a) Cost or o basis (investr	` ` '	or other (other)	(c) Accu	imulated ciation	(d) Book value
19	Land	·	0,631.	980,000.	Gopie	Carle in A. F.	1,580,631.
b				,029,784.	4	,764,079.	6,265,705.
n	Buildings			39,260.		39,260.	0,203,703.
d	Equipment			160,756.		125,077.	35,679.
	Other		<del></del>				20,010,
	l. Add lines 1a through 1e. (Column (d) must e	oual Form 900 Part	X column /P\ line f	001			7,882,015.
		vice i vitti aatt. Fall.					

Schedule D (Form 990) 2017

	<ul> <li>Other Securities</li> </ul>

Complete if the organization answered "Yes"  (a) Description of security or category (Including name of security)	on Form 990, Part IV, line 1 (b) Book value	<ul><li>11b. See Form 990, Part X, line 12.</li><li>(c) Method of valuation: Cost or end-</li></ul>	of year market value
	(b) BOOK VAILED	(c) Welliod of Valuation. Cost of end-	oryear market value
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other			
(A) REAL ASSETS MARKETABLE FUNDS	21,956,852.	END-OF-YEAR MARKET VALUE	
(B) HEDGED AND ALTERNATIVE FUNDS	37,795,580.	END-OF-YEAR MARKET VALUE	
(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(D)			
(E)	,		
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	59,752,432.		
Part VIII Investments - Program Related.		· ·	
Complete if the organization answered "Yes"	on 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)			<u></u>
(6)			
(8)			
(9)			1000 and 1 400 a 100 a
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	435
	Description		(b) Book value
(1)			
(2)			
(3)			
	***		······································
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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)	OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	917,451.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X. col. (B) line 25.)	917,451.	

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

Reconciliation of Revenue per Audited Financial Statements Months	Vith Ex	3,724,284. 2,457,018.  49,814.  257,493. <226,234.>  Cpenses per R  2,457,018.	2e 3 4c 5 8eturn.	32,693,358 6,231,116 26,462,242 31,259 26,493,501 13,349,264
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II. line 12.)  Part XII. Reconcilitation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inlines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inlines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inlines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inlines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inlines 2d and 4b; and Part XII, lines 2d and 4	Vith Ex	3,724,284. 2,457,018. 49,814. 257,493. <226,234.> (penses per R	2e 3 4c 5 Return.	6,231,116 26,462,242 31,259 26,493,501
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; a	Vith Ex	3,724,284. 2,457,018. 49,814. 257,493. <226,234.> (penses per R	2e 3 4c 5 Return.	6,231,116 26,462,242 31,259 26,493,501
a Net unrealized gains (losses) on investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total evenue. Add lines 3 and 4c. (This must equal Form 990, Part II. line 12.)  Part XIII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  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 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  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  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  4 Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inlines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inlines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inlines	Vith Ex	2,457,018.  49,814.  257,493.  <226,234.>  xpenses per R  2,457,018.	4c 5 Return.	26,462,242 31,259 26,493,501
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII. Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	Vith Ex	2,457,018.  49,814.  257,493.  <226,234.>  xpenses per R  2,457,018.	4c 5 Return.	26,462,242 31,259 26,493,501
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a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII. Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b.	Vith Ex	<226,234,> xpenses per R  2,457,018.	5 Return.	26,493,501
b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)  Part XIII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments  C Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d  3 Subtract line 2e from line 1  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 b Other (Describe in Part XIII.) c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional in lines 2d and 4b.	Vith Ex	<226,234,> xpenses per R  2,457,018.	5 Return.	26,493,501
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PART III, LINE 4:			; Part X, lir	ne 2; Part XI,
	•			
THE ART COLLECTION IS DISPLAYED IN A PROPERTY HELD IN AN ENDOWMENT BY	HE			
FOUNDATION.				
PART V, LINE 4:				
TO SERVE THE EDUCATIONAL PURPOSES OF ILLINOIS STATE UNIVERSITY.				
PART X, LINE 2:			<del></del> .	

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

η	Schedule D (Form 990) 2017 ILLINOIS STATE UNIVERSITY FOUNDATION	**:***-***57⊅age 5
	Schedule D (Form 990) 2017 ILLINOIS STATE UNIVERSITY FOUNDATION  Part XIII   Supplemental Information (continued)	
	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.	
	PART XI, LINE 2D - OTHER ADJUSTMENTS:	
	UNREALIZED GAINS ON BENEFICIAL INTERESTS 49,814.	
	PART XI, LINE 4B - OTHER ADJUSTMENTS:	
	DIRECT FUNDRAISING EXPENSES -226,234.	
	PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	DIRECT FUNDRAISING EXPENSES -226,234.	

#### 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,

OMB No. 1545-0047
2017
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

LLINOIS STATE UNIVERS					••*:* <u></u> **_**	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organi	zation answered "Y	'es" on
Form 990, Part I						
			ds to substantiate the amount of its grai		· —	<del></del>
the grantees' eligibility i	or the grants or a	assistance, and t	the selection criteria used to award the g	grants or assist	ance?	Yes X No
United States.			procedures for monitoring the use of its		er assistance outsi	ide the
			an be duplicated if additional space is no			(0.T.)
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	ity listed in (d) ram service, specific type s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARRIBEAN	0	0	INVESTMENTS			20,581,484.
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3 a Sub-total	0	0		\$150 J. \$250.	1722년 (1725년 - 1	20,581,484
<b>b</b> Total from continuation				38888		
sheets to Part I	0	0				0,
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and 3b)		I V	■ AND AND EMPEROUSE WELL Fall Applied	[2] A. A. A. A. A. A. A. A. A. A. A. A. A.	\$ 1500 0 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	20,581,484.

Page 2

Schedule F (Form 990) 2017

ILLINOIS STATE UNIVERSITY FOUNDATION

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part

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 noncash assistance	(h) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)
Enter total number of recipient organizations listed aby the IRS, or for which the grantee or counsel has a Enter total number of other organizations or entities.	recipient organization ch the grantee or cour	is listed above that are rensel has provided a section anitties.	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities	foreign country, n r	ecognized as tax-exe	mpt		
ı	Uliel Olyanizanons o	r effilles					Schec	Schedule F (Form 990) 2017

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Page 3

ILLINOIS STATE UNIVERSITY FOUNDATION

Schedule F (Form 990) 2017

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.

Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance O PRANSFER TO UNIVERSITY (e) Manner of cash disbursement 68,702, ACCOUNT (d) Amount of cash grant (c) Number of recipients 48 (b) Region VARIOUS (a) Type of grant or assistance SCHOLARSHIPS

	roleigh Folinis		
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 separately file Form 3520, Annual Retum To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	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)	Yes	X 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
	(and modellate of the country of the		
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
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
	more action of the first time that form body		110

Schedule F (Form 990) 2017

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

IBBINOTS STATE UNIVERSITY FOUNDATION								
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written o key employees listed in Form 990, Pab if "Yes," list the 10 highest paid individent compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ rofessi	non-go governising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	☐ Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or con contrib	Did alser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
	- 10.035	Yes	No					
Total			<u> </u>					
<ol> <li>List all states in which the organizatio or licensing.</li> </ol>	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration		
	1							
#MATE 11				·				
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					···	<u></u>		

Sch	hedule G (Form 990 or 990-EZ) 2017 ILLINOIS STATE UNIVERSITY FOUNDATION										
Pa			e organization answered	l "Yes" on Form 990, Part	IV, line 18, or reported	more than \$15,000					
	·		(a) Event #1	(b) Event #2 KATIE INS. HALL OF FAME BANQUET (event type)	(c) Other events  17 (total number)	(d) Total events (add col. (a) through col. (c))					
Revenue	1	Gross receipts	124,800.	361,990.	386,850.	873,640.					
<u>.</u>	2	Less: Contributions	76,200.	325,000.	281,802.	683,002.					
	3	Gross income (line 1 minus line 2)	48,600.	36,990.	105,048.	190,638.					
	4	Cash prizes	8,523.	0.	24,889.	33,412.					
Ø	5	Noncash prizes									
Direct Expenses	6	Rent/facility costs	3,000.	47,625.	18,211.	68,836.					
irect Ey	7	Food and beverages	6,533.	2,663.	16,389.	25,585.					
ā	8	Entertainment	49,443.	25 270	12 570	00.404					
	9 10	Other direct expenses	O in a plump (d)	35,279.	13,679.	98,401. 226,234.					
11 Net income summary. Subtract line 10 from line 3, column (d) <35,596.:  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.											
nue		\$ 10,000 on one one one	(a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Revenue	1	Gross revenue									
ses	2	Cash prizes									
		Noncash prizes			·····						
Direct Expe	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes % No	Yes %	Yes % No						
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>						

Schedule (	G (Form	990 or	990-EZ)	201
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b If "Yes," explain:

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

b If "No," explain:

a is the organization licensed to conduct gaming activities in each of these states?

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

Sch	edule G (Form 990 or 990-EZ) 2017 ILLINOIS STATE UNIVERSITY FOUNDATION	:***	57∯age <b>3</b>
	Does the organization conduct gaming activities with nonmembers?		☐ No
	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?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	c If "Yes," enter name and address of the third party:		
	Name >		
	Address >		
16	Garning manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided	···································	
		· · · · · · · · · · · · · · · · · · ·	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
k	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 > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		<u> </u>	
			,
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Schedule G (Form 990 or 990-EZ)	ILLINOIS STATE UNIVERSIT	Y FOUNDATION	••*:* <u>**-***57фаде 4</u>
Schedule G (Form 990 or 990 EZ)  Part IV Supplemental Info	mation (continued)		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(00	·	
<u></u>			

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No. 1545-0047	2017	Open to Public Inspection

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

lame of the organization דייבידי איזידי	TITINOIS STATE TINIVERSITY FOUNDATION	OUTUDATION					Employer idenuncation number ●●*:***-5713
Part   General Information on Grants and Assistance	nd Assistance						1
Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?	o substantiate the		or assistance, the g	grantees' eligibility	for the grants or assi	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	no X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monito	pring the use of grant f	unds in the United	States.			
ĮξI	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated	55,000. Part II can		if additional space is needed	jg.	to bodies		
1 (a) Name and address of organization or government	(P) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(I) Met to or valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE
LLINOIS STATE UNIVERSITY					PRICE LIENS		UNIVERSITY, INSTRUCTION, RESEARCH AND PIRLIC
ORMAL, IL 61761	**4070	**4070	4,823,341.	835,523.	ESTIMATED FMV	VARIOUS	SERVICE ACTIVITIES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government orga	anizations listed in the	line 1 table				
	listed in the line 1	table					<b>A</b>

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

Schedule I (Form 990) (2017)

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ILLINOIS STATE UNIVERSITY FOUNDATION

Employer identification number ··\*:\*—\*\*-\*\*\*5713

Pa	Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			23
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			100
	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  X Health or social club dues or initiation fees			
	X Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	71/2	757	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		624	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		Х
		1794	2000	100 K
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.	N.		
	Compensation committee X Written employment contract			4 Yes
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee	9.52		
			1000	7.3
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		C 1866	200
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	7.55.17.7	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
U	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	2000	195 (553	-01XX
	The second of lines 42 of list the persons and provide the applicable amounts for each item lift art lift.			V.A
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1.54% (45) 1.63 (1.55)	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
IJ			<b>1988</b>	8/67
_	contingent on the revenues of:	1 (98e).	1000	X
	The organization?	5a		X
Ø	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5b	海流流	A.
_	· · · · · · · · · · · · · · · · · · ·			
ь	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	30.0%	16-916	Х
	The organization?	6a		╁
b	Any related organization?	6b	Jan September	X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1,877,00	100 V	198.4
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	50, 7	Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	- 14 75/14	Tydy:	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	O.A.	10000	all fair th
	Regulations section 53.4958-6(c)?	9	1	

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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 on 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 aren't 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.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benetits	(r)-(i)(s)	in column (b) reported as deferred on prior Form 990
(1) PAT VICKERMAN	6	262,338.	0	0.	0	6,973.	269,311.	.0
EXECUTIVE DIRECTOR	€		0.	.0	0	.0	0	•0
(2) JILL JONES	8	157,801.	0	.0	•0	108,	157,909.	0.
CHIEF OPERATIONS OFFICER	€	0	0	0	0	0	0	•0
(3) MARK WUNDER	Ξ	160,333.	0	•0	0	4,116.	164,449.	.0
ASSISTANT VP OF DEVELOPMENT	: ≘	.0	0.	*0	0	.0	0.	.0
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							Schedu	Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 ILLINOIS STATE UNIVERSITY FOUNDATION	••*:***5713 Page 3
ormation	
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.	art for any additional information.
PART I, LINE 3:	
SALARIES ARE DETERMINED ANNUALLY BY THE PRESIDENT OF ILLINOIS STATE	
UNIVERSITY WEO MAY CONSIDER SUCH FACTORS AS TIME IN THE POSITION,	
PERFORMANCE, AND SALARIES OF COMPARABLE POSITIONS WITH THE UNIVERSITY AND	
AT COMPARABLE UNIVERSITIES.	
FORM 990, PART VII, SECTION A	
ALL OFFICERS AND HIGHLY COMPENSATED INDIVIDUALS ARE PAID BY ILLINOIS	
STATE UNIVERSITY, WHICH IS CONSIDERED AN UNRELATED ORGANIZATION FOR IRS	
PURPOSES, ALL WAGES LISTED ON PART VII, SECTION A ARE THE INDIVIDUALS'	
TOTAL W-2 COMPENSATION.	
	Schedule J (Form 990) 2017

## SCHEDULE M (Form 990)

**Noncash Contributions** 

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

2017

OMB No. 1545-0047

open To Public Inspection

··\*:\*---\*\*5713

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

ILLINOIS STATE UNIVERSITY FOUNDATION

Employer identification number

	t   Types	of Property						
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermining	ts
1	Art - Works of a	rt	Х	6		APPRAISAL		
2		reasures						
3		interests						
4		lications		APPENDED TO				
5		ousehold goods						
6		vehicles						
7		es					·	
8		oerty						
9		licly traded		69	1,342,508.	MARKET QUOTATION	1	
10		sely held stock						
11		tnership, LLC, or						
	trust interests							
12		cellaneous						
13	Qualified conse	rvation contribution -						
	Historic structu	res						
14		rvation contribution - Other						
15	Real estate - Re	sidential						
16	Real estate - Co	mmercial						
17		her	1					
18	Collectibles							
19						"		
20		ical supplies						
21	Taxidermy	**,						
22		cts						
23	Scientific specia	mens						
24	Archeological a							
25	Other 🕨 (	SOFTWARE )	Х	1.	465,400.	ESTIMATED FAIR V	/ALUE	
26	Other 🕨 (	ANNUITY )	Х	1	224,500.	ESTIMATED FAIR V	/ALUE	
27	Other 🕨 (	EQUIPMENT )	Х	41	110,023.	ESTIMATED FAIR V	/ALUE	
28	Other 🕨 (	GRAIN )	Х	5	9,265.	SALES PRICE		
29	Number of Form	ns 8283 received by the organ	nization during	g the tax year for c	ontributions			
	for which the or	rganization completed Form 8	283, Part IV,	Donee Acknowledg	gement 29			
							Yes	No
30a	During the year	, did the organization receive	by contributio	on any property rep	orted in Part I, lines 1 throug	gh 28, that it		
	must hold for at	t least three years from the da	ite of the initia	al contribution, and	l which isn't required to be u	sed for		
	exempt purpos	es for the entire holding perio	d?				30a	Х
b	lf "Yes," describ	oe the arrangement in Part II.					1,241,367	200
31	Does the organ	ization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31 X	
32a	Does the organ	ization hire or use third parties	s or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?				***************************************	******************************	32a X	
b	If "Yes," describ							
33	If the organizati	ion didn't report an amount in	column (c) fo	r a type of property	y for which column (a) is che	cked,		
	describe in Par	t II.						814.7

Schedule M (Form 990) 2017 ILLINOIS STATE UNIVERSITY FOUNDATION	••*:****5713 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	d 33, and whether the organization
SCHEDULE M, LINE 32B:	
THE ORGANIZATION UTILIZES A STOCK BROKER TO PROCESS AND SELL DONATED	
SECURITIES.	

## **SCHEDULE O**

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ILLINOIS STATE UNIVERSITY FOUNDATION

Employer identification number ••\*:\*--\*\*5713

FORM 990, PART VI, SECTION B, LINE 11B:
THE FOUNDATION'S AUDIT AND FINANCE COMMITTEES REVIEW THE FORM 990 BEFORE IT
IS FILED, AND THOSE COMMITTEES REPORT THEIR FINDINGS TO THE BOARD OF
DIRECTORS AT ITS NEXT SCHEDULED MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD POLICY STATES THAT EACH DIRECTOR, PRINCIPAL OFFICER, OR COMMITTEE
MEMBER OF THE BOARD WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST WITH
THE FOUNDATION MUST DISCLOSE THE EXISTENCE OF SUCH INTEREST TO THE BOARD OF
DIRECTORS, WHICH SHALL DECIDE IF A CONFLICT OF INTEREST ACTUALLY EXISTS.
FORM 990, PART VI, SECTION B, LINE 15:
THE SALARY OF A KEY EMPLOYEE OF THE ORGANIZATION IS DETERMINED ANNUALLY BY
THE PRESIDENT OF ILLINOIS STATE UNIVERSITY WHO MAY CONSIDER SUCH FACTORS AS
TIME IN THE POSITION, PERFORMANCE, AND SALARIES OF COMPARABLE POSITIONS
WITHIN THE UNIVERSITY AND AT COMPARABLE UNIVERSITIES.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
IL, AZ, CA, CT, DC, FL, LA, ME, MD, MA, MI, MN, NJ, OH, OR, SC, UT, WA
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE
PUBLIC ON ITS WEBSITE, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY
ARE NOT AVAILABLE TO THE PUBLIC.

Name of the argenization		Page 2
Name of the organization ILLINOIS STATE UNIVERSITY FOUNDATION		Employer identification number
CHANGE IN VALUE OF BENEFICIAL INTERESTS	49,814.	
FORM 990, PART XII, LINE 2C;		
THE ORGANIZATION'S PROCESS FOR THE OVERSIGHT OF THE AUDIT OF ITS		
FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR YEAR.		
		·
· ·		
	- 11	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection 2017

OMB No. 1545-0047

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

Employer identification number Direct controlling entity 4,735,995, ISU FOUNDATION 600,631, ISU FOUNDATION Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets ø °. 300,000. Total income 0 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) SIONITI SIONITI REAL ESTATE INVESTMENT REAL ESTATE INVESTMENT Primary activity ILLINOIS STATE UNIVERSITY FOUNDATION 9 LAUNCHING FUTURES, LLC (USES FOUNDATION EIN) LLC (USES FOUNDATION Name, address, and EIN (if applicable) 딤 of disregarded entity EIN), CAMPUS BOX 8000, NORMAL, NORMAL, IL 61790-8000 LAUNCHING FUTURES II, CAMPUS BOX 8000 61790-8000 Part

ļ	(3)		اے ا								
	(g) Section 512(b)(13)	ontrolled entity?	s No					_		 	
	Section	·	Yes		 		_				
		Direct controlling entity									
	(e)	rubiic charity status (if section	501(c)(3))								
	(d)	section				· ·					
	(0)	Legal domicile (state or foreign country)									
	(b) Primary activity										
Ulgalitzations during the tax year.	(a)	Name, address, and EIN of related organization									

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

Schedule R (Form 990) 2017

••\*: \*\_\_\*\*\_\*\*5713 Page 2

Schedule R (Form, 990) 2017 ILLINOIS STATE UNIVERSITY FOUNDATION

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

(a) Marros production and EIN	(a)	(C)	(d)	(e)		(f) Shara of total	(g)	(h)		(i)	(j) (k)
Name, address, and Ein of related organization	riniary activity	domicile (state or foreign country)	entity	r recomman income (related, unrelated, excluded from tax under sections 512-514)		income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing ile partner? (55) Yes No	Marther?
										-	
	T 1										
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	rganizations Taxable a	is a Corpo ig the tax y	on or Trust.	omplete if the	organization	answered "Yes	" on Form 990,	Part IV, line 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	d one or mo	ore related
(a)			(p)	<u>©</u>	<u>(</u>	(e)		£	(6)	Ξ	
Name, address, and EIN of related organization	N uo	Prim	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	ing Type of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
									**		
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THE CITY LAND								-	•		
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Schedule R (Form 990) 2017

••\*:\*\_\_\*\*\_\*\*5713 Page 3

Schedule R (Form 990) 2017 ILLINOIS STATE UNIVERSITY FOUNDATION

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Α	Yes No
1 During the tax year, did the organization engage in any of the following transaction:	is with one or more r	transactions with one or more related organizations listed in Parts II-IV?	in Parts IHV?		
a Receipt of (i) interest, (ii) annulties, (iii) royalties, or (iv) rent from a controlled entity	Δ,			Ta	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				#	
		:		<b>1</b>	
Coans or loan dilarantees to or for related organization(s)				14	
				,	
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				æ	
f Dividends from related organization(s)				#	
Sale of assets to related organization(s)				10	
				÷	
				;	-
i Exchange of assets with related organization(s)				=	
j Lease of facilities, equipment, or other assets to related organization(s)				Ţ	
k Lease of facilities, equipment, or other assets from related organization(s)				14	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			#	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			<b>1</b>	_
n Sharing of facilities equipment mailing lists or other assets with related organization(s)	ion(s)			F	
				ç	
					N 24 4 17 18
				2 ,	
q Reimbursement paid by related organization(s) for expenses				ב	
r Other transfer of cash or property to related organization(s)				<b>-</b>	_
s Other transfer of cash or property from related organization(s)		***************************************		18	_
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.	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction	(c)	(d) Devlova in the property of determining the property of the	nvolvad	
יאמונים כן יסומיסט כן שמוויסטן	type (a-s)				
23)					
3)				į	
			-		
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6		1			
32163 09-11-17			Schedule	Schedule R (Form 990) 2017	90) 2017

••\*:\*\_\_\*\*-\*\*5713 Page 4

7 ILLINOIS STATE UNIVERSITY FOUNDATION

Schedule R (Form 990) 2017 ILI

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) (b) (c) (d)	(a)	(2)	(p)	(e)	Œ	(6)	3	(0)	9	æ
Name, address, and EIN	Primary activity	nicile	t income related,	Are all partners sec. 501 (c)(3)	Share of	Share of	Dispropor- tionate	Disproper- Disproper-	Seneral or managing	Percentage ownershin
6.000		country)	excluded from tax under $\frac{0}{100}$ sections 512-514)	Yes No	income	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
				_					+	
									<u> </u>	
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						:		Schedule	۶ (Forn	Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	ILLINOIS STATE	UNIVERSITY FOUNDATION		••*:*—**-**57þage 5
Part VII	(Form 990) 2017 Supplemental Info	rmation.			
	Provide additional inform	nation for responses to	questions on Schedule R. See ins	tructions.	
		<u> </u>			
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EXTENDED TO MAY 15, 2019 Exempt Organization Business Income Tax Return Form 990-T OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning  $\ JUL\ 1$  ,  $\ 2017$ and ending JUN 30, 2018 ► Go to www.irs.gov/Form990T for instructions and the latest information. 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). Check box if Name of organization ( Check box if name changed and see instructions.) D Employer identification numbe (Employees' trust, see address changed instructions.) ILLINOIS STATE UNIVERSITY FOUNDATION B Exempt under section ··\*:\*--\*\*5713 **Print** E Unrelated business activity codes (See instructions.) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) ]220(e) 101 ALUMNI CENTER, CAMPUS BOX 8000 City or town, state or province, country, and ZIP or foreign postal code 408A NORMAL, IL 61790-8000 529(a) 523000 C Book value of all assets F Group exemption number (See instructions.) 176, 282, 627. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. > PARTNERSHIP INVESTMENTS, DIVIDENDS AND INTEREST FROM SECURITIES I 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. J The books are in care of PAT VICKERMAN Telephone number ► (309)438-2294 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance ..... 1e Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 160,743. 160.743. 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c <233,531.> STMT 1 Income (loss) from partnerships and S corporations (attach statement) <233,531.> 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) Other income (See instructions; attach schedule) <72.788.> Total. Combine lines 3 through 12 <72,788.> Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 Salaries and wages 15 15 Repairs and maintenance 16 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 23 Depletion 23 Contributions to deferred compensation plans 24 24 Employee benefit programs 25 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) SEE STATEMENT 2 2,668. 28 Total deductions. Add lines 14 through 28 2,668. 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 <75,456.> 30 30 Net operating loss deduction (limited to the amount on line 30)

SEE STATEMENT 3 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 32 <75,456.> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 1,000. 33

34

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Par	t II	Tax Co	mputation						· · · · · · · · · · · · · · · · · · ·
36	5	Organizations	Taxable as Corporations.	See instructions for tax computation	tion.			0.00	
		Controlled gro	up members (sections 1561	l and 1563) check here 🕨 🗔	See instructions	and:			
			•	and \$9,925,000 taxable income I					
			(2)		(3)  \$	,-		3,85%	
				nal 5% tax (not more than \$11,75			i I		
				0,000)			; 		
	e	Income tax on	the amount on line 34		L¥		,	► 35c	0.
3(				ctions for tax computation. Incor					
•	•			ule D (Form 1041)				▶ 36	
37	7	Provider Se	inetructions	uio D (i oiiii 1041)					
31		Alternative mi						37	
39				See instructions		•••••		38	
4(	9 N	Tak dii Noli-ya Tatal Add line	omphant Facility Income. A	or 36, whichever applies			*****************	39	0.
Par	† I\	/ Tax an	id Payments	or oo, willionever applies				.   40	
			<del>-</del>	m 1118; trusts attach Form 1116	3	41a		281-86	
7									
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 1					
				)					
				Form 8801 or 8827)				4.00	
4,	e	Potal Credits.	Aug lines 4 ta trirough 4 to					. 41e	
42	2	Suotract line 4	File from line 40	55 Form 8611 Form	0007 🗍 F			42	-0.
4;									
4,	4	Iotal tax. Add	1 lines 42 and 43		***********************				0.
4				to 2017			4,20	<u>• • • • • • • • • • • • • • • • • • • </u>	
	b	2017 estimate	d tax payments			45b			
	C	Tax deposited	with Form 8868			45c			
				d at source (see instructions)					
				***************************************					
				premiums (Attach Form 8941)		45f			
	g	Other credits a	and payments:	Form 2439					
				Other				A.20	
40	6	Total paymen	<b>ts.</b> Add lines 45a through 49	5g				46	4,200.
47	7	Estimated tax	penalty (see instructions). C	heck if Form 2220 is attached 🕨	▶ 📖 ,.,	*********		. 47	
41	В	Tax due. If lin	e 46 is less than the total of	lines 44 and 47, enter amount ov	ved			<b>► 48</b>	
49	9	Overpayment.	. If line 46 is larger than the	total of lines 44 and 47, enter am	ount overpaid			▶ 49	4,200.
50		Enter the amo	unt of line 49 you want: Cre	dited to 2018 estimated tax	<u> </u>	4,200.	Refunded	<b>▶</b> 50	0.
Par	t V	Staten	nents Regarding Co	ertain Activities and O	<u>ther Informa</u>	tion (see in	structions)		
5	1	At any time du	iring the 2017 calendar year	, did the organization have an inte	erest in or a signat	ure or other aut	hority		Yes No
				or other) in a foreign country? If					
		FinCEN Form	114, Report of Foreign Bank	and Financial Accounts. If YES, 6	enter the name of t	the foreign coun	try		
		here ►							Х
5	2	During the tax	year, did the organization re	eceive a distribution from, or was	it the grantor of, o	or transferor to,	a foreign trust?		Х
		If YES, see ins	structions for other forms th	e organization may have to file.					
5	3	Enter the amo	unt of tax-exempt interest re	ceived or accrued during the tax	year ▶\$				
		Under penalt	ies of perjury, I declare that I have	examined this return, including accom (other than taxpayer) is based on all inf	panying schedules and	d statements, and	to the best of my kno	wledge and b	oelief, it is true,
Sign		correct, and	complete. Declaration of preparer	(other than taxpayer) is pased on all inf	ormation of which prep	parer nas any knov	vieage.	A	
Here	9				EXECUTIV	E DIRECTOR	ł		S discuss this return with er shown below (see
		Signatu	ire of officer	Date	Title				3)? X Yes No
		Print/Tv	/pe preparer's name	Preparer's signature	2	Date	Check	if PTI	
Paid	A			- Tp a signment			self- employ		·-
Pre		JOSH C	C. CLARK	JOSH C. CLARK		03/27/19	J SS. Simpley		01424717
Use	•	(G)	name > KERBER, ECK	<del></del>			Firm's EIN		••*:***-**298!
USE	, U	111y		SINS ROAD, STE 200A			1.1110 2111	. <u>.</u>	
		Firm's		LD, IL 62704			Phone no.	217-78	9-0960
22	:						11,1000010		

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year				Inventory at end of year	T ,,		6		
2 Purchases				Cost of goods sold. Su			J. (14)		
3 Cost of labor				from line 5. Enter here a	and in F	Part I,			
4a Additional section 263A costs				line 2			. 7		
(attach schedule)	4a		8	Do the rules of section			·	Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		#y* 10 0	
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ( (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)								·	
(2)									
(3)			•						
(4)						-			
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (If the percentag property exceeds 50% or if ed on profit or Income)	дө	<b>3(a)</b> Deductions directly columns 2(a) a		eted with the income attach schedule)	in
(1)								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter			0,	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instru	ctions)	" -				
			;	2. Gross income from or allocable to debt-		3. Deductions directly con to debt-finan		perty	
1. Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	ins )
(1)			1					·	
(2)						•			
(3)									
(4)				,					
<ol> <li>Amount of average acquisition dept on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to inced property h schedule)		3. Column 4 divided by column 5	·	7. Gross income reportable (column 2 x column 6)		8, Allocable deduc (column 6 x total of c 3(a) and 3(b))	columns
(1)				%			<del>  -</del>		
(2)				% %			_		<del></del>
(3)		· <del></del> ···		%					
(4)				%			_		
	.!-		1			inter here and on page 1, Part I, line 7, column (A).	3	Enter here and on pa Part I, line 7, column	
Tabala							,		
Totals Total dividends-received deductions in				•			-		0.
I AIGH GIAIGHAS LEACIACH GEARAIGHAIL	iolauca ili colulti	10	<i></i> .		.,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		υ,

Form 990-T (2017

		Exemp	t Controlled Org	ganizatio	ons			structions	
Name of controlled organization	on 2. En Identif nun	nployer ication (loss) (s nber	unrelated income see instructions)	4, Tota paym	al of specified nents made	include	t of column 4 ed in the cont atlon's gross	that is rolling Income	6. Deductions directly connected with income in column 5
(1)									
(2)					•				
(3)									
(4)									
Nonexempt Controlled Organiz	zations	· · · · · · · · · · · · · · · · · · ·				''			
7. Taxable Income	8. Net unrelated incor (see instruction		tal of specified paym made	ents	10 Part of colu in the controlli gross	nn 9 that ng organ income	ls included ization's		luctions directly connected Income in column 10
(1)								<del></del>	
(2)									
(3)									
(4)				<del></del>		**			······································
_(++)				· · · · · · · · · · · · · · · · · · ·	4.11		1.16		
					Add colun Enter here and line 8, c		1, Part 1,	Enter he	d columns 6 and 11. are and on page 1, Part I, ine 8, column (B).
Totals	,,,,,,		X.A.S. S.	▶			0.		0.
Schedule G - Investme	nt Income of a	Section 501(c)	(7), (9), or (1	7) Org	anization		•		
(see instr	·				3, Deductio	ns	4		5. Total deductions
1. Desc	ription of income		2. Amount of le	ncome	directly conne (attach sched		4. Set- (attach s	-asides schedule)	and set-asides (col. 3 plus col. 4)
(1)					•				(2511.5   2511.5   7
(2)									<u> </u>
(3)									
(4)				-					<del></del>
Tatala			Enter here and o Part I, Ilne 9, cold	n page 1, ımn (A).					Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploited (see instru		14>11:1:			g Income	in approx	adas estas de elasti	na nama	<u> </u>
1. Description of	2. Gross unrelated business	3. Expenses directly connected	4. Net income from unrelated business (col-	trade or	5. Gross inco			penses	7. Excess exempt expenses (column
exploited activity	income from trade or business	with production of unrelated business income	minus column gain, compute through	3). If a cols. 5	is not unrela business inco	ted		table to ımn 5	6 minus column 6, but not more than column 4).
(1)				*					-
(1) (2) (3)									
(3)				•					<del></del>
(4)		-	·						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).							Enter here and on page 1, Part II, line 26.
Schedule J - Advertising	· · · · · · · · · · · · · · · · · · ·		· [19]	1.05/40.01/10	AN DEMONSTRATION	May 95 ST			0.
	Periodicals Rep		nsolidated l	Basis					
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	4. Adverti or (loss) (co col, 3). If a ga cols, 5 thi	l. 2 minus in, comput	5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			Rozenski.	3.34				-	<b>化国际输出的</b>
(2)							i		
(3)							l		
* *			<del></del>	· 56.3368年	% <del> </del>		<del> </del>		NUMBER OF STREET

Totals (carry to Part II, line (5))

%

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	n <b>6</b> .	Readership costs	<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4).</li> </ol>
(1)							
(2)							
(3)							····
(4)							
Totals from Part I	0.	0.	N 70 4 5 4 5 1 5 1 5 1	VI. PATRAG	13/41/04/09		0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B),					Enter here and on page 1, Part II, line 27.
Totais, Part II (lines 1-5)	о.	0.					0
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see in	nstructions)	•		<u> </u>
<b>1</b> . Name			2. Title	time	Percent of devoted to usiness		ensation attributable related business
(1)					0/		···

Form 990-T (2017)

0.

(2) (3)

(4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T

STATEMENT 1

FORM 990-1	AND S CORPORATIONS	STATEMENT I	
DESCRIPTION		AMOUNT	
COMMONETIND GLOI	BAL DISTRESSED INVESTORS		1.
	GIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND II	<4,93	
	GIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND	5,52	
	TIONS REAL ESTATE OPPORTUNITY FUND 2014	<6,46	
STRATEGIC SOLU	TIONS RE OP FUND	<50	02.>
COMMONFUND CAP	ITAL PARTNERS 2000	<1,22	21.>
PRIVATE EQUITY	VI	31	70.
PRIVATE EQUITY	VII	13	37.
PRIVATE EQUITY		<6,72	22.>
	EQUITY PARTNERS	3	35.
	EQUITY PARTNERS V	19	96.
	EQUITY PARTNERS VI		11.
	rs partners 2013		64.>
VENTURE PARTNE			<8.>
VENTURE PARTNE			17.>
VENTURE PARTNE		<1,15	
VENTURE PARTNE		<6,79	
VENTURE PARTNE		<11,21	
VENTURE PARTNE		<1,08	
	CES PARTNERS VII CES PARTNERS VI	<2,15	
	CES PARTNERS VI CES PARTNERS VIII	<2,32	24.> 52.
NATURAL RESOUR			-
	CES PARTNERS IX	<118,25 <77,15	
	CES PARTNERS XI		48.>
TOTAL TO FORM	990- <b>т, PAGE 1, LINE</b> 5	<233,5	 31.>
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2	
DESCRIPTION		TRUOMA	
INVESTMENT EXP		1,4 1,2	
TOTAL TO FORM	990-T, PAGE 1, LINE 28	2,6	68.

INCOME (LOSS) FROM PARTNERSHIPS

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16	97,398.	1,623.	95,775.	95,775.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	95,775.	95,775.

### 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.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

**Employer identification number** 

ILLINOIS STATE UNIVERSITY FOUNDATION

••\*:\*<del>--</del>\*\*-\*\*5713

Part Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	 1 9.	(ħ) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, colùmn (g)	·	combine the result with column (g)
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					
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					<1,140.>
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	<u>. 1 </u>	4	
5 Short-term capital gain or (loss) from like-king				5	
6 Unused capital loss carryover (attach compute				6	<i>i</i>
7 Net short-term capital gain or (loss). Combine				7	<1,140.>
Part I Long-Term Capital Gai			n One Vear	-	<u> </u>
See instructions for how to figure the amounts	ilo di la Ecocco - Aco	Cto ricia More mai	TOTIC TOU	-	
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain	1	(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with 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 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					96,226.
11 Enter gain from Form 4797, line 7 or 9				11	65,657.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kin-				13	
				14	
15 Net long-term capital gain or (loss). Combine				15	161,883.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	160,743.
18 Add lines 16 and 17. Enter here and on Form					
has qualified timber gain, also complete Part	IV			18	160,743.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

Part IV Alternative Tax for Corporations with Qualified T	<b>imber Gain.</b> Complete Pa	art IV <b>only</b> if the corporation has
qualified timber gain under section 1201(b). Skip this part if you are filir	ig Form 1120-RIC. See instructi	ons.
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line		
of your tax return	20	
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or		
(c) the amount on Part III, line 17	21	
(-)		
22 Multiply line 21 by 23.8% (0.238)		22
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate)	appropriate for	
the return with which Schedule D (Form 1120) is being filed	• • •	24
<b>,,,,</b>		
25 Add lines 21 and 23	25	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
27 Multiply line 26 by 35% (0.35)		27
	***************************************	
28 Add lines 22, 24, and 27		28
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate)		
return with which Schedule D (Form 1120) is being filed	*******************************	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedu		
applicable line of your tax return	12.12.14.14.14.14.14.14.14.14.14.14.14.14.14.	30

Department of the Treasury Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

··\*:\*---\*\*-\*\*5713 ILLINOIS STATE UNIVERSITY FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your may even tell you which hox to check Short-Term. Transactions involving capital assets you held 1 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 totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  $\mathbf{x}$ (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) disposed of (Mo., day, yr.) Note below and from column (d) & (Mo., day, yr.) (g) Amount of combine the result see Column (e) in Code(s) the instructions with column (g) adjustment CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND TI <185.> CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND 51. STRATEGIC SOLUTIONS REAL ESTATE OPPORTUNITY FUND 2014 STRATEGIC SOLUTIONS RE OP FUND <86.> COMMONFUND CAPITAL PARTNERS 2000 PRIVATE EQUITY VI <3.> PRIVATE EQUITY VII 9. PRIVATE EQUITY PARTNERS VIII 241. INT'L PRIVATE EQUITY PARTNERS VI VENTURE PARTNERS XI 81 VENTURE PARTNERS X 161. NATURAL RESOURCES PARTNERS VII <1.> NATURAL RESOURCES PARTNERS VΙ 26. NATURAL RESOURCES PARTNERS VIII NATURAL RESOURCES PARTNERS <1,538.> NATURAL RESOURCES PARTNERS TX104, Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B <1,140,> above is checked), or line 3 (if Box C above is checked)

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

••\*:\*<del>---\*\*\*</del>5713

ILLINOIS STATE UNIVERSITY FOUNDATION

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 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 totals directly on Schedule D, line 8a; you aren't 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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

\_\_\_\_ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not      (a)     Description of property     (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		Subtract column (e)
				Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) 8 combine the resul- with column (g)
CAPITAL STRATEGIC SOLUTIONS							
GLOBAL PRIVATE EQUITY FUND							
II							31,844.
CAPITAL STRATEGIC SOLUTIONS							
GLOBAL PRIVATE EQUITY FUND							22,985.
STRATEGIC SOLUTIONS REAL							
ESTATE OPPORTUNITY FUND							
2014							13,460.
STRATEGIC SOLUTIONS RE OP							
FUND							103,
COMMONFUND CAPITAL PARTNERS							
2000				<u> </u>			2.
PRIVATE EQUITY VI							2,101,
PRIVATE EQUITY VII							6,462,
PRIVATE EQUITY PARTNERS			•				· -
VIII							14,066.
INT'L PRIVATE EQUITY							· ·
PARTNERS VI							376
VENTURE PARTNERS XI					· · · ·		8,027
VENTURE PARTNERS X							5,147.
NATURAL RESOURCES PARTNERS							İ
VII							228
NATURAL RESOURCES PARTNERS							
VI							<533.>
NATURAL RESOURCES PARTNERS							
VIII							<25.>
NATURAL RESOURCES PARTNERS				-			
X							<5,836.>
NATURAL RESOURCES PARTNERS							1
IX						-	<2.181.
							<u> </u>
							····
					<u> </u>		<del> </del>
,					l		<b>-</b>
2 Totals. Add the amounts in colu	mns (d), (e), (d) a	ind (h) (subtract		1	Te Journal A		
negative amounts). Enter each to							
Schedule D, line 8b (if Box D ab							
above is checked), or line 10 (if				1	The Alberta	1	96,226

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.

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

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

Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

بالراساريين به	NOIS STATE UNIVERSITY FOUND	MOTTA						••*:* <del>**</del> -**571
1 Er	ter the gross proceeds from sales or	exchanges repo	rted to you for 2	017 on Form(s) 10	99-B or 1099-S			
	substitute statement) that you are in						_ 1	
Par	Sales or Exchanges	of Property U	Jsed in a Tra	de or Busines	s and Involun	tary Conv	ersio:	ns From
	Other Than Casualty	or inett-wid	st Property	Heia More Ina	an 1 Year (see	T		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, ут.)	(d) Gross sales price	(6) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pli Improvement expense of	us sand	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
								·
	·							
SEE	STATEMENT 4							65,657.
3	Gain, if any, from Form 4684, line 39	)					3	
4	Section 1231 gain from installment	sales from Form	6252, line 26 or	37			4	
5	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 the	e gain or (loss) he	ere and on the a	ppropriate line as t	follows:		7	65,657.
	Partnerships (except electing larg instructions for Form 1065, Schedul below.	e partnerships)	and S corporati	i <b>ons.</b> Report the g	ain or (loss) follow	ing the	150 A	
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruc	tions			8	<u> </u>
9	Subtract line 8 from line 7. If zero or							
_	line 9 is more than zero, enter the ar			=			1 1	
	capital gain on the Schedule D filed			•		•	9	65,657.
Dai	t II Ordinary Gains and I	OSSAS (see is	atrustiana)		·			
			- Condition 13/					
0	Ordinary gains and losses not include	led on lines 11 th	rough 16 (includ	de property held 1	year or less):			
					·			
1	Loss, if any, from line 7						11	()
	Loss, if any, from line 7	om line 8, if appl	icable				11 12	
2	Gain, if any, from line 7 or amount fr	om line 8, if appl	icable					
2 3	Gain, if any, from line 7 or amount fr Gain, if any, from line 31	om line 8, if appl	icable				12	( )
2 3 4	Gain, if any, from line 7 or amount fr Gain, if any, from line 31 Net gain or (loss) from Form 4684, li	om line 8, if appl  nes 31 and 38a	icable				12 13	( )
2 3 4 5	Gain, if any, from line 7 or amount fr Gain, if any, from line 31 Net gain or (loss) from Form 4684, li Ordinary gain from installment sales	om line 8, if appl  nes 31 and 38a from Form 6252	icable , line 25 or 36 _				12 13 14	
2 3 4 5 6	Gain, if any, from line 7 or amount fr Gain, if any, from line 31	om line 8, if appl nes 31 and 38a from Form 6252 exchanges from	icable , line 25 or 36 _ Form 8824				12 13 14 15	
2 3 4 5 6 7	Gain, if any, from line 7 or amount fr Gain, if any, from line 31 Net gain or (loss) from Form 4684, li Ordinary gain from installment sales	om line 8, if appl nes 31 and 38a from Form 6252 exchanges from er the amount fro	icable , line 25 or 36 Form 8824 om line 17 on the				12 13 14 15 16	( )
2 3 4 5 6 7 8	Gain, if any, from line 7 or amount fr Gain, if any, from line 31	om line 8, if applones 31 and 38a from Form 6252 exchanges from	t, line 25 or 36 Form 8824om line 17 on the a and b below:	e appropriate line o	of your return and	skip lines	12 13 14 15 16	
11  2  3  4  5  6  7  8	Gain, if any, from line 7 or amount fr Gain, if any, from line 31	om line 8, if apploace nes 31 and 38a from Form 6252 exchanges from er the amount from s, complete lines from Form 4684	c, line 25 or 36 Form 8824 om line 17 on the a and b below:	e appropriate line o	of your return and eart of the loss here	skip lines	12 13 14 15 16	
2 3 4 5 6 7 8	Gain, if any, from line 7 or amount fr Gain, if any, from line 31	om line 8, if appl nes 31 and 38a from Form 6252 exchanges from er the amount from s, complete lines from Form 4684 ducing property	c, line 25 or 36 Form 8824 om line 17 on the a and b below: , line 35, column on Schedule A (	e appropriate line of that properties that properties from 1040), line 2	of your return and eart of the loss here 8, and the part of t	skip lines e. Enter	12 13 14 15 16	
2 3 4 5 6 7 8	Gain, if any, from line 7 or amount fr Gain, if any, from line 31	om line 8, if appl nes 31 and 38a from Form 6252 exchanges from er the amount from s, complete lines from Form 4684 ducing property on Schedule A (I	c, line 25 or 36 Form 8824 om line 17 on the a and b below: , line 35, column on Schedule A ( Form 1040), line	e appropriate line of (b)(ii), enter that p Form 1040), line 2: 23. Identify as fro	of your return and part of the loss her 8, and the part of t m "Form 4797, line	skip lines e. Enter the loss	12 13 14 15 16 17	
2 3 4 5 6 7 8	Gain, if any, from line 7 or amount fr Gain, if any, from line 31	om line 8, if appl nes 31 and 38a from Form 6252 exchanges from er the amount from s, complete lines from Form 4684 ducing property on Schedule A (	icable  c, line 25 or 36 Form 8824  com line 17 on the a and b below: , line 35, column on Schedule A ( Form 1040), line	e appropriate line of the control (b)(ii), enter that program 1040), line 2: 23. Identify as from	of your return and eart of the loss here 8, and the part of t m "Form 4797, line	skip lines e. Enter the loss	12 13 14 15 16	
2 3 4 5 6 7 8 a	Gain, if any, from line 7 or amount fr Gain, if any, from line 31	om line 8, if applomes 31 and 38a from Form 6252 exchanges from er the amount from complete lines from Form 4684 ducing property on Schedule A (1)	r, line 25 or 36 Form 8824 om line 17 on the a and b below: , line 35, column on Schedule A (Form 1040), line	e appropriate line of (b)(ii), enter that p Form 1040), line 2 23. Identify as from	of your return and part of the loss here 8, and the part of t m "Form 4797, line ere and on	skip lines e. Enter the loss e 18a."	12 13 14 15 16 17	

9 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acquired (mo., day, yr.)		(c) Date sold (mo., day, yr.)
					(inos, day, yi	•/	(mo., day, yr.)
В							
C		***					
							-
These columns relate to the properties on lines 19A through 19D.	<b>•</b>	Property A	Property	В	Property	С	Property D
Gross sales price (Note: See line 1 before completing.)	20				<del></del>		
Cost or other basis plus expense of sale	21						<u> </u>
Depreciation (or depletion) allowed or allowable $\dots$	22						
Adjusted basis. Subtract line 22 from line 21	23				•		
Total gain. Subtract line 23 from line 20	24						·
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
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 isn't 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)	26f	-					
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't 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	27b						
c Enter the smaller of line 24 or 27b	27c						
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						
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		<u> </u>				
		A III	l' pol t s				
ummary of Part III Gains. Complete property of	olumns	A through D through	n line 29b betore	going	to line 30.		
Total gains for all properties. Add property columns A through D, line 24						30	
Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13						31	-
2 Subtract line 31 from line 30. Enter the portion from	-	or theft on Form 4	684, line 33. Ent	er the	portion		
from other than casualty or theft on Form 4797, line Part IV   Recapture Amounts Under Section	6 ns 179	and 280F(b)(2)	When Busin	iess (	Use Drops to	32 50%	or Less
(see instructions)							
					(a) Sectio 179	n	(b) Section 280F(b)(2)
3 Section 179 expense deduction or depreciation allowable in prior years 33					1		
Recomputed depreciation. See instructions				34			-
4 Recomputed depreciation. See instructions 34 5 Recapture amount. Subtract line 34 from line 33, See the instructions for where to report 35							

FORM 4797	PRO	PERTY HELD	MORE THAI	N ONE YEAR	ST.	ATEMENT 4
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
CAPITAL STRATEGIC						· · · · · · · · · · · · · · · · · · ·
SOLUTIONS GLOBAL						
PRIVATE EQUITY						40
FUND II CAPITAL STRATEGIC						42.
SOLUTIONS GLOBAL						
PRIVATE EQUITY						
FUND						<221.
STRATEGIC						
SOLUTIONS REAL						
ESTATE ODDODUMENTON FIND						
OPPORTUNITY FUND 2014						10,792.
STRATEGIC						10,732.
SOLUTIONS RE OP						
FUND						521.
COMMONFUND						
CAPITAL PARTNERS						
2000						<2,379.
PRIVATE EQUITY VI PRIVATE EQUITY						<41.
VII						26.
PRIVATE EQUITY						,
PARTNERS VIII			•			<224.
VENTURE PARTNERS						
X						<1.
NATURAL RESOURCES						40.000
PARTNERS VII NATURAL RESOURCES						13,327.
PARTNERS VI						15,725.
NATURAL RESOURCES						,,,,,,,
PARTNERS VIII						246.
NATURAL RESOURCES						
PARTNERS X						7,240.
NATURAL RESOURCES						
PARTNERS IX						20,604.
TOTAL TO 4797, PA	RT T. LINE	2				65,657.
	<b>-,</b>	_				,