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Return of Organization Exempt From Income Tax

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

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

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

DLN: 93493131000051 OMB No. 1545-0047

> Open to Public Inspection

Form 9 ()(
Department	of th

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Preparer Use Only

Treasury

Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number B Check if applicable: Indiana University Foundation Inc ☐ Address change 35-6018940 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Application pending (812) 855-8311 City or town, state or province, country, and ZIP or foreign postal code Bloomington, IN $\,$ 47402 $\,$ G Gross receipts \$ 2,097,637,444 Name and address of principal officer: H(a) Is this a group return for □Yes ☑No subordinates? PO Box 500 H(b) Are all subordinates Bloomington, IN 47402 ☐ Yes ☐No included? 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www.iufoundation.iu.edu L Year of formation: 1936 M State of legal domicile: IN K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: To maximize private philanthropic support for Indiana University Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 57 55 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 415 **6** Total number of volunteers (estimate if necessary) 6 3,200 Total unrelated business revenue from Part VIII, column (C), line 12 7a -13,652,697 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 201,530,833 211,341,140 Ravenue 36,582,340 9 Program service revenue (Part VIII, line 2g) . 33,441,906 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 83,155,858 -2,856,201 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -11,726,368 -13,381,994 309,542,663 228,544,851 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 174,321,848 170,290,408 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 23,734,690 24,819,323 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶21,860,677 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 41,725,889 43,225,425 239,782,427 238,335,156 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -9,790,305 Revenue less expenses. Subtract line 18 from line 12 . 69,760,236 Net Assets or Fund Balances **Beginning of Current Year** End of Year 3,215,937,812 3,105,176,215 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 507,077,072 412,072,691 22 Net assets or fund balances. Subtract line 21 from line 20 . 2,708,860,740 2,693,103,524 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here T Forbes Interim President and CEO Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P01247672

☑ Yes ☐ No

Firm's name RSM US LLP

Firm's address ≥ 30 S Wacker Drive Ste 3300

Chicago, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions)

self-employed

Firm's EIN ► 42-0714325

Phone no. (312) 634-3400

Form	990 (2019)					Page 2						
Pa	rt III Stater	ment of Program Se	rvice Accomplis	hments								
	Check i	f Schedule O contains a	response or note to	any line in this Part III		🗹						
1	Briefly describe	e the organization's miss	ion:									
stake						felong relationships with key campuses and units across the						
2	-	zation undertake any sig		vices during the year w	hich were not listed on							
		990 or 990-EZ?				. 🗌 Yes 🗹 No						
	•	ibe these new services o										
3	Did the organiz	zation cease conducting,	or make significant	changes in how it condu	ucts, any program							
	services?											
	If "Yes," describe these changes on Schedule O.											
4	Section 501(c)		izations are required	I to report the amount o	largest program services, as of grants and allocations to ot							
4a	(Code:) (Expenses \$	56,973,586	including grants of \$	56,973,586) (Revenue \$	9,347,680)						
	See Additional Da	ata				_						
4b	(Code:) (Expenses \$	47,868,626	including grants of \$	47,868,626) (Revenue \$	7,853,826)						
	See Additional Da	ata	· · ·			<u> </u>						
4c	(Code:) (Expenses \$	33,628,722	including grants of \$	33,628,722) (Revenue \$	5,517,479)						
	See Additional Da	ata										
	See Additional	Data Table										
4d		n services (Describe in So	•									
	(Expenses \$	65,355,607	including grants of	\$ 31,819,4	174) (Revenue \$	10,722,921)						
4e	Total program	n service expenses 🕨	203,826,5	41								

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

	Chacklist of Baguired Schodules			Page 3			
Par	t IV Checklist of Required Schedules		Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule A	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No			
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		No			
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? <i>If "Yes," complete Schedule D,</i> Part 2	6		No			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No			
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	Yes				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.						
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes				
	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	Yes				
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No			
	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 2	11d		No			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes				
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes				
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	L	No			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	for any					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			No			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No			
18							
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III						

Nο

20a

20b

21

Yes

orm	990 (2019)			Page 4				
Par	Checklist of Required Schedules (continued)							
			Yes	No				
	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	Yes					
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							
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		No				
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						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No				
:6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No				
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No				
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes					
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No				
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\ref{Mathematics}$	29	Yes					
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
3	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		No				
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes					
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes					
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No				
7								
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes					
Par								
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 191 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
C	(gambling) winnings to prize winners?	1c	Yes					

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No				
b		5b						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No				
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
	Organizations that may receive deductible contributions under section 170(c).	_	.,					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes					
d	If "Yes," indicate the number of Forms 8282 filed during the year 6							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, 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?	8						
9	Sponsoring organizations maintaining donor advised funds.			-				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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							
	Enter the amount of reserves on hand	.						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No				
16	If "Yes," complete Form 4720, Schedule O.	16		No				

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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		onse to	lines
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 57		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 55			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes	
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK , CA , CO , DC , KY , MA , MD , ME , MI OH , OR , SC , UT , WA , WV , WI , NV , IN		NH , NJ	, NY ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Catherine L Melvin PO Box 500 Bloomington, IN 47402 (812) 855-8311			
				0 (2010)

(A)

Name and title

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

✓

(F)

Estimated

amount of other

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

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

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

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

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

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

• 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. See instructions for the order in which to list the persons above.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

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

(B)

Average

hours per

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

Form 990 (2019)				_	_								Page 8
Part VII Section A. Officers, Dire (A) Name and title	(A) Name and title Average Position (do not check more hours per than one box, unless person week (list any hours director/trustee) (B) (C) (D) (E) Reportable compensation compensation from the from related organizations										(F) Estima amount o compen	ated of other sation the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W-2/1099 MISC)		(W-2/1099- MISC)	(organizat relat organiza	ed
See Additional Data Table											\Box		
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1b Sub-Total			<u></u>			<u> </u> ▶	<u>'</u>		—		+		
c Total from continuation sheets to d Total (add lines 1b and 1c)	Part VII, Section	1 A .				>	<u> </u>	3,647,82			0		769,774
2 Total number of individuals (includir of reportable compensation from the			e liste	ed a	bove	e) who) rece	eived more tha	an \$1	00,000			
												Yes	No
3 Did the organization list any forme line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e	.mpl	oyee,	or hig	ghest compens	sated • •	employee on	3		No
4 For any individual listed on line 1a, organization and related organization individual										n the	4	Yes	
5 Did any person listed on line 1a recesservices rendered to the organization									or indi	ividual for	5		No
Section B. Independent Contract			_	_	_		_						
1 Complete this table for your five hig from the organization. Report comp											mpens	sation	_
	(A) ne and business addre				_					(B) cription of services		(C Comper	
Champlain Investment Partners								Inves		: Manager			709,937
180 Battery Street Burlington, VT 05401											\rightarrow		
Snyder Capital Management LP 101 Mission Street								Invesi	tment	Manager			668,467
San Francisco, CA 94105 Cramer Rosenthal McGlynn LLC								Inver	-ment	: Manager	\dashv		609,616
75 Remittance Drive								A	Une	Mariagei			003,010
Chicago, IL 60675 Hylant Group				—	—		—	Insur	ance S	Services	\dashv		583,429
100 S College Avenue													
Bloomington, IN 47404 Near North National Title LLC							—	Title !	Service	es .	\dashv		564,513
222 N LaSalle Street Chicago, IL 60601													
2 Total number of independent contract compensation from the organization		t not lim	nited t	to th	nose	listed	abov	ve) who receiv	/ed m	ore than \$100,00	00 of		
Compensation from the organization p	710		—	—	—	—	—					Form 99	n (2019)

		(2019)	of D							Page 9
Part	VIII				a respo	onse or note to anv	line in this Part VIII			🗆
		Greek ii Schee		Contains	и тезре	MISC OF MORE TO GITY	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1 a	Federated campa	aigns		1a			revenue		312 - 314
ons, Gifts, Grants Similar Amounts	ı	b Membership dues	s.		1 b					
90	١,	c Fundraising even	its .		1c					
ifts, ar A	۱	d Related organiza			1d					
m:G	۱	e Government grants			1e					
Contributions, Gifts, Grants and Other Similar Amounts	1	 All other contribution and similar amounts above 	s not i	ncluded	1f	211,341,140				
ntributio	9	g Noncash contributio lines 1a - 1f:\$	ns inc	cluded in	1g	46,252,415				
Cont		h Total. Add lines :	1a-1f		•	>	211,341,140			
						Business Code				
	2a	Management Fees				900099	23,234,089	23,234,089		
Program Service Revenue	b	Development Sv Sup	port			900099	6,003,770	6,003,770		
6	С	Real Estate				900099	2,483,038	2,433,060	49,978	
Servi	d	Air Services				900099	419,606	419,606		
gram	e									
Æ							1,301,403	1,301,403		
		All other program				22.441.006				
		Total. Add lines 2 Investment income				33,441,906 nterest, and other	1			
	s	similar amounts) .	•		•	•	10,338,69	8		10,338,698
	l	Income from invest Royalties			•	·	34,04	8		34,048
	•	itoyanias i i i	Ė	(i) Re		(ii) Personal	,			,
	63	Gross rents	6a							
		Less: rental					+			
	_	expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income	or (l	loss)]			
	(i) Securities				ities	(ii) Other	1			
	7a	'a Gross amount from sales of assets other than inventory			608,856	2,139,458	3			
	b	Less: cost or other basis and sales expenses	7b	1,866,	180,486	2,762,72	7			
	С	Gain or (loss)	7c	-12,	571,630	-623,269	9			
		Net gain or (loss)				🕨	-13,194,89	9		-13,194,899
ne	8a	Gross income from fu (not including \$		of						
e∃ Fi		contributions reported See Part IV, line 18	d on li	ne 1c).	8a	55,003				
Re	b	Less: direct expen	ses		8b	149,380	-			
Other Revenue	ı	: Net income or (los			sing ev	ents	-94,37 ⁻	7		-94,377
	9a	Gross income from								
	 	See Part IV, line 19			9a 9b		4			
	l	Less: direct expen : Net income or (los				ies				
		(0.00	,	····· 9 ·······9						
	10a	aGross sales of inve returns and allowa	entory ances	y, less • •	10a					
	b	Less: cost of good	s solo	d	10b		†			
		Net income or (los			invent	ory ►	_			
	4.4	Miscellaneo		evenue		Business Code	296,82	5		296,825
	11	. a Fraud insurance c	laım			900099	290,82			290,825
	b	Life Ins inc & proc	:			900099	68,61	5		68,615
	c	Sponsorship				900099	15,57	0		15,570
	ابد	All other revenue					-13,702,67	5	-13,702,675	
		Total. Add lines 1			. !	•	-13,/02,0/		-13,/02,0/5	
		: Total revenue. S					-13,321,66	5		
		otal revenue. 3	III	4	• •	• • • •	228,544,85	33,391,928	-13,652,697	-2,535,520 Form 990 (2019)

P	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c	•		·	umn (A).
	Check if Schedule O contains a response or note to an	ny line in this Part IX			<u>U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	170,233,725	170,233,725		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	56,683	56,683		
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	2,799,482		949,370	1,850,112
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	292,621		99,235	193,386
7	Other salaries and wages	14,902,631		5,053,833	9,848,798
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,251,087		763,397	1,487,690
9	Other employee benefits	3,178,933		1,078,051	2,100,882
10	Payroll taxes	1,394,569		472,931	921,638
11	Fees for services (non-employees):				
a	Management				
b	Legal	200,205		99,891	100,314
c	Accounting	1,880,500		938,261	942,239
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	33,536,133	33,536,133		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	100,570		50,179	50,391
12	Advertising and promotion				
13	Office expenses	1,043,667		373,039	670,628
14	Information technology	1,760,256		582,255	1,178,001
15	Royalties				
16	Occupancy	1,313,366		757,011	556,355
17	Travel	1,570,211		548,225	1,021,986
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	626,975		505,919	121,056
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	680,136		189,995	490,141
23	Insurance	513,406		186,346	327,060
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a				
	b _				
	c				
	d All all and a second a second and a second a second and				
	e All other expenses	222 225 451	200 006 5 11	12.617.000	21 262 6==
	Total functional expenses. Add lines 1 through 24e	238,335,156	203,826,541	12,647,938	21,860,677
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

1

Fund Balances

ō 29

Assets 30

28

31

32

33

(B)

End of year

Page **11**

,090,085

,726,734 ,297,893

90,197,110

1,170,605,743

1,395,258,650

3,105,176,215

5,869,110

258,641,047

327,618

147,234,916

412.072.691

99,993,293

2,593,110,231

2,693,103,524

3,105,176,215

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part IX .	
	Γ
	ı

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	141,756,247	2	91
3	Pledges and grants receivable, net	251,707,456	κ	284
4	Accounts receivable, net	86,622,559	4	73

Beginning of year

1,404,730,786

1,237,882,813

3,215,937,812

5,825,131

283,122,567

371,918

217,757,456

507.077.072

96,807,385

2,612,053,355

2,708,860,740

3,215,937,812

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3 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . Assets 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 9

10a Land, buildings, and equipment: cost or other 10a 124,274,770 basis. Complete Part VI of Schedule D 10b 34,077,660 93,237,951 10c b Less: accumulated depreciation

11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11

13

14 Intangible assets . 15 Other assets. See Part IV, line 11 . . . 16 Total assets. Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses 18 Grants payable .

19 Deferred revenue . . . 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

22 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Liabilities 23 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27, 28, 32, and 33.

27 Net assets without donor restrictions

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

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

Retained earnings, endowment, accumulated income, or other funds

3a

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Form 990 (2019)

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 35-6018940

Name: Indiana University Foundation Inc

Form 990 (2019)

09/30/20.

Form 990, Part III, Line 4a: Student Scholarship and Financial Aid support - Indiana University undergraduate and graduate students received nearly \$57 million in scholarships, fellowships, loans and awards from private gift support. Students received scholarship support across all programs and units of the University. With the University seeing record enrollment numbers, private gift support is critical to ensuring that all willing students are able to explore their educational opportunities, experience college life, and efficiently manage tuition costs and debt loads. In 2019, approximately 13,530 scholarships supporting University students were funded by private gift support. (See Schedule O: page 57 for additional discussion) IUF emphasizes and incentivizes philanthropic support of scholarships. Matching funds provided for donor gifts of \$50,000 or more, incentivize giving to endowed scholarships and fellowships. IU and IUF development officers engage prospects with regard to the financial needs of students and are educated about student financial needs. Approximately 5.807 endowed scholarships and fellowships have been newly established through IU's Bicentennial Campaign which officially ended on

Form 990, Part III, Line 4b:

Faculty Support and Research - With nearly \$47.9 million from IUF. University faculty and staff received additional support allowing for increased research opportunities and improved classroom experiences for all students. Private gift support helps meet the University's goal to attract and retain world-class faculty, which ultimately attracts the best and brightest students. During 2020, the number of endowed faculty positions (chairs, professorships and fellowships) increased to more than 690.

Form 990, Part III, Line 4c:

Academic & Student Program Support - The IUF provided over \$33.6 million to the University to support academic & student programs. These funds enable dedicated students to develop skills and knowledge for growth and success by offering high-quality, responsive academic and student programs by employing best practices in teaching

and learning; adding to the accumulated body of knowledge and creative work; enriching the community through cultural leadership and providing resources for problem

solvina.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

target weighted benchmark by 0.5% per annum.

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

(Code:) (Expenses \$ 31,819,474 including grants of \$ 31,819,474) (Revenue \$ 5,220,634)

Endowment Capital Additions and FacilitiesThe IUF provided over \$31.8 million to the University in support of new building construction, renovation

and equipment needs. State-of-the-art facilities help the University attract high-caliber faculty and students. These facilities provide space, environments, and technologies that promote the highest levels of teaching, learning and research.

(Code:) (Expenses \$ 33,536,133 including grants of \$) (Revenue \$ 5,502,287) Investment Management The primary investment objective of the IUF's asset management program is to achieve an annualized total return (net of fees and expenses), through appreciation and income, equal to or greater than the rate of inflation plus any spending and administrative expenses thus, at a minimum, maintaining the purchasing power of those assets managed by the IUF. The assets are to be managed in a manner that will

meet the primary investment objective, and where possible, to seek growth above the objective, while at the same time attempting to limit volatility for year-to-year spending.The IUF has adopted endowment investment and spending policies that attempt to provide a purchasing power of endowment assets. Under this policy, endowment assets are invested in a manner that is intended to yield a long-term rate of return that exceeds the distribution rate, inflation, and administrative fees of the endowment, while assuming a prudent level of investment risk. Actual results

may not be sufficient to achieve this over some shorter time frames. Working with top-tier investment managers allows IUF to appropriately

diversify our investment portfolio to achieve target returns with less volatility than achieved with traditional investments. Reducing volatility is

imperative to those who rely on annual endowment income, such as students receiving renewable scholarships or faculty receiving annual salary

support. Investment performance has historically exceeded our targets net of fees to managers. Over the past decade, we have outperformed our

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

and a director/trustee)

organization

268,307

266,432

272,910

246,807

219,373

organizations

from the

68,408

63,178

64,413

53,360

50,520

60,776

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any hours

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

and Independent Contractors

D Abe Weldy

Joyce Rogers

Dorothy Metaj

Paula Jenkins

Stacy Knapper

Senior Director, Investments

External Relations for DEM

VP Development, Indianapolis

VP Development, Bloomington

Exec VP, Gen Counsel, Corp Board Sec

	,			(1)1 0 (1 0 0 0	(1)	1				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Daniel C Smith President & CEO	40.00	Х		х				602,984	0	120,040
Gary Stratten Executive VP Investments & CIO	40.00			х				449,441	0	70,634
Richard Dupree Executive VP for Development	40.00			х				340,457	0	49,303
Jeffrey D Stumpf	40.00			х				296,027	0	64,870

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Executive VP for Development			^		340,437	U	
Jeffrey D Stumpf	40.00		х		296,027	0	
Exec VP for Finance & Operations			^		250,027	Š	
James Bergstrom	40.00			×	263,779	0	
Senior Director, Investments				^	203,773	Ĭ	

40.00

40.00

40.00

40.00

40.00

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

and a director/trustee)

organization

organizations

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from the

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

and Independent Contractors

IUF Board Director

Clarence H Doninger

IUF Board Director

IUF Board Director

IUF Board Director

IUF Board Director

David H Jacobs Jr

IUF Board Director

David G Elmore

Ann S Harrison

V Wiliam Hunt

	,				,		,	(1)	(11) 5 (1.000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mary Bonk VP, Advancement Data Tech Services	40.00				х			225,646	0	47,256
Sarah Beggs Chief of Staff & VP Stratg Initiv	40.00				х			195,659	0	57,016
Steven A Martin Assistant Corp Secretary	0.00			х				0	0	0

Chief of Staff & VP Stratg Initiv						
Steven A Martin	0.00		v		0	0
Assistant Corp Secretary			_^		Ĭ	Ĭ
Michael A McRobbie	0.00	×	x		0	0
Board Chair, IUF Board Dir						
Kathryn E Booth	0.00					

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

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

and Independent Contractors

Richard C Searles

IUF Board Director

Patrick A Shoulders

IUF Board Director

IUF Board Director

IUF Board Director

IUF Board Director

Gregg T Summerville

Stephen A Stitle

Treasurer

Julie Inskeep

Cynthia Simon Skjodt

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	(14, 2/1000						organizations	from the		
	for related organizations below dotted line)		Institutional Trustee		Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Dale Ellen Leff IUF Board Director	0.00	X						0	0	0
Norman E Pfau Jr IUF Board Director	0.00	X						0	0	0
Lynn E Reichle IUF Board Director	0.00	X						0	0	0
Coott C Column	0.00	,[\Box			

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IUF Board Director		Х			0	
Lynn E Reichle IUF Board Director	0.00				0	
Scott C Schurz IUF Board Director	0.00	Х			0	

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

and Independent Contractors

IUF Board Director

IUF Board Director

Robert H McKinney

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IUF Board Director

Joseph T Morrow

Harry L Gonso

Sandra E Laney

IUF Board Director

IUF Board Director

IUF Board Director

PA Mack Jr

								organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
W Michael Wells IUF Board Director	0.00	Х						0	0	0	
Bill C Brown	0.00	Х						0	0	0	
IUF Board Director											
Gayle K Cook IUF Board Director	0.00	Х						0	0	0	

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

and Independent Contractors

Kathleen A Ligocki

IUF Board Director

IUF Board Director

IUF Board Director

Randolph L Seger

IUF Board Director

IUF Board Director

Robert L Zerbe

Rose C Mays

Glenn Scolnik

	any hours							organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Gary J Anderson IUF Board Director	0.00	Х						0	0	0	
Lacy M Johnson IUF Board Director	0.00	х						0	0	0	
William Quinn Buckner IUF Board Director	0.00	х						0	0	0	
Jeff M Fettig	0.00										

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William Quinn Buckner	0.00	v			٥	
IUF Board Director		^			Ĭ	
Jeff M Fettig	0.00	×			0	
IUF Board Director		^			Ĭ	
Alan B Graf Jr	0.00	v				
IUF Board Director		_ ^			0	

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

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and a director/trustee)

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organizations

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

	,					/		(11, 2,4,000	(14) 2/1000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
Jane M Jorgensen IUF Board Director	0.00	Х						0	0	0	
J Robert Quigg III IUF Board Director	0.00	х						0	0	0	
Richard L Johnson Jr IUF Board Director	0.00	Х						0	0	0	
Louis G Jordan	0.00	х						0	0	0	

IUF Board Director
Louis G Jordan
IUF Board Director
MaryEllen Bishop
IUF Board Director

Alisa L Hendrix

IUF Board Director

Richard E Woosnam

IUF Board Director

IUF Board Director

IUF Board Director

Milton R Stewart

Vice Chairman

Julie A Davis

James R Hodge

.......

and Independent Contractors

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

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

	any hours					ustee		organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organization and related organizations	
Curtis A Ferguson IUF Board Director	0.00	х						0	0	C	
James D Fielding IUF Board Director	0.00	X						0	0	C	
Kim I Pressman IUF Board Director	0.00	X						0	0	C	
Michael J Mirro	0.00	Х						0	0	C	

0.00

0.00

0.00

0.00

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IUF Board Director

Aasif Bade

Derrick Burks

Dave Evans

Tim Morris

Linda Watson

IUF Board Director

IUF Board Director

IUF Board Director

IUF Board Director

IUF Board Director

and Independent Contractors

efile GRAPHIC print - DO NO			nt - DO NOT PROCESS	As Filed Data -			DLN: 9	LN: 93493131000051		
SCI		ULE A	- Dublic 4	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047		
	m 99		Complete if the o	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.						
		the Treasury	► Go to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection		
Nam	e of th	he organiza ersity Foundation					Employer identific	ation number		
maian	a omve						35-6018940			
	rt I		for Public Charity State a private foundation because				See instructions.			
1	n yannz		onvention of churches, or as	•			(A)(i)			
2		,	escribed in section 170(b)(
3			or a cooperative hospital serv		,	, ,				
4		·	•	_			-	atar tha baanitalla		
4	Ш	name, city,	esearch organization operate and state:	ed in conjunction with	a nospital descri	iped in section .	170(D)(1)(A)(III). E	nter the hospital s		
5	✓		ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170		
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).			
7			ation that normally receives a 'O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in		
8			ty trust described in sectior	•	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. S					ege or university or a		
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross		
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	ee section 509	(a)(4).			
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a			
а		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar						
c		Type III f	unctionally integrated. A sorganization(s) (see instruction	supporting organizatio				ted with, its		
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e			box if the organization receiver Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally		
f	Enter	the number	of supported organizations				<u></u>			
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	т'					
	(i) Name of supported organization (ii) EIN (iii) Type of organization in your governing docume (described on lines 1- 10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No				
			<u> </u>							
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9			

and income from similar sources Net income from unrelated business activities, whether or not

the business is regularly carried on

Other income. Do not include gain or loss from the sale of capital

Section C. Computation of Public Support Percentage

assets (Explain in Part VI.). . Total support. Add lines 7

through 10

10

Page 2

588,247

15.690,450

1,214,065,741

146,247,867

87.580 %

86.510 %

If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and

membership fees received. (Do not 192,667,048 193,068,041 291,244,689 201,530,833 211,341,140 1,089,851,751 include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to

the organization without charge... 192,667,048 291,244,689 201,530,833 211,341,140 193,068,041 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

1,089,851,751 26,527,898 amount shown on line 11, column (f). . Public support. Subtract line 5

1,063,323,853 from line 4. Calendar vear

(a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ 192,667,048 193,068,041 291,244,689 201,530,833 211,341,140 1,089,851,751 Amounts from line 4. .

Section B. Total Support Gross income from interest.

588,247

4,587,470

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2019. 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

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

3.490.970

2.515,297

381.010

Schedule A (Form 990 or 990-EZ) 2019

12

14

4.715.703

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2018 Schedule A, Part II, line 14

dividends, payments received on securities loans, rents, royalties 20,658,405 27,328,539 33,785,966 15,789,637 10,372,746 107,935,293

Р	art III Support Schedule for									
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If									
S	the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support									
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.").									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
•	organization's benefit and either paid									
_	to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
L	3 received from disqualified persons Amounts included on lines 2 and 3									
D	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line 13 for the year.									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6.)									
Se	ection B. Total Support		1				Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))										
16										
	Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))									
17 10										
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not			
	more than 33 1/3%, check this box and s									
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the									
ט	not more than 33 1/3%, check this box	-			•					
20	Private foundation. If the organization	-	-							
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖			

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

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

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

provide detail in Part VI.

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

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

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

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

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

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

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

ciie	ddie A (Form 990 of 990-22) 2019			age :	
Pa	Tt IV Supporting Organizations (continued)				
			Yes	No	
	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			
b	A family member of a person described in (a) above?	11b			
	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			
	ection B. Type I Supporting Organizations				
	solon Britype Leapporting Organizations		Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
	Did the supprise time and the bounds of any supprised arrangement of the theory of a constant arrangement of the	1			
2	Did the organization operate for the benefit of any supported organization other than the supported 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.	2			
S	ection C. Type II Supporting Organizations				
	second Type 11 supporting organizations		Yes	No	
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 the supported organization(s).	1			
Se	ection D. All Type III Supporting Organizations				
			Yes	No	
L	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 organization's governing				
	documents in effect on the date of notification, to the extent not previously provided?				
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 the organization maintained a close and continuous working relationship with the supported organization(s).				
,	Division of the valationahin described in (2) did the conscination/a conscitated conscitations have a significant value in the	2			
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 income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3			
Se	ection E. Type III Functionally-Integrated Supporting Organizations				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):			
ā	The organization satisfied the Activities Test. Complete line 2 below.				
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.				
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test. Answer (a) and (b) below.	1	Yes	No	
á	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a			
ŀ	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.	20			
	a 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? <i>Provide details in Part VI</i> .	3a			
i	Did the organizations? Provide details in Part VI. 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.	3h			

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	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-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI).					

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016		-	

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016	_	
c Excess from 2017	·	·

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID:

Software Version: EIN: 35-6018940

Name: Indiana University Foundation Inc

Schedule A (Form 990 or 990-EZ) 2019

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

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

As Filed Data -

DLN: 93493131000051

Cat. No. 52283D Schedule D (Form 990) 2019

OMB No. 1545-0047

Supplemental Financial Statements

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

Open to Public

2019

Department of the Treasury

(Form 990)

tern	al Revenue Service Go to www.iis.gov/rorin	990 IOI IIISTI UCTIONS AND THE TATEST II	HUIHIALIC	411.	24118	spection
Na Indi	me of the organization iana University Foundation Inc		Emp	loyer id	entification	number
				018940		
Pa	Organizations Maintaining Donor Advistage Complete if the organization answered "Ye		s or Acc	ounts.		
	,	(a) Donor advised funds		(b) Fund	ls and other	accounts
	Total number at end of year					
2	Aggregate value of contributions to (during year)					
1	Aggregate value of grants from (during year)					
Ļ	Aggregate value at end of year					
;	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex			unds are		Yes 🗌 No
;	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpo				Yes 🗆 No
Pa	rt II Conservation Easements.	ell en Ferme CCC Port IV line 7				
	Complete if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·				
•	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (e.g., recreation	, <u> </u>	f an histor	cally imp	ortant land	area
	Protection of natural habitat	✓ Preservation of	f a certifie	d historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the	form of a		ation at the End o	of the Year
а	Total number of conservation easements		2a			1
b	Total acreage restricted by conservation easements		2b			0.00
С	Number of conservation easements on a certified historic	structure included in (a)	2c			1
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d			1
}	Number of conservation easements modified, transferre tax year \blacktriangleright 0	d, released, extinguished, or terminated	by the or	janizatior	n during the	
Ļ	Number of states where property subject to conservatio	n easement is located 🕨		1		
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ng of viola	- itions,	☐ Yes	☑ No
•	Staff and volunteer hours devoted to monitoring, inspect 2.00	ting, handling of violations, and enforcing	g conserv	ation ease		
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing con	servation	easemen	ts during the	e year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		n 170(h)(4)(B)(i)	☑ Yes	□ No
)	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the				and	□ N0
) a -	the organization's accounting for conservation easement	s.				
ŒII	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.				
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research	in further			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:					
((i) Revenue included on Form 990, Part VIII, line 1			▶ \$_		
(i	ii)Assets included in Form 990, Part X			. 🕨 \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		financial g	ain, provi	ide the	
а	Revenue included on Form 990, Part VIII, line 1			. > \$ _		
h	Assets included in Form 990, Part X			> \$		

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

d Equipment .

Par	t IIII	Organizations Ma	aintaining Collecti	ons of Art, His	storic	al Tre	easures	, or Other	Similar As:	sets (cor	ntinued)
3		ng the organization's acq ns (check all that apply):		l other records, cl	heck ar	ny of t	he followi	ng that are a	significant us	se of its co	ollection
а		Public exhibition			d		Loan or e	xchange prog	rams		
b		Scholarly research			е		Other				
С		Preservation for future	generations								
4		vide a description of the cart	organization's collectio	ns and explain ho	w they	furthe	er the org	anization's ex	empt purpos	e in	
5		ing the year, did the orga ets to be sold to raise fur								☐ Yes	□ No
Pa	rt IV		odial Arrangemen ganization answered		990,	Part 1	:V, line 9), or reporte	d an amour		
1a		he organization an agent uded on Form 990, Part)								☐ Yes	☑ No
b	If "\	Yes," explain the arrange	ement in Part XIII and	complete the follo	wing ta	able:			An	nount	
c		inning balance		•	_			1c			
d	_	litions during the year .						1d			
е		ributions during the year						1e			
f		ing balance						1f			
_		_							1.111. 2		
2a		the organization include									⊔ No
b		res," explain the arrange		ck here if the exp	lanatio	n has	been prov	vided in Part X	(III	<u>~</u>	
Pa	rt V	Endowment Fund		l "Voc" on Form	000	Dort I	N/ line 1	0			
		Complete if the ort	ganization answered (a)	Current year	(b) Prio			wo years back	(d) Three year	rs back (e) Four years back
1a	Begin	nning of year balance .		2,232,516,054		3,899,		1,983,221,076	1,764,5		1,862,189,406
b	Contr	ributions		115,542,040	9	6,296,	918	126,401,421	125,4	13,610	86,651,476
		nvestment earnings, gair	ns, and losses	-69,455,401	9	1,176,	970	140,187,262	194,2	48,892	-98,475,896
		ts or scholarships	· ·								
		r expenditures for facilitie									
Ŭ		programs		-93,314,280	-9	8,857,	236	-105,910,357	-100,945,225		-85,861,188
f	Admi	nistrative expenses .									
g	End o	of year balance	🗀	2,185,288,413	2,23	32,516,	054	2,143,899,402	1,983,2	21,076	1,764,503,798
2	Prov	vide the estimated perce	ntage of the current ve	ar end balance (li	ine 1a.	colum	nn (a)) he	ld as:			
а		rd designated or quasi-e	-	,	5,		(,,				
h		manent endowment >									
-		nporarily restricted endov	***************************************								
С		percentages on lines 2a	***************************************								
3а	Are	there endowment funds anization by:			n that a	are he	ld and ad	ministered for	the		Yes No
	-	unrelated organizations								3a(i	
	(ii)	related organizations .								3a(ii	i) No
b		Yes" on 3a(ii), are the rel			Sched	ule R?				3b	
4	Des	cribe in Part XIII the inte	ended uses of the orga	nization's endown	nent fu	nds.					<u> </u>
Pa	rt VI										
			ganization answered								
	Desc	cription of property	(a) Cost or other bas (investment)	sis (b) Cost or	other b	asis (ot	her) (c)	Accumulated d	epreciation	(d)	Book value
			(
1 a	Land		32,74	45,850		27,599	9,092				60,344,942
b	Buildi	ings				58,569	9,641		29,664,392		28,905,249
С	Lease	ehold improvements								_	

2,473,318

2,886,869

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

132,738

814,181

90,197,110

2,340,580

2,072,688

Complete if the organization answered "Yes" on F			
(a) Description of security or category (including name of security)	(b) Book value		d of valuation: ·year market value
(1) Financial derivatives			
(2) Closely-held equity interests			_
(3) Other(A) Institutional Funds, Cash and Equiv & Commercial Paper	165,604,318		F
(B) Private Equity	1,229,654,332		F
(C)			
(D)			
E)			
(F)			
G)			
H)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,395,258,650		
Part VIII Investments—Program Related.		11 0 5 000	D 1 1 1 1 2
Complete if the organization answered 'Yes' on F (a) Description of investment	orm 990, Part IV, III	(b) Book value	(c) Method of valuation:
(a) Description of investment		(b) book value	Cost or end-of-year market value
(1)			value
(2)			
(3)			
(4)			
(5)			
6)			_
(7)			
8)			
(9)			_
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lin	e 11d. See Form 990, Par	t X. line 15.
(a) Description		·	(b) Book value
1)			
2)			
3)			
(4)			
5)			
6)			
7)			
8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X Other Liabilities.			000 Part V line 25
Complete if the organization answered 'Yes' on Formula. (a) Description of li		e 11e or 11f.See Form	(b) Book
1) Federal income taxes	,		value
2) Split Interest Agreement Obligation	41,578,300		
3) Collateral Under Securities Lending Agreement	50,202,550		
4) Due to Brokers	55,454,066		
5)			
(6)			
(7)			
(8)			_
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	147,234,916
THE PROPERTY OF THE PROPERTY O			

Part XI

2

b

5

1

2

C

d

b

Part XIII

See Additional Data Table

5

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

197.286.119

213,043,335

8,244,312

204,799,023

33,536,133

238.335.156

Schedule D (Form 990) 2019

d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, li	r

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . .

Other (Describe in Part XIII.)

Other (Describe in Part XIII.) Add lines **4a** and **4b**

Supplemental Information

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 . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Add lines 2a through 2d .

Return Reference

b	Donated services and use of facilities	2b					l
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d		14,7	24,493		
	Add lines 2a through 2d					2e	
3	Subtract line 2e from line 1					3	Ī
4	Amounts included on Form 990 Part VIII line 12 but not on line 1:						Τ

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2a 2b

2c

2d

4a

4b

Explanation

		14,	724,49	3	
				2e	-11,425,274
	٠			3	208,711,393
					-

-26.149.767

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 .	4a					
Other (Describe in Part XIII.)	4b			19,833,458		
Add lines 4a and 4b					4c	19,833,458
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	228,544,851
XII Reconciliation of Expenses per Audited Financial Statem	ents	With E	хре	nses per R	eturr	1.
Complete if the organization answered 'Yes' on Form 990, Part	: IV, li	ne 12a.				

8,244,312

33,536,133

1

2e

3

4c

5

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

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 35-6018940

Name: Indiana University Foundation Inc

Supplemental Information

Return Reference	Explanation

the life of the building.

Part II, Line 9: IUF reports its conservation easement on the income statement consistent with treatment fo r ordinary revenues and expenses on the financial statements. The building with the histor ical easement is being reported on the balance sheet at cost and is being depreciated over

Supplemental Information	
Return Reference	Explanation
	The Foundation invests and administers net assets owned by the University and its affiliat es under a management and custodial agreement. These are reflected as liabilities on the F oundation's statements of financial position.

Sı

Supplemental Information					
Return Reference	Explanation				
	The intended uses of the organization's endowment funds are to support Indiana University as it carries out its missions of teaching, research and public service.				

S

Supplemental Information		
Return Reference	Explanation	
Part X, Line 2:	Accounting Standards Codification (ASC) 740-10, Accounting for Uncertainty in Income Taxes , prescribes a comprehensive model for how an organization should measure, recognize, pres ent, and disclose in its financial statements uncertain tax positions that an organization has taken or expects to take on a tax return. The IUF is subject to routine audits by tax ing jurisdications; however, there are currently no audits for any tax periods in progress . The IUF believes it is no longer subject to income examinations for years prior to 2017. As of June 30, 2020 and 2019, the IUF has no uncertain tax positions.	

Supplemental Information Return Reference Explanation Part XI, Line 2d - Other Fundraising Event Expenses 149,380. Rental Expense 4,921,502. Agency Fund Reclass 9,653,611. Adjustments:

Supplemental Information						
Return Reference	Explanation					
Part XI, Line 4b - Other Adjustments:	Management Fees 33,536,133. Income/Loss from K-1's -13,702,675.					

Supplemental Information Return Reference Explanation Part XII, Line 2d - Other Fundraising Event Expenses 149,380. Bad Debt Expense 3,173,428. Rental Expense 4,921,504. Adjustments:

Supplemental Information					
Return Reference	Explanation				
Part XII, Line 4b - Other Adjustments:	Management Fees 33,536,133.				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131000051 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Indiana University Foundation Inc 35-6018940 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 254.978.903 3a Sub-total . b Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b) 254,978,903

Schedule F (Form 990)	chedule F (Form 990) 2019									
	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
							<u> </u>			
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	TIV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
	Corporations. (See Instructions for Form 3471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	☑ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6665)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	☑ No

Schedule F (Form	n 990) 2019 Page 5				
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting meth amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provid any additional information. See instructions.					
990 Schedule	F, Supplemental Information				
Return Reference	Explanation				
Part I, Line 2:	The grant and assistance payments are verified with internal documents to ensure donor intent and criteria have been met before the payments				

0001 2010

990 Schedule F, Supplemental Information

Beturn Reference

Explanation

Return Reference Explanation

Part III Accounting Method:

990 Schedule F, Supplemental Information

Return

Reference	
Schedule F,	The foreign activities that the IUF has been able to reasonably identify for either direct or indirect (thru reimbursement) support have been listed in
	Schedule F. The IUF exists to support the activities of Indiana University. There are activities supported by Indiana University, both domestic and foreign, that are reimbursed from IUF accounts. The IUF does not have a reasonable means to determine precisely if expenses reimbursed to Indiana

University are foreign or domestic in nature. Appropriate due diligence has been taken to identify those which may be reportable.

Explanation

Additional Data

East Asia and the Pacific

Software ID: Software Version:

Activities Outside The United States

EIN: 35-6018940

Name: Indiana University Foundation Inc

18,600

Form 990 Schedule F Par	orm 990 Schedule F Part 1 - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
Central America and the Caribbean	0	0	Investment		224,005,365				

0 Fundraising

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) 16,147,663 Europe 0 linvestment North America 0 Investment 14,797,412

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program service(s) in region services, grants to region recipients located in the region) South Asia 0 | Fundraising/Representation | 9.863

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131000051 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization Indiana University Foundation Inc 35-6018940 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

	dule G (Form 990 or 990-EZ) 2019 rt III Fundraising Events. Comple	ete if the organization a	answered "Yes" on For	m 990, Part IV, line 18	Page 2 3, or reported more		
	than \$15,000 of fundraising e	event contributions and					
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events		
			(b) Event #2		(add col. (a) through		
		Little 500 Races (event type)	(event type)	(total number)	col. (c))		
		(213.11 1) pc)	(3,50)	(cotal manipel)			
ē							
Revenue							
Şe							
_							
	1 Gross receipts	55,003			55,003		
	·				12,222		
	2 Less: Contributions						
	line 2)	55,003			55,003		
	4 Cash prizes	0					
	5 Noncash prizes	62,065			62,065		
ses	6 Rent/facility costs	38,641			38,641		
Direct Expenses	7 Food and beverages	2 2 7 2 1 2			32,71.2		
മ്	8 Entertainment						
ਰੂ							
ā	9 Other direct expenses	48,674			48,674		
	10 Direct expense summary. Add lines 4 to	through 9 in column (d)			149,380		
	11 Net income summary. Subtract line 10			•	-94,377		
Pai	Gaming. Complete if the orgon Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	IV, line 19, or reported	l more than \$15,000		
<i>a</i>	on rollii 990-LZ, iiile oa.						
Ĕ		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))		
Revenue							
ã	1 Gross revenue						
es	- Cash anima						
Direct Expense	2 Cash prizes						
ă ă	3 Noncash prizes						
ぜ	4 Rent/facility costs						
e E							
	5 Other direct expenses			_			
			☐ Yes %	☐ Yes %			
	6 Volunteer labor	☐ No	□ No	☐ No			
	7 Direct expense summary. Add lines 2 to	through F in column (d)		_			
	7 Direct expense summary. Add lines 21	tinough 5 m column (a)					
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)	<u> ▶</u>			
9	Enter the state(s) in which the organizat	ion conducts gaming activi	ties:				
а	Is the organization licensed to conduct g				☐ Yes ☐ No		
b	If "No," explain:						
					1		
10a	Were any of the organization's gaming lie						
					· ∐Yes ∐No		
b	If "Yes," explain:						
b	If "Yes," explain:				 I		

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

DLN: 93493131000051 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number

ndiana University Foundation Inc	a University Foundation Inc											
Part I General Informa	ation on Grants	and Assistance										
 Does the organization main the selection criteria used t Describe in Part IV the organization 	o award the grants anization's procedur	or assistance? es for monitoring the u	se of grant funds in the U	nited States.			☑ Yes ☐ No					
Part II Grants and Other A that received more t	Assistance to Dom than \$5,000. Part II	i estic Organizations a can be duplicated if ad	i nd Domestic Governm o ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, lin	e 21, for any recipient					
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
1) See Additional Data												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
9)												
10)												
[11]												
(12)												
Enter total number of sectionEnter total number of other							1 0					
or Paperwork Reduction Act Notice				Cat. No. 50055			hedule I (Form 990) 2019					

The grant and assistance payments are verified with internal documents to ensure donor intent and criteria have been met before the payments are made.

Schedule I (Form 990) 2019

Return Reference

Part I, Line 2:

Explanation

Additional Data

Indiana University

Bloomington, IN 47405 Indiana University

Bloomington, IN 47405

401 E 7th Street

401 E 7th Street

Software ID: **Software Version:**

35-6001673

35-6001673

EIN: 35-6018940 Name: Indiana University Foundation Inc

(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,
or government			_	assistance	other)

orm 990,Schedule 1, Part	11, Grants and	Otner Assistance to	o Domestic Organiza	tions and Domesti	ic Governments.
(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuat (book, FMV, apprais

Gov't Entity

Gov't Entity

990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domesti	ic Governments.
Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation

33,628,722

56,916,903

(g) Description of

non-cash assistance

(h) Purpose of grant

Academic and Student

Student Scholarship and

Program Support

Financial Aid

or assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Endowment and Capital

Additions

Indiana University	35-6001673	Gov't Entity	47,868,626		Faculty Support &
401 E 7th Street					Research
Bloomington, IN 47405	1				

31,819,474

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Gov't Entity

Indiana University

Bloomington, IN 47405

401 F 7th Street

35-6001673

efil	e GRAPH:	IC print - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	31000	051
Sch	edule J	C	compensat	ion Information	10	4В No.	1545-0	0047
(For	n 990)	For certain Offi		rustees, Key Employees, and Hig	hest			
		► Complete if the o		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20)
D			► Attach	to Form 990. instructions and the latest inforn) Dpen i		
-	tment of the Tr al Revenue Ser	*	101	mistructions and the latest infor	nation.		ectio	
	ne of the or	ganization / Foundation Inc			Employer identifica	tion nu	ımber	
					35-6018940			
Pa	rt I Qu	estions Regarding Compens	sation				l	
1 a				the following to or for a person liste y relevant information regarding the			Yes	No_
		,	Tt III to provide an					
		class or charter travel rel for companions		Housing allowance or residence for Payments for business use of perso	•			
		idemnification and gross-up payme	nts \Box	Health or social club dues or initiation				
		retionary spending account		Personal services (e.g., maid, chauf	feur, chef)			
	T6	h - h 1 : 4 h 1 d - d :		£-11				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	- 4-2	2	Yes	
	airectors,	trustees, officers, including the CEC	/Executive Directo	r, regarding the items checked on Lir	ne la?			
3		hich, if any, of the following the filing on's CEO/Executive Director. Check		ed to establish the compensation of the	ne			
				CEO/Executive Director, but explain i	n Part III.			
	✓ Com	pensation committee		Written employment contract				
	_	ependent compensation consultant	✓	Compensation survey or study				
	☐ Form	n 990 of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4		e year, did any person listed on Forr ganization:	n 990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a	severance payment or change-of-co	ontrol payment? .			4a		No
b	Participate	in, or receive payment from, a sup	plemental nonqual	ified retirement plan?		4b	Yes	
С				nsation arrangement?		4c		No
	ir res to	any or lines 4a-c, list the persons a	ind provide the app	oncable amounts for each item in Pan	t III.			
	Only 501	(c)(3), 501(c)(4), and 501(c)(2	9) organizations	must complete lines 5-9.				
5		ns listed on Form 990, Part VII, Sectition contingent on the revenues of:		the organization pay or accrue any				
а	The organ	ization?				5a	Yes	
b	•	d organization? n line 5a or 5b, describe in Part III.				5b		No
6		ns listed on Form 990, Part VII, Sectition contingent on the net earnings		the organization pay or accrue any				
а	The organ	ization?				6a		No
b	,	-				6b		No
7		n line 6a or 6b, describe in Part III.		the organization provide any nonfixe	al.			
7				the organization provide any nonfixe rt III		7	Yes	
8	subject to	the initial contract exception descri	bed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				
						8		No
9				presumption procedure described in		9		
For F	Panerwork	Reduction Act Notice, see the I	estructions for Fo	orm 990 Cat No 5	50053T Schedule J	(Form	990)	2019

Schedule J (Form 990) 2019

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MIS compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	Compensation in		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								

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.
Return Reference	Explanation

Part I, Line 1a

Travel for Companions: The IUF maintains a policy governing all business expenses which prohibits companion related expenses, except for the specifically defined role of Associate to the IUF President. The duties of this position, which are outlined in a formal policy and support the organization's mission, are fulfilled by the IUF President & CEO's spouse. The Associate to the IUF President incurs business related expenses on behalf of IUF, and those amounts are not treated as taxable. In all cases, travel for companions is considered in the IUF's efforts to ensure compliance with the intermediate sanctions law. Tax indemnification and gross-up payments: Tax indemnification and gross-up payments are only paid to staff in limited circumstances, and must be approved in accordance with IUF policies governing these types of payments. In the case of disqualified persons, indemnification payments are considered in the IUF's efforts to ensure compliance with the intermediate sanctions law. At least annually, the expenses incurred by all employees are reviewed to ensure appropriate taxation and reporting. Gross-up payments are established taking into account an estimated tax rate. However, employees receiving the payment are not grossed up for actual taxes incurred. The following gross-up payments were provided in 2019 in connection with the following items, and in all cases were treated as taxable income to the recipient: With the approval of the IUF Board of Directors: *allowances are made available to the IUF President & CEO for long-term disability and supplemental retirement payments to provide future retirement restoration. *allowances for vehicles are made available to certain Vice Presidents. Executive Vice Presidents and the IUF

First Class or charter travel: The IUF maintains a policy governing all business expenses including travel. Should a business need (e.g. length of flight time, security concerns, lack of commercial air options, etc.) require the use of first-class or charter travel, the IUF Board of Directors has authorized the IUF CEO to approve its use. These costs were not treated as taxable income because the travel is business related. In compliance with the IRS intermediate sanctions rules and

regulations, in order to be approved under IUF policy, first-class and charter travel must be deemed to be in the best interests of the IUF in order to merit approval.

President & CEO. Part I, Line 4b Eligible executives participate in various non-qualified deferred compensation plans organized under code section 457(f). The exact purpose of each plan varies, but they include: compensation limitation make-up plans, deferral of a portion of incentive bonus type plans and other attributes of a deferred compensation plan. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. Payments made in 2019; Daniel Smith \$122,733 Credits made in 2019; Daniel Smith \$60,000

The Indiana University Foundation currently provides two incentive compensation plans: The Investment Incentive Compensation Plan is available to key personnel Part I. Line 5 in the Investment Department. The primary goal of the plan is retention of key investment staff who are responsible for helping the IUF to achieve top quartile investment performance relative to its peers while reducing the volatility of performance over time. This plan is based on the premise of true value of dollars added

by staff over an appropriate benchmark. IUF's Target Weighted Benchmark, and over a three-year period. The calculation of amount of bonus awarded is based on a formula similar to the industry standard and provides for a cap as a percentage of salary. This plan was developed and recommended by the Investment

Committee of the IUF Board of Directors. The Major Gift Officers Evaluation/Incentive Program is designed to provide blueprints for and encourage our most gifted fundraisers to reach farther and inevitably increase their personal satisfaction and institutional value as development officers of Indiana University/Foundation. It

rewards those who do so with eligibility for a year-end financial bonus. The calculation of amount of bonus awarded is based on definitive quantifiable indices for all participants, including dollars raised (both cash and deferred), opportunities (proposals), and contacts.

Part I, Line 7 Management provides non-fixed payments in the form of bonuses available to all IUF staff from a discretionary fund. All bonuses are based on performance and (i)

(i)

(i)

(i)

(i)

(i)

(i)

(i)

(ii)

(i)

(i)

(ii)

419,878

294,923

323,378

270,600

197,586

201,892

264,167

251,059

227,394

204,436

219,335

193,236

1Daniel C Smith

President & CEO

1Gary Stratten

2Richard Dupree

Executive VP for Development 3Jeffrey D Stumpf

5D Abe Weldy

6Joyce Rogers

7Dorothy Metaj

8Paula Jenkins

VP Development, Bloomington

9Stacy Knapper

Board Sec 10Mary Bonk

Services 11Sarah Beggs

Initiv

Exec VP for Finance & Operations **4**James Bergstrom

Senior Director, Investments

Senior Director, Investments

External Relations for DEM

VP Development, Indianapolis

Exec VP, Gen Counsel, Corp

VP, Advancement Data Tech

Chief of Staff & VP Strata

Executive VP Investments &

Software ID:

Software Version:

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

139,229

10,000

64,543

64,615

6,000

6,000

4,000

EIN: 35-6018940

Name: Indiana University Foundation Inc

183,106

15,289

17,079

15,42

1,650

1,800

2,265

15,851

13,413

14,937

2,311

2,423

95,355

35,355

35,355

35,355

34,184

34,217

33,613

34,124

30,479

27,186

27,530

23,793

(F) Compensation in

column (B) reported as deferred on prior Form 990

120,000

723,024

520,075

389,760

360,897

332,187

331,485

330,845

326,270

297,327

280,149

272,902

252,675

24,685

35,279

13,948

29,515

34,224

28,961

30,800

19,236

20,041

33,590

19,726

33,223

(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns
	(i) Base Compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(i)-(D)
		compensation	compensation	'		

Schedule L (Form 990 or 990-E		Tran	eactio	والملكانية مما									
(Form 990 or 990-E		Sacuv	tions with Interested Persons					Or	OMB No. 1545-0047				
Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.								5a, 2	25b, 26	5,	2019		
Department of the Treasu Internal Revenue Service	-v	io to <u>www.ii</u>					forma	tion.		()pen t Insp		
Name of the organ Indiana University Fou								•		ntifica	ition n		
	Benefit Tran						(29)	_	nization				
	e if the organiza Name of disquali [,]			Relationship be					rt V, III escript			Corre	ected?
<u> </u>	varie or disquair	neu person			organization	iiiica person ai			ansacti		Ye		No
2 Enter the amo													
4958 3 Enter the amo	unt of tax, if an	y, on line 2, a	above, reim	bursed by the o	rganization .	: : : :	<u>:</u>	: :		\$ <u> </u>			
Comp	s to and/or I lete if the organi ed an amount o	ization answe	red "Yes" o	n Form 990-EZ,	. Part V, line 3	8a, or Form 99	90, Pa	rt IV,	line 26	; or if	the orga	anizat	ion
(a) Name of interested person w	b) Relationship ith organization			to or from the anization?	(e) Original principal amount	(f) Balance due		(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	N	No
+				+									
<u> </u>													
	s or Assistar	ce Benefit	ing Inter		▶ \$ ne								
	lete if the orga		_			line 27.							
(a) Name of interes) Relationship erested perso organizat	n and the	(c) Amount	of assistance	(d) Type (of assi	stanc	е	(e) Pu	rpose o	f assis	tance

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sł o organiz rever	f ation's
				Yes	No
(1) Laurie Burns McRobbie	See Part V	231,073	Employment of family member		No
(2) Arabella McRobbie	See Part V	61,548	Employment of family member		No
(3) Jane M Jorgensen See Part V 537,200 Asset sale		Asset sale		No	
	bètween interested person and the organization Larns McRobbie See Part V Se				
• •		Schedule L (see instructi	ons).		
5. 5.			_		

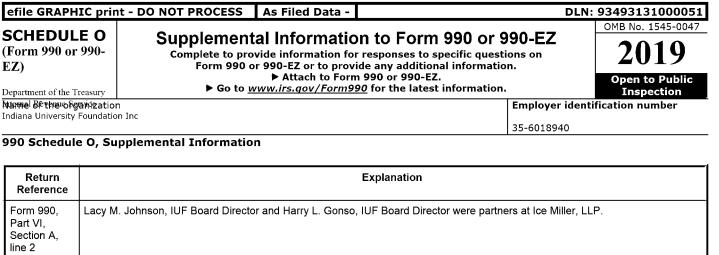
Part V Supplemental Inform	mation			
Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). Return Reference Explanation Schedule L, Part IV, Business Transactions Involving Interested Person: Laurie Burns McRobbie(b) Relationship Between Interested Person and the Organization: Spouse of Michael McRobbie, IUF Chairman of Board(c) Amount of Transaction: \$231,072.72 (d) Description of Transaction: Employment(e) Sharing of Organization's Revenues? No(a) Name of Interested Person: Arabella McRobbie, IUF Chairman of Board, and is employed as an IUF staff member(c) Amount of Transaction: \$61,548.35(d) Description of Transaction: Employment(e) Sharing of Organization's Revenues? No(a) Name of Interested Person: Jane M. Jorgensen(b) Relationship Between Interested Person and the Organization: IUF Board Director(c) Amount of Transaction: \$537,200(d) Description of Transaction: A bargain purchase of real property was made by the IUF of a property owned by Jane M. Jorgensen and spouse. A bargain sale is the purchase of property for less than its fair market value, the remainder of the value considered a donation. The IUF follows procedures and exercises due diligence before accepting gifts of				
Return Reference		Explanati	on	
Transactions Involving Interested Persons:	Organization: Spouse of Mich (d) Description of Transaction Interested Person: Arabella M Daughter of Michael McRobbi of Transaction: \$61,548.35(d Revenues? No(a) Name of Intand the Organization: IUF Bo A bargain purchase of real pr spouse. A bargain sale is the	sel McRobbie, IUF Chairman of Employment(e) Sharing of cRobbie(b) Relationship Betwar, IUF Chairman of Board, and Description of Transaction: erested Person: Jane M. Jorgard Director(c) Amount of Trapperty was made by the IUF of purchase of property for less	of Board(c) Amount of Transaction: \$ Organization's Revenues? No(a) Nam veen Interested Person and the Orga d is employed as an IUF staff membe Employment(e) Sharing of Organizat ensen(b) Relationship Between Inter insaction: \$537,200(d) Description of a property owned by Jane M. Jorga than its fair market value, the remai	\$231,072.72 ne of nization: cr(c) Amount cion's rested Person of Transaction: ensen and inder of the

real property. The procedures and due diligence followed are applied consistently to all real estate transactions. The valuation basis of the real property acquired by IUF was fair market value evidenced by an

appraisal completed by a certified appraiser within 60 days of the sale.(e) Sharing of Organization's Revenues? No Schedule L (Form 990 or 990-EZ) 2019

DLN: 93493131000051 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Indiana University Foundation Inc 35-6018940 **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining noncash contribution amounts applicable items contributed amounts reported on Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . Χ 21,000 Boats and planes . . Intellectual property . . Securities—Publicly traded . Χ 42,718,445 Listed Values 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 . 3,371,800 Professional Appraisals Real estate—Commercial . 17 Real estate—Other . . Collectibles 500 Professional Appraisals 18 Χ 6,855 Listed values 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . 24 Archeological artifacts . . 105,006 Listed values Misc. Household Other ▶ (<u>Items</u> 19,427 Actual costs Other ► (Travel Exp.) Donated 9,381 Actual costs items for Other ► (events 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 45 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, col	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
Part I, Column (b):	The number of contributions listed in column (b) of Part I are either the number of contributions or the number of items received, depending on the nature of the contribution.
	IUF hires realtors and auctioneers to assist with selling donated items. IUF hires brokers to assist in selling gifts of stock and securities.
	Schedule M (Form 990) (2019)



nd revised.

Return

Reference	·
Form 990, Part VI, Section A, line 5	Did the organization become aware during the year of a significant (as defined by the IRS regulations governing disclosure in this form 990) diversion of the organization's assets? In 2019, the IU Foundation management was made aware that a non-management employee had s tolen cash over a period of years. The amount of the theft (diversion of assets) is consid ered significant as defined by statute. The employee was terminated immediately, and a loc al police report was filed. It was subsequently referred by the local municipality to the FBI, which is currently pursuing the matter. A forensic audit was conducted by an external accounting firm that determined the total amount of the theft was \$326,000. Of that, \$299,000 was reimbursed by insurance to cover the loss less a deductible, forensic accounting, auditing, and legal costs. Cash handling procedures and related controls were evaluated a

Explanation

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 is completed by IUF staff. A management team comprised of the Executive Vice President for Finance and Operations & Assistant Corporate Secretary; Executive Vice President, General Counsel and Corporate Secretary; Executive Vice President and Chief Investme nt Officer; Associate Vice President, Internal Audit and Risk Management; Vice President for Advancement Services & Managing Director of Capital Campaigns; Executive Vice President for Development; Controller; Associate Vice President, Tax & Institutional Reporting; Vice President, Talent Management and Human Resources; and Chief of Staff and VP, Strategic Initiatives review the Form 990, including all schedules line-by-line to determine accuracy and validity. The IUF engages an independent accounting firm to review the Form 990. The President & CEO then reviews and signs the Form 990 and the independent accounting firm signs as preparer. The IUF Audit Committee reviews the completed Form 990, including all schedules, without redactions. Once signed, an electronic version of the public disclosure copy of Form 990 is made available to the IUF Board of Directors via the internet. The public disclosure copy is provided in order to more thoroughly protect the privacy of donors. The Form 990 is then filed electronically with the IRS.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Each July, the IUF provides a copy of its Conflicts of Interest Policy to all directors an d officers. Directors and officers are required to read and comply with the policy which r equires, at a minimum, annually disclosing the existence or non-existence of any conflicts of interest, real or perceived, in writing to the IUF Board Secretary. The disclosures ar e reviewed by IUF staff including the Executive Vice President for Finance and Operations & Assistant Corporate Secretary; Executive Vice President, General Counsel and Corporate Secretary; Executive Vice President and Chief Investment Officer; Board Secretary, Associat e Vice President, Internal Audit and Risk Management; Chief of Staff and VP, Strategic Ini tiatives; Associate Vice President, Tax & Institutional Reporting; and the Assistant Vice President, Real Estate to determine validity and completeness based on staff knowledge of IUF activities and transactions. The results of this review, along with every disclosure in its entirety, are provided to the IUF Audit Committee Chair and Vice Chair. A report is then made by the Audit Committee Chair to the full Audit Committee. When applicable, the Audit Committee Chair will also report any disclosure requiring action to the IUF Evacutive Committee and Committee on Directors and Governance. When applicable, the Audit Committee Chair will also report any disclosure requiring action to the IUF Board and all relevant Board committees. In addition to the Conflicts of Interest Policy, each July the IUF provides a background survey and a request for information for Form 990 disclosures to all officers, directors and key employees. As with the Conflicts of Interest, disclosures related to the survey and Form 990 are reviewed by staff and provided verbatim to the IUF Audit Committee Chair to the full I Audit Committee. When applicable, the Audit Committee Chair to the full I Audit Committee. When applicable, the Audit Committee Chair will also report any disclosure requiring action to the IUF Executive Committee

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Each June, the IUF Compensation Committee approves the compensation arrangements for disqu alified persons in accordance with IRS regulation section 53.4958-6 "Rebuttable presumption in that a transaction is not an excess benefit transaction". Individuals defined as disqual ified persons who receive compensation from the IUF include: the President & CEO; Executive Vice President for Finance and Operations & Assistant Corporate Secretary; Executive Vice President for Development; Executive Vice President and Chief Investment Officer; Executive Vice President, General Counsel and Corporate Secretary; Senior Advisor, IUF; and the Assistant Director of Development, Parent Engagement. The compensation arrangement for each individual is approved in advance for the upcoming fiscal year period July 1 thru June 3 0 by the Compensation Committee which is an authorized body of the IUF Board of Directors. The Compensation Committee which is an authorized body of the IUF Board of Directors. The Compensation Committee which is an authorized body of the IUF Board of Directors. The Compensation Committee is composed entirely of independent directors who do not have a conflict of interest (within the meaning of paragraph (c)(1)(iii) of section 53.4958-6) with respect to the compensation arrangement for each disqualified person. The Compensation or Committee determines if each compensation arrangement in its entirety is reasonable thro ugh the use of relevant information including, but not limited to, compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally compa rable positions; the availability of similar services in the geographic area of the applic able tax-exempt organization; current compensation surveys compiled by independent firms; and actual written offers from similar institutions competing for the services of the disqualified person. Upon approval of the compensation arrangement for each disqualified person, the Compensation Committee who we represent during review o

Form 990.

Return Explanation Reference We recognize that good governance practices provide safeguards to help ensure that our fun

Part VI. ds are consistently used in accordance with our mission, tax-exempt purpose, and donor int Section C. ent. Copies of the IUF's Forms 990 and Form 990T can be requested through the IUF office. line 18 The current year 990 tax return is available through the IUF's website @ www.iufoundation. iu.edu. Form 990 and 990T are available upon request for the past three years in accordance e with IRC Section 6104(d) through the IUF's office.

990 Schedule O, Supplemental Information

F's website @ www.iufoundation.iu.edu.

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Reference	Explanation
Form 990,	We recognize that good governance practices provide safeguards to help ensure that our fun
Part VI,	ds are consistently used in accordance with our mission, tax-exempt purpose, and donor int
Section C,	ent. Copies of all the IUF's governing documents and conflict of interest policy can be re
line 19	quested through the IUF office. The audited financial statements (past four years), confli

ct of interest policy and other specific governance documents are available through the IU

Evalanation

Return Explanation

Form 990;
Part VII;
Column B

IUF Board Directors generally attend three in person meetings per year with additional par ticipation in supplemental calls throughout the year, as needed. Currently, no methodology has been used to capture and reflect an accurate representation of time spent per week for each director; therefore, time spent has been represented as 0.00.

Return Explanation

Reference	
Form 990,	Income/Loss from K-1's 13,702,675. Bad Debt Expense -3,173,428. Split Interest Agreements -764,911.
Part XI. line	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131000051 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Indiana University Foundation Inc 35-6018940 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II 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. **(g)** Section 512(b) (a)
Name, address, and EIN of related organization (b) Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

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 organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomi income(re unrelat excluded tax und sections 514)	nant Selated, totaled, from der 512-	(f) Share of cal income		(h Dispropr allocat	tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging	(k) Percen owner	ntage
					314,				Yes	No		Yes	No		
Part IV Identification of Related Organiza because it had one or more related or							ion ansv	vered "Yes	s" on F	orm 9	90, Part IV	, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state o	gal nicile r foreign	Dire	(d) ect controlling entity	(e) Type of e (C corp, S or trus	entity SI S corp,	(f) hare of total income	Share	(g) of end- year ssets	of- Perce owne	ntage	(13	(i) ection 5 3) cont entity	512(b) trolled y?
(1)CVI GVF Holdings 8 Ltd	Investment	Coul	ntry)	IUF		С		65,360		608,8	16 99.000) %		Yes 'es	No
PO Box 309 Grand Cayman KY1-1104 CJ															
(2)Charitable Remainder Trusts (91)	Trust	11	N												No

Schedule R (Form 990) 2019				P	age 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes	es" on Form 990, Pa	rt IV, line 34, 35b	o, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	l organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
b Gift, grant, or capital contribution to related organization(s)				1 b	No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	No
d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1 g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1 q	No
r Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this li				1	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount involve	d
(1)CVI GVF Holdings 8 Ltd	S	826,503	FMV		

l F	Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o	Sharing of paid employees with related organization(s)				10	No
р	Reimbursement paid to related organization(s) for expenses				1p	No
q	Reimbursement paid by related organization(s) for expenses				1 q	No
r (Other transfer of cash or property to related organization(s)				1r	No
s	Other transfer of cash or property from related organization(s)				1s Yes	
2]	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	including covered re	lationships and trar	nsaction thresholds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount involve	d
(1) CVI	GVF Holdings 8 Ltd	5	826,503	FMV		

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

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

was not a related organization. See instructions regarding exclusion	Tior certain in	resument p	artiferships.										
(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) Code V-UBI mount in box 20 of Schedule K-1 (Form 1065)		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019								
Part VII	Supplemental Info	Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Retu	ırn Reference	Explanation						