EXTENDED TO MAY 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Internal Revenue Service

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

Open to Public Inspection

A F	or the	2015 calendar year, or tax year beginning JUL 1, 2015 and en	ding J	UN 30, 2016	
B c	heck if pplicable	C Name of organization ARKANSAS STATE UNIVERSITY SYSTEM		D Employer identific	cation number
	Addres	S FOURT AND THE	1		
X	Name change			71-0	489924
]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	r
]Fınal return/	P.O. BOX 1990		870-	972-2775
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,030,205.
	Amend return]	H(a) is this a group re	
	Applica	F Name and address of principal officer PHILIP JACKSON		for subordinates	⁷ Yes X No
	pendin	P.O. BOX 1990, STATE UNIVERSITY, AR 724	167	H(b) Are all subordinates in	
IT	ax-exe	mpt status. X 501(c)(3) 501(c) ()	527	• •	list. (see instructions)
		www.ASTATEFOUNDATION.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year c		State of legal domicile: AR
	ırt I	Summary	1 = 10=		
4.	1 [Briefly describe the organization's mission or most significant activities. THE PR	RIMAR	Y PURPOSE O	F THE
nce	1	FOUNDATION IS TO RECEIVE, SOLICIT, ACCEPT			
rna	2	Check this box If the organization discontinued its operations or disposed			
Ş.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	17
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
୍ ୧୪	5	Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
	6	Fotal number of volunteers (estimate if necessary)		6	17
. ⋛∐	72	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ă	, u	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
Activities & Governance		tot amounted business tanasis mounte mount am obe 1, mile of		Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		4,449,835.	6,123,483.
	l	Program service revenue (Part VIII, line 2g)	ļ 	0.	0.
<u>~</u> ₹		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,185,971.	2,240,058.
Revenue	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		901,576.	708,705.
3	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,537,382.	9,072,246.
<u>ي</u>	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	- +-	0.	0.
9047		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
40	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	17,019.	22,903.
Expenses	i			0.	0.
)eu		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (🏟), line 25) — 5.81, 406	<u>.</u>		
Ä		Other expenses (Part IX, Column (A), lines 11a-11d, 11-24e)	- -	1,585,663.	1,847,856.
			-	1,602,682.	1,870,759.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12MAY 1 5 2017		5,934,700.	7,201,487.
-Se	19 F	Teveride less expenses Subtract line to iron thie 12/0/// 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	Pag		
ance				inning of Current Year	End of Year 68,545,637.
SSE	l .	Total assets (Part X, line 16)		67,944,253. 12,561,222.	12,180,277.
Net Assets or Fund Balances		Otal liabilities (Fart A, in le 20)		55,383,031.	56,365,360.
-	<u>22 </u> irt	Net assets or fund balances Subtract line 21 from line 20 Signature Block		33,363,031.	30,303,300.
		ties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ante and to the heet of m	v knowledge and helief it is
	-	, and complete. Declare that i have examined this return, including accompanying scriedies ar			y kilowieuge aliu beliel, il is
true,	correct	, and complete degaration of preparer (other than officer) is based on an information of which	preparer	nas any knowledge.	1/6 - 17
٥.		Signature of officer		Date	1/2017
Sign		, ,		outo :	′
Her	e	PHILIP JACKSON, PRESIDENT Type or print name and title			
			<u> </u>	ate Check	PTIN
De:4	, [Print/Type preparer's name Preparer's signature		∟	
Paid		CHERYL DEEN VILLE COMPANY LITTLE	ال کی	5/09/17 self-employe	
Prep	r	Firm's name JONES AND COMPANY LTD		Firm's EIN	71-0629531
Use	Uniy	Firm's address PO BOX 16307		DL 07	0 025 0071
-	<u>_</u>	JONESBORO, AR 72403		Phone no.8 7	0-935-2871
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2015)

Form 990 (2015) FOUNDATION, INC. 71-0489924 Page 2 Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission THE ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC. (THE FOUNDATION) IS A CHARITABLE CORPORATION CREATED UNDER AND OPERATING BY THE LAWS OF THE CORPORATION IS EXEMPT FROM FEDERAL INCOME THE STATE OF ARKANSAS. TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE TAXPAYER Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O ່ Yes ເX່ No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 692,076. including grants of \$) (Expenses \$) (Revenue \$ PROGRAM TITLE: ASU ACADEMIC SUPPORT THE ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC. PROVIDES FINANCIAL ASSISTANCE TO ALL MEMBER CAMPUSES OF THE ARKANSAS STATE UNIVERSITY SYSTEM AND RELATED ENTITIES IN SUPPORT OF TEACHING. RESEARCH, DISTANCE LEARNING, LIBRARY MEDIA SERVICES, ECONOMIC DEVELOPMENT AND OUTREACH PROGRAMS BY SUPPLEMENTING UNIVERSITY BUDGETS FOR SUPPLIES AND SERVICES, TRAVEL, EQUIPMENT, TECHNOLOGY, HUMAN RESOURCES AND ALL OTHER COSTS RELATED TO THE UNIVERSITY'S ACADEMIC MISSION. 4h 274,090 • including grants of \$) (Expenses \$) (Revenue \$ PROGRAM TITLE: ADMINISTRATIVE SUPPORT THE ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC. PROVIDES FINANCIAL ASSISTANCE TO ALL MEMBER CAMPUSES OF THE ARKANSAS STATE UNIVERSITY SYSTEM IN SUPPORT OF ADMINISTRATIVE FUNCTIONS LIKE ACADEMIC AFFAIRS, STUDENT AFFAIRS, RESIDENCE LIFE, RECRUITING, COUNSELING, FACILITIES MANAGEMENT, ADVANCEMENT, ALUMNI RELATIONS, INFORMATION TECHNOLOGY, CAREER MANAGEMENT, DISABILITY SERVICES AND DIVERSITY INITIATIVES BY SUPPLEMENTING UNIVERSITY BUDGETS FOR SUPPLIES AND SERVICES, TRAVEL, EQUIPMENT, TECHNOLOGY, HUMAN RESOURCES AND ALL OTHER COSTS RELATED TO THE UNIVERSITY'S ADMINISTRATIVE MISSIONS. 61,272. including grants of \$_____) (Expenses \$ PROGRAM TITLE: ASU STUDENT SUPPORT THE ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC. PROVIDES FINANCIAL ASSISTANCE TO STUDENTS AT ALL MEMBER CAMPUSES OF THE ARKANSAS STATE UNIVERSITY SYSTEM THROUGH ACADEMIC SCHOLARSHIPS, AWARDS, STIPENDS, GRANTS AND GENERAL SUPPORT FOR VARIOUS STUDENT ACTIVITIES. THE MAJORITY OF FINANCIAL ASSISTANCE TO STUDENTS IS MADE BY WAY OF TRANSFERS TO ARKANSAS STATE UNIVERSITY. Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$_ 1,027,438. Total program service expenses 4e_ Form **990** (2015) Form 990 (2015) FOUNDATION, INC.

Part IV Checklist of Required Schedules

			V	1
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1			.	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	١ ـ		3.7
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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			\ \
	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,			ا
	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		ì	\
	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	1	l _	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u>X</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable)
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ		
	Part VI	11a	<u>X</u> _	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	-
С	, , , , , , , , , , , , , , , , , , , ,	ļ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_ <u>X</u> _	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	_X_	<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
46	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		X
14a		14a		X
Q	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			.
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			 v
	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,			w
4-	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	,-		
46	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,"	,_		v
	complete Schedule G, Part III	19	000	X (204.5)
		Form	330	(2015)

Form 990 (2015) FOUNDATION, INC.

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		X
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	\		1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			
	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		X
b	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u> </u>
20	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		<u>x</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> X</u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,.	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(2015)
		⊢orm	330	ひいたり

Form 990 (2015) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

71-0489924

Page 5

1s Enter the number of forms W2A oncluded in the a Enter 4- of not applicable Enter the number of forms W2A oncluded in the a Enter 4- of not applicable (gambling) with packup withholding rules for reportable payments to vandors and reportable gamming (gambling) with make with the year covered by this return 2s Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 If all the calendar year ending with or within the year covered by this return 3 Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions) 3 If the signal and the signal with the year? (1 10 10 0 or more dumpt the year? 3 If the signal and the signal with the year? (1 10 10 0 or more dumpt the year? 4 If Yes, 1 has it filled a Form 900-T for this year? (1 10 0, 10 me 3b, provide an explanation in Schedule O or of the financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, 2 in the the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, 3 in the signal and year, did the organization have an interest in, or a signalizative or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, 3 indicate the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, 3 indicate the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, 3 indicate the number of Foreign Santa Are the first account and the organization solid the organization solid the organization solid the organization solid the properties of the organization solid that were not tax deductible as charitable contributions under section 170(c). 5 If Yes, 3 indicate the		Check if Schedule O contains a response or note to any line in this Part V								
1s Enter the number of forms W2A oncluded in the a Enter 4- of not applicable Enter the number of forms W2A oncluded in the a Enter 4- of not applicable (gambling) with packup withholding rules for reportable payments to vandors and reportable gamming (gambling) with make with the year covered by this return 2s Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 If all the calendar year ending with or within the year covered by this return 3 Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions) 3 If the signal and the signal with the year? (1 10 10 0 or more dumpt the year? 3 If the signal and the signal with the year? (1 10 10 0 or more dumpt the year? 4 If Yes, 1 has it filled a Form 900-T for this year? (1 10 0, 10 me 3b, provide an explanation in Schedule O or of the financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, 2 in the the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, 3 in the signal and year, did the organization have an interest in, or a signalizative or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, 3 indicate the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, 3 indicate the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, 3 indicate the number of Foreign Santa Are the first account and the organization solid the organization solid the organization solid the organization solid the properties of the organization solid that were not tax deductible as charitable contributions under section 170(c). 5 If Yes, 3 indicate the				Yes	No					
to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnings? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 If all least one is reported on line 28, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 If Vess, 1 has it filed a Form 990. To fir his year? If 1/60, 7 to line 3b, provide an explanation in Schedule O 3 If Yess, 1 has it filed a Form 990. To fir his year? If 1/60, 1 to line 3b, provide an explanation in Schedule O 3 If Yess, 1 to line 1 the number of the foreign country (such as a bank account, securities account, or other financial account)? 4 If Yes, 1 to line 5 and 5b, did the organization have an interest in, or a significant explanation or schedule O 5 If Yes, 1 to line 5 and 5b, did the organization have in the vasor is a party to a prohibitorial stabiliser transaction? 5 If Yes, 1 to line 5 and 5b, did the organization have that was or is a party to a prohibitorial stabiliser transaction? 5 If Yes, 1 to line 5 and 5b, did the organization have that was or is a party to a prohibitorial stabiliser transaction solicit any contributions that were not tax deductible as charitable contributions? 5 If Yes, 1 to line 5 and 5b, did the organization file form 8886 T2 6 If Yes, 2 did the organization mineculed with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If Yes, 2 did the organization mineculed with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 If Yes, 3 did the organization mineculed with every solicitation an express statement that such contributions or gifts were not tax deductible. 8 If Yes, 3 did the organization solicitation arex	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable								
gambingly wnnings to prize winners? Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this returns? Filed for the calendar year did the organization file all magning the year? Filed for but the organization have unrelated business gross income of \$1,000 or more during the year? Filed for 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; provide an explanation in Schedule O Filed for 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 accounts (FBAR). Filed for 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 accounts (FBAR). Filed for the calendar year, did the organization filed for organization flavor and protection of the state of the protection of the state of the filed for the calendar year. (SEAR). Filed for the calendar year, did the organization flavor that was or as partly to a prohibited tax shelter transaction? Filed for the calendar year, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity and year annual gross receipts that are normally greater than \$100,000, and did the organization solicity and year annual gross receipts that are normally greater than \$100,	b	Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable 1b 0								
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1					
field for the calendary year ending with or within the year covered by this return 2a		(gambling) winnings to prize winners?	1c	X						
b If all least one is reported on line 2s, add the organization file all required federal employment tax returns? Note, if the sum of lines 1 a and 2s is greater than 250, you may be required to e-file (see instructions) 3a ID the organization have unrelated business gross income of \$1,000 or more during the year? 3b I "Yes," has it filed a Form 950 T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X the organization have the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b Was the organization and the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization of the organization have the foreign Bank and Financial Accounts (FBAR). 5c Was the organization accounts of the foreign Bank and Financial Accounts (FBAR). 5c Was the organization of the organization have a series of the such series of the series of the series of the organization selection of the series of the series of the organization selection and contributions? 5c If "Yes," to line 5a or 5b, did the organization he form 8886-17? 6c Does the organization enclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Defended the organization include with every solicitation and series series of the series of the organization selection of the value of the organization and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d Was the organization selection of the value of the goods or services provided to t	2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,								
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 10 Id the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 13 Section 501(c)(12) organizations. Enter 14 Gross income from members or shareholders 15 Gross income from members or shareholders 16 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 17 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 18 Section 501(c)(29) qualified nonprofit health insurance issuers. 19 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 19 Section 501(c)(29) qualified nonprofit health insurance issuers. 10 If "Yes," enter the amount of reserves the organization the organization must report on Schedule O 10 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 12 Enter the amount of reserves on hand 13 Enter the amount of reserves on hand	_	· · · · · · · · · · · · · · · · · · ·	7 .		•					
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	_		<u> </u>	ļ	<u> </u>					
		· · · · · · · · · · · · · · · · · · ·	14a		X					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	<u> </u>					

Form 990 (2015)

FOUNDATION, INC.

71-0489924

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	з		Х
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		Х
6	Did the organization have members or stockholders?	6		X
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	İ	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		<u> </u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of 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			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AR			
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) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l fınan	cıal	
	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			
	PHILIP JACKSON - 870-972-2775			
	P.O. BOX 1990, STATE UNIVERSITY, AR 72467-1990			

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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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		Position (do not check more than on box, unless person is both a					Reportable	Reportable	Estimated
	hours per week		, unle: cer an					compensation from	compensation from related	amount of other
	(list any	cto						the	organizations	compensation
	hours for	a die	as l	l		pg .		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		پو ا	bens		(W-2/1099-MISC)		organization
	organizations below	lual	tonal) de	yee yee	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			Organizations
(1) PAM KAIL	1.00									
SECRETARY		X		X	L			0.	0.	0.
(2) DOUG COY	1.00									
BOARD VICE CHAIR		X		X		ļ		0.	0.	0.
(3) HAZEL DICKEY	1.00]								
DIRECTOR		X						0.	0.	0.
(4) JUDIOUS LEWIS	1.00									ı
DIRECTOR		X					<u></u>	0.	0.	0.
(5) NESS SECHREST	1.00	<u></u>								•
DIRECTOR	1 00	X						0.	0.	0.
(6) PHILIP JACKSON	1.00								400 000	20 225
PRESIDENT		Х		X				0.	129,233.	32,986.
(7) JOE MILES	1.00	.		3,7					0	0
BOARD CHAIR	1 00	X		X		_		0.	0.	0.
(8) BOBBY CALDWELL	1.00	X		x				0	^	^
IMMEDIATE PAST CHAIR	1.00	^		Λ			-	0.	0.	0.
(9) MELISSA LIVINGSTON	1.00	x		x				0.	41,336.	17,017
BOARD LIASON (10) KEN BENNETT	1.00	Α		Δ					41,330.	17,017
DIRECTOR	1.00	x						0.	0.	0,
(11) JIM GOWEN, JR.	1.00									
DIRECTOR		X						0.	0.	0.
(12) GARY PUGH	1.00	<u> </u>								
DIRECTOR		X						0.	0.	0.
(13) CHARLOTTE RAZER	1.00									· · · · · · · · · · · · · · · · · · ·
DIRECTOR		X						0.	0.	0.
(14) HERMAND STRICKLAND, JR.	1.00									
DIRECTOR		X						0.	0.	0.
(15) CHARLES WELCH	1.00	_								
DIRECTOR		X					L	0.	0.	0.
(16) DON WINTON	1.00	1								
DIRECTOR		X				<u> </u>		0.	0.	0.
(17) WAYNE WIGGINS	1.00	1_								_
DIRECTOR		X				L	L_	0.	0.	0 . Form 990 (2015

	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			-	C) Itior	,		(D)	(E)			(F)	
	Name and title	Average Positio (do not check mor box, unless persor					than		Reportable	Reportable		Estimated		
		week					is bot or/trus		compensation from	compensation from related		ar	nount other	
		(list any	į						the	organization		com	pensa	
		hours for	aup				g g		organization	(W-2/1099-MI		ı	rom th	
		related	Individual trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			org	anızat	tion
		organizations below	lal tru	onal t		Key employee	S 8					1	d relat	
		line)	DIVID	stitut	Officer	y em	nploy	Former			organizations			ions
		 	=	트	0	2	= =	Œ						
							<u> </u>							
		· · · · · · · · · · · · · · · · · · ·												
													-	
	Sub-total								0.	170,5		5	0,0	03.
	Total from continuation sheets to Part VI	I, Section A							0.	170 5	0.	<u>-</u> -		0.
<u>a</u>	Total (add lines 1b and 1c) Total number of individuals (including but n	at limited to th		lioto	d 01		-\ .		0.	170,5		5	0,0	03.
_	compensation from the organization	or minited to th	056	note	iu ai	JUVE	<i>=)</i> w:	10 16	scerved more than \$100	,000 or reportab	ie			0
													Yes	No
3	Did the organization list any former officer,	director, or tru	stee	e, ke	y en	olqn	yee,	or h	nighest compensated ei	mployee on				
	line 1a? If "Yes," complete Schedule J for s				-		-					3		х
4	For any individual listed on line 1a, is the su	ım of reportabl	е сс	mpe	ensa	tion	anc	oth	ner compensation from t	the organization				
	and related organizations greater than \$150			-								4	X	
5	Did any person listed on line 1a receive or a							elate	ed organization or indivi	dual for services				1
	rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ıch j	oers	on					5		<u> </u>
	Complete this table for your five highest co	mnonneted :	lon:		n+ -				hat was a war a 1)	£100.000 /				
1	Complete this table for your five highest co the organization Report compensation for										ipens	ation 1	rom	
	(A)	tric calcindar ye	Jai	31 1011	19 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O1 W		(B)	real		((<u></u>	
_	Name and business	address	NC	NE	C				Description of s	ervices	С	ompe		n
		-						4						
										İ				
								-						
								_						
2	Total number of independent contractors (i	ncluding but n	ot lır	nited	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organization	zation >)						000	

Form 990 (2015) FOUNDATION, INC. 71-0489924 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 6,123,483 1,515,737 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 6 123 483 **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,413,732, 1,413,732. Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 5,784,285 b Less: cost or other basis and sales expenses 4,957,959 c Gain or (loss) 826,326. d Net gain or (loss) 826,326. 826,326, 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER REVENUE 611710 708,705 708,705. d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions.

708,705

826,326

9.072.246.

Form 990 (2015) FOUNDATION, INC.
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	चि
_	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
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				·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22,903.	19,753.	3,150.	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	41,964.	2,100.	39,864.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	21,163.	13,063.	8,100.	
12	Advertising and promotion	479,928.	15,492.	19.	464,417.
13	Office expenses	10,984.	10,923.	61.	
14	Information technology	70,812.	2,161.	67,678.	973.
15	Royalties	20 515	6.55		150
16	Occupancy	32,517.	9,675.	22,673.	169.
17	Travel	59,258.	36,196.	11,294.	<u>11,768.</u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 000	10 004		100
19	Conferences, conventions, and meetings	20,980.	18,824.	2,036.	120.
20	Interest				
21	Payments to affiliates	EO EOE	11 007	20 570	
22	Depreciation, depletion, and amortization	50,585.	11,007.	39,578.	
23	Other expenses Itemize expenses not sovered	24,602.	13,155.	11,447.	
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.)				
а	SUPPLIES	517,807.	506,718.	9,309.	1,780.
b	BUSINESS MEALS & ENTERT	134,407.	103,962.	3,087.	27,358.
c	CONTRIBUTIONS & GRANTS	78,063.	75,018.	3,045.	
d	OTHER EXPENSES	63,902.	22,997.	7,182.	33,723.
е	All other expenses SEE SCH O	240,884.	166,394.	33,392.	41,098.
25	Total functional expenses. Add lines 1 through 24e	1,870,759.	1,027,438.	261,915.	581,406.
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)				
					Earm 990 (2015)

FOUNDATION, INC.

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 536,805 256,720. Cash - non-interest-bearing 1 9,257,482. 10,924,914. 2 Savings and temporary cash investments 2 1,527,983. 3 Pledges and grants receivable, net 1,860,793. 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 19,468. 59,474. 9 10a Land, buildings, and equipment, cost or other 1,459,599. basis Complete Part VI of Schedule D 10a 524,759. 985,017. 934,840. b Less accumulated depreciation 10b 10c 51,157,699. 49,802,693. Investments · publicly traded securities 11 4,345,882. 4,697,785. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 113,917. 8.418. 15 Other assets See Part IV, line 11 15 68,545,637. 67,944,253 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 92,925. 97,137. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 12,468,297. 25 12,083,140. Schedule D 12,561,222. 12,180,277. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,458,885. 27 Unrestricted net assets 27 2,264,840. 8,159,485. 8,426,855. Temporarily restricted net assets 28 28 44,764,661. 45,673,665. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 55,383,031 56,365,360. 33 Total net assets or fund balances 33 67,944,253 68,545,637. Total liabilities and net assets/fund balances 34

Form **990** (2015)

	990 (2015) FOUNDATION, INC.	<u> 71-</u>	<u>04899</u>	<u> 924</u>	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\mathbf{x}
	•	}				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,072</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 870</u>		
3	Revenue less expenses Subtract line 2 from line 1	3	7	<u>, 201</u>	. , 4	<u>87.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>, 383</u>		
5	Net unrealized gains (losses) on investments	5	<u> </u>	091,	.,6	<u>95.</u>
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	3	,127	7,4	<u>63.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	56	<u>, 365</u>	<u>, 3</u>	<u>60.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				ŀ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			ľ	I
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no t				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					i
þ	Were the organization's financial statements audited by an independent accountant?		1	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			l	Į.
	consolidated basis, or both					i
	Separate basis Consolidated basis Both consolidated and separate basis					1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		1		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				i
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Auc	int			
	Act and OMB Circular A-133?		<u> </u>	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit		İ	ı
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form 9	990 (2015)

532012 12-16-15

SCHEDULE A

(Form 990 or,990-EZ)

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ARKANSAS STATE UNIVERSITY SYSTEM Emplo

Employer identification number

INC. FOUNDATION. 71-0489924 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization iv) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC. 71-0489924 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (c) 2013(d) 2014 (e) 2015 (f) Total (b) 2012 1 Gifts, grants, contributions, and membership fees received. (Do not 5933830. 4590246. 4449835. 6123483.24661657. include any "unusual grants.") 3564263. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 340,266 355,876 313,221 273,573. 199,861. 1482797. 3904529. 6289706. 4903467. 4723408. 6323344.26144454. Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1001218. 25143236. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013(d) 2014 (e) 2015 (f) Total 3904529 6289706. 4723408. 4903467 6323344.26144454. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 855,074. 893,498. 573,716. 1626428. 1413732. 5362448. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 708.705. 956.889. 743,827. 883,638. 901.576. 4194635. assets (Explain in Part VI) 35701537. 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 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 70.43 % Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 67.64 Public support percentage from 2014 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright \mathbf{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2015

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			1			
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ	<u> </u>				
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				<u> </u>		
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ĺ					
	the organization without charge						
6	Total. Add lines 1 through 5					<u> </u>	
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received				-		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)		<u> </u>			<u> </u>	<u></u>
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses		1				
	acquired after June 30, 1975						ļ
	Add lines 10a and 10b					ļ <u>-</u> -	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on				ļ		
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)				-	<u> </u>	
	Total support (Add lines 9, 10c, 11, and 12)	L	<u> </u>			<u> </u>	L
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organi	zation,
<u></u>	check this box and stop here	ia Cumpart Da					
	ction C. Computation of Publ					т	
	Public support percentage for 2015 (•	column (t))		15	%
	Public support percentage from 2014 ction D. Computation of Inves					16	%
						147	
	Investment income percentage for 20	•	•	ne 13, column (f))		17	%
	Investment income percentage from :			on line 14 and he	o 15 io mara th	18 22 1/3% and line:	%
198	33 1/3% support tests - 2015. If the						I IS HOT
μ.	more than 33 1/3%, check this box a	-	•		• • •		▶
Ľ	33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, che	-				-	
20	Private foundation. If the organization		-	=		-	
		U. U. IUUN U		with the state of	John and God II		

Schedule A (Form 990 or 990 EZ) 2015 FOUNDATION, INC. 71-0489924 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

) 	tion A. All Supporting Organizations		T.,	
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by		i	
	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	1		
_	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).			
20		2		
Sa	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below			
_		3a		
D	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	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	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
_	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	<u>4a</u>		
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	ļ		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
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 (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action; and (IV) how the action			
_	was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
٠.	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
ya	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
_	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
D	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.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
0-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
va	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			
L		10a	- 	
IJ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1	i 1	

determine whether the organization had excess business holdings)

	edule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.	<u>71-0489924</u>	l Pa	age 5
Pa	rt IV Supporting Organizations (continued)			1
		,	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	ction B. Type I Supporting Organizations			Γ
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<u> </u>	Yes	No
•	· · · · · · · · · · · · · · · · · · ·	İ		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			İ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		-
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization			1
Sec	stion C. Type II Supporting Organizations	2		<u> </u>
	tion of Type it outporting organizations		Vaa	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			ĺ
	the supported organization(s)	1		l
Sec	tion D. All Type III Supporting Organizations			L
		,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<u> </u>	163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			İ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		ĺ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations played in this regard	3		
<u>Sec</u>	tion E. Type III Functionally-Integrated Supporting Organizations		•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst	ructions):		
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ty (see instructions)_		
2	Activities Test Answer (a) and (b) below.	\	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		\neg	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ		71-0489924 Pag
1 Check here if the organization satisfied the Integral Part Test as a qualify			
other Type III non-functionally integrated supporting organizations must o	-		uctions. All
Section A - Adjusted Net Income	Complete Se	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	'' ''''	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		-
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	•		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		****
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	·	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
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-functional		ed Type III supporting org	anization (see
instructions)	. •	51 Inne 119 919	,

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509			1-0469924 Page 7
	Type in Non-Lanctionary integrated ood	(a)(o) Supporting Orga	dilizations (continued)	O
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	pt purposes or supported		
	organizations, in excess of income from activity	so of augmented arganization		
3_	Administrative expenses paid to accomplish exempt purpos	es or supported organization	<u>s</u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which t			
8	(provide details in Part VI). See instructions	ne organization is responsive	,	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(:)	/:::\
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)		<u> </u>	
3	Excess distributions carryover, if any, to 2015			
<u>a</u>				
b				
С			· · · · · · · · · · · · · · · · · · ·	<u> </u>
_ <u>d</u>	From 2013			
ее	From 2014			
f	Total of lines 3a through e		,	
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
1_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7			
а				
b				
<u>C</u>	Excess from 2013			
<u>d</u>	Excess from 2014			
е	Excess from 2015	}		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990 EZ) 2015 FOUNDATION	, INC.		<u>71-0489924 Page 8</u>
Part VI	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines S, 6, and 8; and B, and	6, 9a, 9b, 9c, 11a, 11b Section E, lines 1c, 2a,	, and 11c, Part IV, Section B, line 2b, 3a and 3b, Part V, line 1, Part	or 17b, Part III, line 12; s 1 and 2, Part IV, Section C, t V, Section B, line 1e, Part V,
	(See instructions)			
			,	
			·	
		-		
				
				"
<u> </u>				
		 -		
				

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC.

Employer identification number 71-0489924

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.		•
		(a) Donor advised funds	(b) Fur	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of		=	
	impermissible private benefit?		_	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	torically impor	tant land area
	Protection of natural habitat	Preservation of a cer	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organizatioi	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	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 in	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation eas	ements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easemei	nts during the year
	\$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170)(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ıı)?			└── Yes
9	In Part XIII, describe how the organization reports conservati	•	•	· ·
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes	the organiza	tion's accounting for
Da	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Transuras or C	thar Simil	or Assets
Га	Complete if the organization answered "Yes" on Form	· · · · · · · · · · · · · · · · · · ·		ai Assets.
	If the organization elected, as permitted under SFAS 116 (AS		mont and half	anno about works of art
14	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri		arice of public	service, provide, in Part XIII,
.	If the organization elected, as permitted under SFAS 116 (AS		t and halana	sheet works of ort bustomes!
D				
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, į	provide the following amounts
	relating to these items			ф.
	(i) Revenue included on Form 990, Part VIII, line 1			Φ
0	(ii) Assets included in Form 990, Part X	activos, or other similar assets for fire	al nove a == : :	\$
2	If the organization received or held works of art, historical tre the following amounts required to be reported under SFAS 1		ai gain, provid	e
_		TO (AGC 930) relating to these items	_	c
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			Φ

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued			ION, INC.							89924	
Check All that apply:	Par	1 . 3								_	
a Public exhibition d	3		on, and other record	ds, check	any of the	following that	t are a s	ignificant	use of rts	collection	tems
b Scholarly research e											
c Pesservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive dinations of art, historical treasures, or other similar assests Ves	а		c			hange progra	ıms				
to Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization's collection? Ves	b		e	, [(Other						
5 Duning the year, did the organization solicit or recoive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	C	_									
to be sold to rase funds rather than to be maintained as part of the organization's collection?	4								ose in Par	t XIII	
Eacrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Complete the following table.	5						er sımılar	r assets		٦	<u> </u>
Teported an amount on Form 990, Part X, line 21 Telephore	Dos										No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the	organizatio	n answered '	'Yes" on	Form 99), Part IV,	line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										<u> </u>	
Manual	та		lian or other intermed	diary for o	contribution	is or other as	sets not	incluaea		٦,,	п.
C Beginning balance C C C C C C		· ·	and complete the fe	به مصندمال	ماطم					」 Yes	∟ No
C Beginning balance 1c 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1	D										
Additions during the year 1d 1d 1e 1e 1e 1e 1e 1e 1e 1e	_	Paginning halance	1		Amount						
E Distributions during the year f Ending balance 2n Distributions during the year f Ending balance 2n Distributions during the year 1 1 1 1 1 1 1 1 1											
1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability	•										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	•										
Description Part XIII Check here if the explanation has been provided on Part XIII Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10	2a	•	orm 990 Part X line	21 for e	scrow or ci	istodial acco	unt liabil			T Vac	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Call Charles Call								-		_ 103	
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (a) Three years back (e) Four years back (a) Three years (a) Three years (b) Three years											
1a Beginning of year balance 44,764,661, 41,980,436, 34,552,090, 31,903,135, 31,964,326, 320,180, 1,892,659, 2,346,505, 1,138,421, 762,803, 436, 320,180, 1,892,659, 2,346,505, 1,138,421, 762,803, 436, 320,180, 1,338,614, 2,093,848, 5,659,729, 2,833,287, 1,486, 436, 447,646, 447,6		·				i			ears back	(e) Four v	ears back
b Contributions 3 ,020 ,180 , 1 ,892 ,659 , 2 ,346 ,505 , 1 ,138 ,421 , 762 ,803 , c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 3 ,449 ,790 , 1 ,202 ,282 , 577 ,888 , 1 ,322 ,753 , 825 ,480 , f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 6 .76	1a	Beginning of year balance		 		i					
to Net investment earnings, gains, and losses did Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current endowment ▶ 93.24	b					· ·					
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	С	Net investment earnings, gains, and losses							•		
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 6.76 % b Permanent endowment ▶ 93.24 % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations by If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 110,093. 1100,093. b Buildings 1,088,150. 318,284. 769,866. c Leasehold improvements d Equipment 261,356. 206,475. 54,881. e Other	d	Grants or scholarships						•	•		
f Administrative expenses g End of year balance A5,673,665, 44,764,661, 41,980,436, 34,552,090, 31,903,135, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 6.76 % b Permanent endowment ▶ 93.24 % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) depreciation 1a Land 1,093. 110,093. 110,093. b Buildings 1,088,150. 318,284. 769,866. c Leasehold improvements 4 Equipment 261,356. 206,475. 54,881. e Other 100 depreciation 110,093. 154,881.	е	Other expenditures for facilities									
f Administrative expenses g End of year balance A5,673,665, 44,764,661, 41,980,436, 34,552,090, 31,903,135, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 6.76 % b Permanent endowment ▶ 93.24 % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) depreciation 1a Land 1,093. 110,093. 110,093. b Buildings 1,088,150. 318,284. 769,866. c Leasehold improvements 4 Equipment 261,356. 206,475. 54,881. e Other 100 depreciation 110,093. 154,881.		and programs	3,449,790.	1,	202,282.	577	7.888.	1.3	322,753.	8	25,480.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 6.76 % b Permanent endowment ▶ 93.24 % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 2 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (investment) 1a Land 110,093. 1,088,150. 318,284. 769,866. c Leasehold improvements d Equipment 261,356. 206,475. 54,881.	f	Administrative expenses									
a Board designated or quasi-endowment ▶ 93.24 % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (investment) Buildings 110,093. 110,093. 4 Ci) Accumulated depreciation 1a Land b Buildings 1,088,150. 318,284. 769,866. c Leasehold improvements d Equipment e Other Other	g	End of year balance	45,673,665,	44	764,661.	41,980	436.	34,5	52,090.	31,9	03,135.
b Permanent endowment ▶ 93.24 % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings 1 10,093. 110,093. c Leasehold improvements d Equipment e Other Other	2	Provide the estimated percentage of the cur	rent year end baland	e (line 1ç	g, column (a	ı)) held as:					
Temporarily restricted endowment ▶	а		6.76	_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 110,093. 110,093. b Buildings 1,088,150. 110,093. c Leasehold improvements d Equipment Equipment Other	b	Permanent endowment ► 93.24	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) x (i	C										
Second S		•	•								
(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (investment) 1a Land b Buildings 1 10,093. 1 10,093. 1 10,093. 1 10,093. 1 10,093. 1 10,093. 1 10,093. 1 10,093. 1 10,093. 1 10,093. 1 10,093. 1 10,093. 1 10,093.	3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd admınıste	red for tl	he organi	zation	_	
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land 110,093. 110,093. 110,093. b Buildings 1,088,150. 1318,284. 769,866. c Leasehold improvements d Equipment e Other		-								1	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) 1a Land 1 Land 1 10,093. Buildings 1 10,093. 1 10,093. Leasehold improvements 4 Equipment 5 Other Other		-									
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land Buildings Leasehold improvements d Equipment Other		-			-l						X_
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 (c) Accumulated depreciation 110,093. 110,093. 110,093. 261,356. 206,475. 54,881.			· · · · · · · · · · · · · · · · · · ·							[3b]	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				owinenti	unus						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	. ui			n Part IV	line 11a S	See Form 990	Part Y	line 10			
ta Land basis (investment) basis (other) depreciation 1a Land 110,093. 110,093. b Buildings 1,088,150. 318,284. 769,866. c Leasehold improvements 261,356. 206,475. 54,881. e Other 261,356. 206,475. 54,881.									-d	(d) Book	value
1a Land 110,093. 110,093. b Buildings 1,088,150. 318,284. 769,866. c Leasehold improvements 261,356. 206,475. 54,881. e Other 261,356. 206,475. 54,881.		bescription of property	\ y			I				(a) Book	value
b Buildings		Land								110	.093.
c Leasehold improvements 261,356. 206,475. 54,881. e Other 261,356. 206,475. 24,881.							•	318 2	84		
d Equipment 261,356. 206,475. 54,881. e Other		_			-,00	-,	•	,_	~	, 0)	,
e Other	d	•			26	1,356.		206.4	75.	54	,881.
							•	, _			
		 	equal Form 990, Part	X, colum	nn (B), line 1	0c)				934	,840.

Schedule D (Form 990) 2015

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" 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) ANNUITIES PAYABLE	3,239.			
(3) AMOUNTS HELD ON BEHALF OF ARKANSAS				
(4) STATE UNIVERSITY	11,668,798.			
(5) DUE TO ASU CAMPUSES	410,506.			
(6) DUE TO ALUMNI ASSOCIATION	597.			
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	12,083,140.			

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

ARKANSAS STATE UNIVERSITY SYSTEM Schedule D (Form 990) 2015 FOUNDATION, INC. 71-0489924 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 6,180,412. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments -3,091,6952a 199,861 Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) **2**d -2,891,834. Add lines 2a through 2d 2e 9,072,246. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 0. c Add lines 4a and 4b **4**c 072 246. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 5,198,083. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 199,861 Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 127.463. d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e <u>3,327,324.</u> 3 1,870,759. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1.870 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: INVESTMENT RETURN OBJECTIVES, RISK PARAMETERS AND STRATEGIES: THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES, APPROVED BY THE BOARD OF TRUSTEES, FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT FUNDS WHILE ALSO MAINTAINING THE PURCHASING POWER OF THOSE ENDOWMENT ASSETS OF THE LONG-TERM. ACCORDINGLY, THE INVESTMENT PROCESS SEEKS TO ACHIEVE AN AFTER-COST TOTAL REAL RATE OF RETURN, INCLUDING INVESTMENT INCOME AS WELL

WELL-DIVERSIFIED ASSET MIX, WHICH INCLUDES EQUITY AND DEBT SECURITIES,

AS CAPITAL APPRECIATION, WHICH EXCEEDS THE ANNUAL DISTRIBUTION WITH

THAT IS INTENDED TO RESULT IN A CONSISTENT INFLATION-PROTECTED RATE OF

532054 09-21-15

ACCEPTABLE LEVELS OF RISK.

ENDOWMENT ASSETS ARE INVESTED IN A

FOUNDATION, INC.

Part XIII Supplemental Information (continued)

RETURN THAT HAS SUFFICIENT LIQUIDITY TO MAKE AN ANNUAL DISTRIBUTION OF 4%. WHILE GROWING THE FUNDS IF POSSIBLE. THEREFORE, THE ORGANIZATION EXPECTS ITS ENDOWMENT ASSETS, OVER TIME, TO PRODUCE AN AVERAGE RATE OF RETURN OF APPROXIMATELY 7% ANNUALLY. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT. INVESTMENT RISK IS MEASURED IN TERMS OF THE TOTAL ENDOWMENT FUND; INVESTMENT ASSETS AND ALLOCATION BETWEEN ASSET CLASSES AND STRATEGIES ARE MANAGED TO NOT EXPOSE THE FUND TO UNACCEPTABLE LEVELS OF SPENDING POLICY: THE FOUNDATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 4% OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OF THE PRIOR FIVE CALENDAR YEAR-ENDS FOR MOST OF ITS ENDOWMENTS. IN ESTABLISHING THIS POLICY, THE ORGANIZATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS INVESTMENT ASSETS, THE NATURE AND DURATION OF THE INDIVIDUAL ENDOWMENT FUNDS, MANY OF WHICH MUST BE MAINTAINED IN PERPETUITY BECAUSE OF DONOR-RESTRICTIONS, AND THE POSSIBLE EFFECTS OF INFLATION. THE ORGANIZATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT FUNDS TO GROW AT A NOMINAL AVERAGE RATE OF 3% ANNUALLY, WHICH IS CONSISTENT WITH THE ORGANIZATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH INVESTMENT RETURN. INTENDED USE: ENOWMENT FUNDS ARE INTENDED TO BE KEPT IN PERPETUITY TO PROVIDE INCOME FOR SUPPORT OF VARIOUS ACADEMIC FUNCTIONS WITH MEMBER

PART XII, LINE 2D - OTHER ADJUSTMENTS:

TRANSFERS TO ARKANSAS STATE UNIVERSITY

3,123,598.

CHANGE IN SPLIT-INTEREST AGREEMENTS

CAMPUSES OF THE ASU SYSTEM.

3,865.

TOTAL TO SCHEDULE D, PART XII, LINE 2D

3,127,463.

Schedule D (Form 990) 2015

SCHEDULE J (Form 990)

Department of the Treasury

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Internal Revenue Service

Name of the organization

ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC.

Employer identification number 71-0489924

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			ļ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	X Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	_
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	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			l
а	The organization?	<u>6a</u>	<u> </u>	X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7				l
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		l	1

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2015

71-0489924

FOUNDATION, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred		(B)(I)(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
MOPORE GITTE (1)	[5	ď	C	\ C		c		
	€	129.23	0	32.986.		0	162.219.	
THOTOGRA	∮≘						1	
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Schedule J (Form 990) 2015

FOUNDATION, INC. Schedule J (Form 990) 2015

Page 3 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 71-0489924 Part III Supplemental Information

									!

Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No 1545-0047

Inspection

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

Attach to Form 990.

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

ARKANSAS STATE UNIVERSITY SYSTEM

Employer identification number

FOUNDATION, INC. 71-0489924 Part I Types of Property

		(a) Check if	(b) Number of	(c) Noncash contribution	(d Method of d		nna	
		applicable	contributions or	amounts reported on	noncash contrib			s
				Form 990, Part VIII, line 1g	L			
1	Art - Works of art	X	1	2,000.	FAIR MARKE	r VA	LUE	
2	Art - Historical treasures						-	
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		8.	FAIR MARKE	r va	LUE	
6	Cars and other vehicles				-			
7	Boats and planes				<u>- · .</u>			
8	Intellectual property		4.0	4 444 124				
9	Securities - Publicly traded	X	12	1,042,484.	STOCK MARKI	<u>ET</u>		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies			· · · · · .				
21	Taxidermy							
22	Historical artifacts	X	15	15.	FAIR MARKE	<u>r va</u>	LUE	
23	Scientific specimens							
24	Archeological artifacts			100 000				
25	Other (ADVERTISING)	X	1		FAIR MARKE			
26	Other (SUPPLIES)	X	10		FAIR MARKE			
27	Other (FUNDRAISING I)	X	67		FAIR MARKE			
28	Other (TRAVEL)	<u> </u>			FAIR MARKE	' VA	LUE	
29	Number of Forms 8283 received by the organic						^	
	for which the organization completed Form 82	83, Part IV, I	Jonee Acknowlead	gement 29			0	
20-	During the year did the eventuation receive			and a disa Daniel Large di Maria			Yes	No
Sua	During the year, did the organization receive b	_		·	•			
	must hold for at least three years from the date		ii contribution, and	which is not required to be	used for			v
L	exempt purposes for the entire holding period	,				30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II	aaliau that ra	acuraa tha racuacu	of any non atomicol acceptable			.,	
31	Does the organization have a gift acceptance i			•		31	X	
o∠a	Does the organization hire or use third parties	or related of	gariizations to soli	cit, process, or sell noncash				v
_	contributions?					32a		X
33	If "Yes," describe in Part II.	ookuma (a) f	or a tupo of =====	tu far which a tree (a)				
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ескеа,			
	describe in Part II							

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

Schedule M (Form 990) (2015)

ARKANSAS STATE UNIVERSITY SYSTEM Schedule M (Form 990) (2015) FOUNDATION. INC.

Schedule M	(Form 990) (2015)	FOUNDATION,	INC.	•	71-0489924	Page 2
Part II	Supplemental is reporting in Part	Information. Provide	de the information required by Part I, line er of contributions, the number of items	es 30b, 32b, and 33, an	d whether the organiza	tion
						<u></u>
		· .				
						
				-		
				·		
						

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Name of the organization

ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC.

Employer identification number 71-0489924

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INVEST AND DISBURSE ANY AND EVERY KIND OF PROPERTY FOR SUCH EDUCATION,
SCIENTIFIC, LITERARY, RESEARCH AND SERVICE ACTIVITIES FROM INDIVIDUALS
AND ORGANIZATIONS, INCLUDING FOUNDATIONS, GOVERNMENT AGENCIES, AND
PRIVATE BUSINESSES, TO SUPPORT THE CORPORATION'S ACTIVITIES, AND IT
SHALL MANAGE ENDOWMENTS GIVEN TO THE CORPORATION FOR THE BENEFIT OF ALL
THE ARKANSAS STATE UNIVERSITY SYSTEM CAMPUSES OPERATIONS, SITES AND
FACILITIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IDENTIFICATION NUMBER FOR THE FOUNDATION IS 71-0489924.
AS DEFINED IN ITS BYLAWS, THE PRIMARY PURPOSE OF THE FOUNDATION IS TO
RECEIVE, SOLICIT, ACCEPT AND HOLD, ADMINISTER, INVEST AND DISBURSE ANY
AND EVERY KIND OF PROPERTY FOR SUCH EDUCATION, SCIENTIFIC, LITERARY,
RESEARCH AND SERVICE ACTIVITIES FROM INDIVIDUALS AND ORGANIZATIONS,
INCLUDING FOUNDATIONS, GOVERNMENT AGENCIES, AND PRIVATE BUSINESSES, TO
SUPPORT THE CORPORATION'S ACTIVITIES, AND IT SHALL MANAGE ENDOWMENTS
GIVEN TO THE CORPORATION FOR THE BENEFIT OF ALL THE ARKANSAS STATE
UNIVERSITY SYSTEM CAMPUSES OPERATIONS, SITES AND FACILITIES.
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF THE FORM 990 WAS REVIEWED BY THE PRESIDENT AND AUDIT COMMITTEE OF

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

THE EXEMPT ORGANIZATION BEFORE THE RETURN WAS FILED.

Employer identification number 71-0489924

AT THE FIRST BOARD MEETING FOLLOWING THE ANNUAL BOARD MEETING, AND AT THE FIRST MEETING OF EACH COMMITTEE WITH BOARD-DELEGATED POWERS FOLLOWING THE ANNUAL BOARD MEETING, AND AT SUCH OTHER TIMES AS THE BOARD OR EXECUTIVE COMMITTEE MAY DEEM APPROPRIATE, THE BOARD, OR EXECUTIVE COMMITTEE SHALL CONDUCT A REVIEW OF THE FOUNDATION'S ACTIVITIES TO ENSURE THAT THE FOUNDATION IS OPERATING IN A MANNER CONSISTENT WITH ACCOMPLISHING ITS CHARITABLE PURPOSES AND THAT ITS OPERATIONS DO NOT RESULT IN PRIVATE INUREMENT OR IMPERMISSIBLE BENEFIT TO PRIVATE INTERESTS. IN THE INSTANCE WHERE A CONFLICT OF INTEREST ARISES, THE BOARD OR EXECUTIVE COMMITTEE SHALL: (1) REQUIRE THE INTERESTED PERSON TO LEAVE THE MEETING DURING THE DISCUSSION OF, AND VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST; PROVIDED, HOWEVER, THAT THE INTERESTED PERSON MAY MAKE A PRESENTATION AT THE MEETING PRIOR TO LEAVING; (2) APPOINT, IF IT DEEMS APPROPRIATE, A NON-INTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT; AND (3) DETERMINE, BY A MAJORITY VOTE WITHOUT THE INTERESTED PERSON VOTING, THAT THE TRANSACTION OR ARRANGEMENT IS IN THE FOUNDATION'S BEST INTERESTS AND FOR ITS OWN BENEFIT; IS FAIR AND REASONABLE TO THE FOUNDATION; AND, AFTER EXERCISING DUE DILIGENCE, DETERMINE THAT THE FOUNDATION CANNOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES. ANY INTERESTED PERSON WHO VIOLATES THIS CONFLICT OF INTEREST POLICY SHALL BE SUBJECT TO APPROPRIATE DISCIPLINE INCLUDING REMOVAL FROM OFFICE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS NOT REVIEWED BY THE FINANCE

COMMITTEE, HOWEVER THE SALARY IS DEFINED IN ACCORDANCE WITH THE STATE OF

ARKANSAS' PAY SCALES.

5,228.
340.
23,121.

MANAGEMENT AND GENERAL EXPENSES 10,811.

FUNDRAISING EXPENSES
532212 09-02-15

0.

PROGRAM SERVICE EXPENSES

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC.	Employer identification number 71-0489924
TOTAL EXPENSES	10 011
STUDENT AWARDS:	
	-
PROGRAM SERVICE EXPENSES	•
	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,366.
POSTAGE:	
PROGRAM SERVICE EXPENSES	1,591.
MANAGEMENT AND GENERAL EXPENSES	8,479.
FUNDRAISING EXPENSES	50.
TOTAL EXPENSES	10,120.
FLORIST:	
PROGRAM SERVICE EXPENSES	8,962.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	170.
TOTAL EXPENSES	9,132.
EMERGENCY ASSISTANCE:	
PROGRAM SERVICE EXPENSES	7,466.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	150.
TOTAL EXPENSES	7,616.
SCHOLARSHIPS:	
	B 400
PROGRAM SERVICE EXPENSES 532212 09-02-15	7,100. Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC.	Employer identification number 71-0489924
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,100.
EXHIBIT AWARDS:	
PROGRAM SERVICE EXPENSES	6,956.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,956.
EMPLOYEE & FACULTY AWARDS:	
PROGRAM SERVICE EXPENSES	6,264.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,264.
PRINTING & PUBLICATIONS:	
PROGRAM SERVICE EXPENSES	3,948.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,335.
TOTAL EXPENSES	5,283.
STUDENT INTERNSHIPS:	
PROGRAM SERVICE EXPENSES	5,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,000.

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC.	Employer identification number 71-0489924
TELEPHONE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,512.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,512.
STUDENT STIPENDS:	
PROGRAM SERVICE EXPENSES	4,200.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,200.
TRAINING & DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	915.
MANAGEMENT AND GENERAL EXPENSES	3,209.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,124.
AUTO REPAIRS & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	1,836.
MANAGEMENT AND GENERAL EXPENSES	725.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,561.
EQUIPMENT RENTAL & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	147.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES 532212 09-02-15 41	1,589. Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC.	Employer identification number 71-0489924
MOMAI EXDENORG	1 526
TOTAL EXPENSES	1,736.
HOSPITALITY:	
PROGRAM SERVICE EXPENSES	1,547.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,547.
DONOR ACKNOWLEDGEMENT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,236.
TOTAL EXPENSES	1,236.
MUSIC PERFORMANCE:	
PROGRAM SERVICE EXPENSES	150.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	100.
TOTAL EXPENSES	250.
EXHIBIT SUPPLIES:	
PROGRAM SERVICE EXPENSES	239.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	239.
TAXES:	
PROGRAM SERVICE EXPENSES	76.
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC.	Page 2 Employer identification number 71-0489924
MANAGEMENT AND GENERAL EXPENSES	66.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	142.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 240,884.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFERS TO ASU (SCHOLARSHIPS, BUDGET SUPPLEMENTS,	
COLLECTIBLES)	2 021 015
TRANSFERS TO ARKANSAS STATE UNIVERSITY ALUMNI ASSOCIATION	
INC.	-70,572.
TRANSFERS TO ASU REAL ESTATE FOUNDATION	-9,069.
TRANSFERS TO ASU RED WOLVES FOUNDATION	-12,040.
CHANGE IN SPLIT INTEREST AGREEMENTS	-3,865.
TOTAL TO FORM 990, PART XI, LINE 9	-3,127,463.
FORM 990, PART XII, LINE 2C THE REVIEW PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR	•

SCHEDULE R

(Form 990)

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection

Employer identification number 71-0489924

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ARKANSAS STATE UNIVERSITY SYSTEM FOUNDATION, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
				_	

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 Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	b)(13)
				501(c)(3))		Yes	Ŷ
ARKANSAS STATE UNIVERSITY - JONESBORO -							
71-6000556, 2105 EAST AGGIE, JONESBORO, AR						_	
72401	EDUCATIONAL INSTITUTION	ARKANSAS	115(A)		N/A	_	5 .1
ARKANSAS STATE UNIVERSITY - BEEBE -						_	
71-0421333, 1000 IOWA ST., BEEBE, AR 72012	EDUCATIONAL INSTITUTION	ARKANSAS	115(A)	4	N/A	_	5 4
ARKANSAS STATE UNIVERSITY - MOUNTAIN HOME -							1
62-1687591, 1600 SOUTH COLLEGE, MOUNTAIN							
HOME, AR 72653	EDUCATIONAL INSTITUTION	ARKANSAS	115(A)	2	1/A	P	5d
ARKANSAS STATE UNIVERSITY - NEWPORT -							!
71-0855933, 7648 VICTORY BLVD., NEWPORT, AR							
72112	EDUCATIONAL INSTITUTION	ARKANSAS	115(A)		I/A.	×	.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 FOUNDATION, INC.

Part III 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.

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71-0489924

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(a)	(q)	(၁)	(p)			()	(6)	(F)	()	6	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomina (related, I excluded fro	Predominant income (related, unrelated, excluded from tax under)	Share of total income	Share of end-of-year assets	Disproportionate altocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership
	i	country)		sections	512-514)			Yes No	- 1) Yes No	
					•						
	·-•										
	1										ı
	-										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable arporation or trust during	as a Corpong the tax)	oration or Trust Colyear	mplete if the	e organization	answered "Ye	s" on Form 990,	Part IV, line 34	t because it had	one or more	e related
(a)			(<u>Q</u>)	(2)	(D	(e)		(£)	(6)	(H)	()
Name, address, and EIN of related organization	Z c	Prim	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,		Share of total income	Share of Pe end-of-year o	Percentage ownership	Section 512(b)(13) controlled
				country)		סייני	ust)		assets		Yes No
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532162 09-08-15				> #					OCUENT	пе и (гогш	Schedule H (Form 990) 2015

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FOUNDATION, Schedule R (Form 990) 2015 Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

Sale of assets to related organization(s)

Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses ۵

Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

S Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) ARKANSAS STATE UNIVERSITY-JONESBORO	В	2,439,504.CASH	CASH
(2) ARKANSAS STATE UNIVERSITY-BEEBE	Д	254,694.CASH	CASH
(3) ARKANSAS STATE UNIVERSITY-MOUNTAIN HOME	В	197,315.CASH	CASH
(4) ARKANSAS STATE UNIVERSITY-NEWPORT	ф	140,404.CASH	CASH
ARKANSAS STATE UNIVERSITY ALUMNI	В	70,572,CASH	CASH
ARKANSAS STATE UNIVERSITY RED WOLVES	æ	12.040.CASH	CASH

Schedule R (Form 990) 2015

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ARKANSAS STATE UNIVERSITY SYSTEM

Schedule R (Form 990) 2015 FOUNDATION, INC.

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

ind was not a related organization. See instructions regarding excussion for certain investment partnerships	Structions regarding excit	ISION 10r Certain Inv	estment partnersnips						
(a)	(q)	(O)	(P)		(6)	£	€	9	3
Name, address, and EIN of entity	Primary activity	를 g	Predominant income parties se (related, unrelated, 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Ospropor- Code V-UBI General or Percentage tonate amount in box 20 managing allocations? of Enhancing 1 partner?	General or managing	Percentage ownership
		country)	sections 512-514)	No	assets	Yes No	Form 1065)	Yes No	
				-					
					-				
				-					
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Schedule R (Form 990) 2015

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
ARKANSAS STATE UNIVERSITY REAL ESTATE FOUNDATION, INC.
PRIMARY ACTIVITY: RECEIVES, HOLDS AND ADMINISTERS REAL & PERSONAL PROPERTY
DONATIONS

71-0489924

ARKANSAS STATE UNIVERSITY SYSTEM

FOUNDATION, INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	(b)(13) sd on?
ARKANSAS STATE UNIVERSITY ALUMNI	SOCIAL ALUMNI ENTITY FOR	į		501(c)(3))		Yes	2
- 58-1723646, 2600 ALUMNI	THE SUPPORT OF ARKANSAS						:
	STATE UNIVERSITY	ARKANSAS	501(C)(7)		N/A		×
ARKANSAS STATE UNIVERSITY RED WOLVES FOUNDATION INC 71-0526367, 1000 OLYMPIC	ACADEMIC BOOSTER						
SBORO, AR 72401	ACTIVITIES	ARKANSAS	501(C)(3)	5	N/A		×
ARKANSAS STATE UNIVERSITY REAL ESTATE	RECEIVES, HOLDS AND						
ATION INC 45-48964	ADMINISTERS REAL &					<u>'</u>	!
1990, STATE UNIVERSITY, AR 72467	PERSONAL PROPERTY	ARKANSAS	501(C)(3)	5	N/A		×
CH & INNOVATION FOUNDATION, INC							
20-3239949, P.O. BOX 1990, STATE UNIVERSITY,	SUPPORT OF ARKANSAS STATE						
AR 72467	UNIVERSITY	ARKANSAS	501(C)(3)	2	N/A		×
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71-0489924

FOUNDATION, INC.

Schedule R (Form 990)

[Part V] Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
ARKANSAS STATE UNIVERSITY REAL ESTATE (7)FOUNDATION	В	9,069.CASH	
(8)			
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			