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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Open to Public Inspection

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

\ Fo	rthe 2	2008 ca <u>ler</u>	ndar yeaı	, or tax year beginning 07-01-2008	and ending 06-30-200)9		
Che	eck if ap	pplicable PI	lease	C Name of organization THE UNIVERSITY OF TOLEDO FOUNDATION			D Employer ider	ntification number
Add	fress cha	ange	se IRS ibel or				34-6555110	
- Nar	me char	nge pr	rint or /pe. See	Doing Business As			E Telephone nui	
– Inıt	al retur	m Ś	pecific	Number and street (or P O box if mail is no	ot delivered to street addre	ess) Room/suite	(419) 530-7	
– Ter	minatio		nstruc- ons.	2801 BANCROFT MS 319			G Gross receipts	\$ \$ 57,128,128
– Am	ended r	return	ŀ	City or town, state or country, and ZIP + 4				
– Apr	olication	pending		TOLEDO, OH 436063395				
		` `	E Nam	e and address of Principal Officer		II/->		
				A S LEE		affiliat	s a group return 1 :es?	TYes ▼No
				ANCROFT MS 319 O,OH 436063395				
Ta	x-exem	pt status		(3) ◀ (insert no)	527	1 ' '	affiliates included	
						_	o," attach a list o Exemption Nun	See instructions)
W	eb site	e: F WWWW	UTFOUN	IDATION ORG		"(c) = 100;	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	iber F
Тур	e of org	anization 🔽	Corporati	on		L Year of For	mation 1964 M S	State of legal domicile OH
			•	<u> </u>		· ·	'	
Рa	rt I	Summa	arv					
Га				e organization's mission or most signi	ficant activities			
o o				HE UNIVERSITY OF TOLEDO AND		THE UNIVERS	ITY	
3	2	Check this	s box [f the organization discontinued its op	erations or disposed	of more than 25	5% of its assets	
			,	nembers of the governing body (Part V				37
			_	dent voting members of the governing				36
			•	ployees (Part V, line 2a)	• •	-,		91
				unteers (estimate if necessary) .			6	36
{				ed business revenue from Part VIII,			7a	-15,100
				ness taxable income from Form 990-1			7b	-15,100
					<u> </u>	Prio	r Year	Current Year
	8	Contribut	tions and	grants (Part VIII, line 1h)			22,306,168	16,380,532
₫	9			evenue (Part VIII, line 2g)		2,512,824	4,515	
Ravenue	10			ne (Part VIII, column (A), lines 3, 4, a		25,682,878	-6,012,757	
2	11	O ther rev	venue (Pa	art VIII, column (A), lines 5, 6d, 8c, 9		3,204,377	3,422,349	
	12	Total rev	enue—ac	d lines 8 through 11 (must equal Par	t VIII, column (A), lır	ne		
		12)					53,706,247	13,794,639
	13			r amounts paid (Part IX, column (A), l			12,871,455	17,012,766
	14		-	r for members (Part IX, column (A), lii	-	_		0
8	15	Salaries, 10)	otherco	mpensation, employee benefits (Part	IX, column (A), lines	5-	1,640,816	1,574,044
Š	16a	•	nal fundi	raising fees (Part IX, column (A), line	11e)		206,830	0
Expenses	ь			enses, Part IX, column (D), line 25 575,017	,			
Ш	17	,		Part IX, column (A), lines 11a-11d, 1			1,456,489	1,379,173
	18			add lines 13–17 (must equal Part IX,	•		16,175,590	19,965,983
	19			enses Subtract line 18 from line 12	, , , , , , , , , , , , , , , , , , , ,		37,530,657	-6,171,344
s %						Beginnir	ng of Year	End of Year
S W	20	Total ass	ets (Par	t X, line 16)			191,672,320	155,236,744
Fund Balances	21			art X, line 26)			5,324,753	5,916,657
5	22		-	d balances Subtract line 21 from line	20	1	186,347,567	149,320,087
	22 13 H	Signat					,5 +7,507	145,520,007
				Jury, I declare that I have examined this retu	rn, including accompanying	schedules and st	atements, and to th	e best of mv knowledge
				orrect, and complete Declaration of preparer				
lea		*****				2010-	05-18	
ign Iere		Signatur	re of office	r		Date		
1 4	_		LEE PRES					
	- 1	y Type or	print name	e and title			<u> </u>	
		Preparer's		D	Pate	Check if self-	Preparer's PTIN (S	See Gen Inst)
aid		signature	7			empolyed •		
•	arer's	Firm's name		PLANTE & MORAN PLLC	L		EIN Þ	
Jse (Only	if self-emplo address, and		PO BOX 307				
				SOUTHFIELD, MI 480370307			Phone no 🕨 (24	8) 352-2500
 1av t	the IRS	S discuss t	this retur	n with the preparer shown above? (Se	e instructions)			✓ Yes

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission THE MISSION OF THE UNIVERSITY OF TO PROVIDE EFFECTIVE INVESTMENT AND F HELP THE UNIVERSITY ACHIEVE ITS GOA	LEDO FOUNDATION IS TO REC UND STEWARDSHIP, AND TO N			
2	Did the organization undertake a	ny significant program se	rvices during the year wh	ıch were not listed on	
	the prior Form 990 or 990-EZ?				┌ Yes ┌ No
3	If "Yes," describe these new serve Did the organization cease cond		t changes in how it conduc	ets any program	
,	services?	· · · · · · · ·	· · · · · · ·	· · · · · ·	┌ Yes ┌ No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose ac Section 501(c)(3) and (4) organ others, the total expenses, and r	ızatıons and 4947(a)(1) t	rusts are required to repo		
4a	(Code) (Expe	nses \$ 3,446,665	including grants of \$	3,446,665) (Revenue \$)
4b	(Code) (Expe		ıncludıng grants of \$	13,566,101) (Revenue \$)
4c	(Code) (Expe	nses \$	including grants of \$) (Revenue \$)
4d	Other program services (Desc	·			
	(Expenses \$	including grants of	·) (Revenue \$)
4e	Total program service expense	s \$ 17,280,78	2 Must equal Part IX, Lin	e 25, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> " <i>Yes," complete Schedule L, Part III</i>	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	1			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
		1a 189]		
b	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				
·	gaming (gambling) winnings to prize winners?	· · · · · · · · ·	1c	Yes	
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	2a 91			
h	return		1		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this in		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	the year covered by this	_		
	return?		3a		Νο
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sig over, a financial account in a foreign country (such as a bank account, securities account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country CJ				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Reportancial Accounts.	ort of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	; the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited ta	ax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Tax Shelter Transaction?	Entity Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that were not tax deductible?	t such contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contr more?	ibution of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services pro	vided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal propert	y for which it was required to			
	file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay p	oremiums on a personal			
	benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person		7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 88	·	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file required?	e a Form 1098-C as	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and	d section 509(a)(3)	—		'*'
-	supporting organizations. Did the supporting organization, or a fund maintained by a sp excess business holdings at any time during the year?		8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		1		_
	Did the organization make any taxable distributions under section 4966?		9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	·			
	. , , , -	10a			
		10Ь	1		
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in I	ieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b			
	year				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Α.	Governina	Body	and	Management

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances processes, or changes in Schedule O. See instructions.	,						
1a	Enter the number of voting members of the governing body 1a	37						
Ь	Enter the number of voting members that are independent 1b	36						
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?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
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					
Ь	each committee with authority to act on behalf of the governing body?	. 8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		No				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	. 10	Yes					
11	Is there any officer, director or 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	11		No				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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	
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OH
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization BRYAN C DADEY VP OF FINANCE AND OPE 2801 W BANCROFT MS 319
 TOLEDO, OH 43606
 (419) 530-7730

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
								_		
									_	
							Н			
1b Total						i	+	338,625	0	47,775
2 Total number of individuals (including	those in 1	2) who i				+	. # 1	00 000 in reportable	•	_

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1

)	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
		4		NO
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		N o
		_		'''

Section B. Independent Contractors

from the organization .

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PARAMOUNT HEALTH CARE PO BOX 76778 CLEVELAND, OH 44101	health insurance	116,389
INVERNESS CLUB 4601 DORR ST TOLEDO, OH 43615	EVENT PLANNING	102,203
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	2

Ves No

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	ı		Kevende		312, 313, 3, 31
許等	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts			1b					
S, G	С	Fundraising ev	vents 1c					
植岩	d	Related organ	ızatıons1d					
% E	e	Government grar	nts (contributions) 1e					
ੂੰ ਨੂੰ	f	All other contribut	tions, gifts, grants, and	16,380,532				ł
돌	-	sımılar amounts r	not included above 1f					
<u>= 5</u>	g	Noncash cont	ributions included in					
ŽΕ̈́		lines 1a-1f \$						
U	h	Total (Add lin	es 1a-1f)	· · · · <u>·</u>	16,380,532			
				Business Code				
Ще	2a	UNIVERSITY LOAF	N PROGRA	611,710	4,515	4,515		
Wer	ь							
Program Serwce Revenue	С							
¥ K	d							
Ř	e							
Ē	f	All other progr	ram carvica ravanua					
Š	•	All other progr	ram service revenue					
_ <u>₹</u> 	g	► \$ 4,515	es 2a-2f					
	3		come (including divi	· ·	2,983,329			2 002 220
		other similar a	amounts)		2,963,329			2,983,329
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .			904,003			904,003
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	(1)	(,				
	ь	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental inco	ome or (loss)	· · · · · •				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	34,337,403					
		assets other than inventory						
	ь	Less cost or	43,333,489					
		other basis and sales expenses						
	С	Gain or (loss)	-8,996,086					
	d	Net gain or (lo		. ▶	-8,996,086			-8,996,086
	8a		from fundraising cluding					
Φ		\$	 ns reported on line					
듀		1c) See Part						
ě			le G ıf total exceeds					
Other Revenue		\$15,000						
he	Ь		xpensesb					
δ	С	Net income or	(loss) from fundrais	ing events				
	9a	Gross income	from gaming part IV , line 19					
		Complete Sche						
		exceeds \$15,00						
			a					
	Ь		xpensesb (loss) from gaming					
	С	· · ·	(loss) Irolli gallillig	activities				
	10a	Gross sales o returns and al						
	ь	1000 ccs	a goods sold b	351				
	6		goods sold . b ·(loss) from sales of		351			351
		Miscellaneou		Business Code	_			
	11a	OTHER INCO		900,099	1,913,556			1,913,556
	ь	ADMINISTRA		900,099	617,914			617,914
	c	CAHS Income		900,099	1,625			1,625
					-15,100		-15,100	_,,523
	d	All other reve			13,130		13,130	
	e	rotal. Add line	es 11a-11d	\$ 2,517,995				
	12		a. Add lines 1h, 2g, 3		13,794,639	4,515	-15,100	-2,575,308
		8c, 9c, 10c, and 1	l1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	13,566,101	13,566,101		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,446,665	3,446,665		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	250,163		250,163	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,088,742			92,997
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	60,034		60,034	
9	Other employee benefits	110,041		108,582	1,459
10	Payroll taxes	65,064		58,543	6,521
11	Fees for services (non-employees)				
а	Management				
b	Legal	10,120		10,120	
c	Accounting	49,300		49,300	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	360,597		360,597	
g	Other				
12	Advertising and promotion				
13	Office expenses	198,555	147,410	15,259	35,886
14	Information technology	93,531	87,558	5,973	
15	Royalties				
16	Occupancy	58,450		58,450	
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	154,146	9,021	23,201	121,924
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,027	24,027		
23	Insurance	22,316		22,316	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	DEVELOPMENT OTHER	214,786			214,786
ь	MISCELLANEOUS	80,657		43,477	37,180
С	DUES AND SUBSCRIPTIONS	61,447		5,361	56,086
d	PAYROLL CONSULTATION	27,461		23,067	4,394
e	COMPUTER CONSULTATION	23,649		19,865	3,784
f	All other expenses	131		131	
25	Total functional expenses. Add lines 1 through 24f	19,965,983	17,280,782	2,110,184	575,017
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				,

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,573,955	1	932,490
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			24,325,545	3	25,940,269
	4	Accounts receivable, net			397,907	4	478,321
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S	ection	4958(f)(1)) and		6	
	7	Notes and loans receivable, net			269,448	7	215,651
	8	Inventories for sale or use			72	8	
20	9	Prepaid expenses and deferred charges			59,426	9	439,212
Assets	10a	Land, buildings, and equipment cost basis	10a	631,382			
-	ь	Less accumulated depreciation Complete Part VI of	100	351,552			
		Schedule D	10b	565,170	62,045	10c	66,212
	11	Investments—publicly traded securities			130,377,995	11	119,789,742
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII	of	34,473,608	12	7,243,544
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$	art VIl	I		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			132,319	15	131,303
	16	Total assets. Add lines 1 through 15 (must equal line 34)			191,672,320	16	155,236,744
	17	Accounts payable and accrued expenses .			721,879	17	1,617,320
	18	Grants payable			158,723	18	110,000
	19	Deferred revenue				19	120,000
	20	Tax-exempt bond liabilities				20	
<u>ě</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			4,444,151	25	4,069,337
	26	Total liabilities. Add lines 17 through 25			5,324,753	26	5,916,657
ses		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	lete li	nes 27			
ä	27	Unrestricted net assets			8,251,138	27	-2,268,021
Balance	28	Temporarily restricted net assets			111,182,053	28	86,101,944
뒫	29	Permanently restricted net assets			66,914,376	29	65,486,164
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fui	nds			32	
Ŋĕţ	33	Total net assets or fund balances			186,347,567	33	149,320,087
_	34	Total liabilities and net assets/fund balances			191,672,320	34	155,236,744
Pa	rt XI	Financial Statements and Reporting					

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1	FINANCIAL	Statements	ann R	emmetiliki.

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493138009170

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE U	NIVERS	SITY OF TOLEDO	FOUNDATION								
								34	-6555110	כ	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organı	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))			
1	Γ	A church, d	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).		
2	Γ	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(L	o)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Г	A medical	research organi	zation operated in conjuncti	on with a l	hospital de	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the
	·		name, city, and	•		•			. , , ,	. ,. ,	
5	굣			or the benefit of a college or	universit	v owned o	r operated	by a gove	rnmental	unit desc	ribed in
	·			(Complete Part II)		,	•	, 3			
6	Г			overnment or governmental	unit descr	ibed in Se	ction 170	(b)(1)(A)	(v).		
7	į.	•	_	ally receives a substantial p						n the gene	eral public
_	,			o)(1)(A)(vi) (Complete Par			a g			y	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Pari	tII)				
9	Ė		•	ally receives (1) more than			•	ontribution	ıs. membe	rship fees	and aross
	·	_		ated to its exempt functions					•		•
		•		estment income and unrelate	-		•		•		
		-	-	on after June 30, 1975 See			-			,	
10	Г		=	and operated exclusively to					•	ee instruc	tions)
11		=	=	and operated exclusively fo			-				· ·
	·	-	-	orted organizations describe					•	•	
		_		type of supporting organiza					_		
	_	•	• •	• • • • • • • • • • • • • • • • • • • •			nally Integ	•	d	' ''	III - Other
е	ı	•	-	rtify that the organization is agers and other than one or			•			•	· ·
		section 50		agers and other than one or	more publ	псту зарро	orteu orga	11124110115	aescribeu	ili sectioi	1309(a)(1)01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
		check this									Г
g		Since Augu following pe		as the organization accepted	d any gift	or contribi	ution from	any of the	!		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			•	ng body of the the supported		_				11g	
			· -	erson described in (i) above	-					11g(
			•	ty of a person described in (bove?				11g(
h				nation about the organizatio			supports				
			J	, and the second	_	•					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1-9		atıon ın		nızatıon	_	atıon ın	support?
	Organ	nization		above or IRC section	col (i)) of your		rganized	
				(See Instructions))		verning ment?	supp	ort /	in the	US?	
					Yes	No	Yes	No	Yes	No	-
					163	140	163	110	163	140	

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu tile box o	11 lille 5, 7, 01	o of Part 1.)				
	ıblic Support							
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gıfts, grants, contributions, and							
	membership fees received (Do not	3,754,003	2,286,316	1,165,001	22,306,168		16,380,532	45,892,020
	ınclude any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
	its behalf						\longrightarrow	
3	The value of services or facilities							
	furnished by a governmental unit to the							
_	organization without charge	3,754,003	2,286,316	1,165,001	22 206 169		16,380,532	45 902 020
	Total. Add line 1-3	3,734,003	2,286,316	1,165,001	22,306,168		16,360,332	45,892,020
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							617,580
	on line 1 that exceed 2% of the amount shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							
U	4							45,274,440
T	otal Support		· ·	L.	L			_
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	3,754,003	2,404,634	1,165,001	22,306,168		16,380,532	45,892,020
8	Gross income from interest, dividends,	, ,	, ,	, ,	, ,		'''	
0	payments received on securities loans,							
	rents, royalties and income from similar	1,542,764	2,404,634	1,941,365	25,679,361		-5,108,754	26,459,370
	sources							
9	Net income from unrelated business							
-	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							_
	from the sale of capital assets (Explain in	422,936	1,086,108	2,158,032	3,207,894		2,522,510	9,397,480
	Part IV)							
11	Total Support (Add lines 7 through 10)							81,748,870
12	Gross receipts from related activities, etc	(See instruction	s)			12		7,090,666
13	First Five Years. If the Form 990 is for the	organization's fu	rst. second. thir	d. fourth, or fifth	tax vear as a 5	01(c)	(3)	
	organization, check this box and stop here		,	_,,	,	(-)		▶ ┌
Co	mputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	olumn (f))		14		55.380 %
15	Public Support Percentage for 2007 Sched	ule Δ Part IV - Δ	line 26f			15		
					= 0.1		<u> </u>	
16a	33 1/3% Test - 2008. If the organization did				1/3% or more,	cneck	this box	▶ ▽
L	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did		-		E 10 22 1/20/ 0		s chock the	•
D	box and stop here. The organization qualifies			•	.5 15 33 1/370 0	HIIOTE	, check thi	` ▶□
172	10% Facts and Circumstances Test - 2008.				3 16a or 16b a	nd lin	a 14 is 100	
1/4	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst							▶ □
ь	10% Facts and Circumstances Test - 2007.							
-	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							 ▶⊏
18	Private Foundation. If the organization did							•
	instructions		•					▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 34-6555110

Name: THE UNIVERSITY OF TOLEDO FOUNDATION

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aa	1									
				C) (check all apply)				(D)	(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
MARIANNE BALLAS , TRUSTEE	1 00	Х						0	0	0
ELIZABETH BRADY , TRUSTEE	1 00	Х						0	0	0
HOWARD BROWN , TRUSTEE	1 00	Х						0	0	0
JOAN UHL BROWNE , TRUSTEE	1 00	Х						0	0	0
ESSIE CALHOUN , TRUSTEE	1 00	Х						0	0	0
ELAINE CANNING , TRUSTEE	1 00	Х						0	0	0
GENE COLLINS , TRUSTEE	1 00	Х						24,623	0	0
NICHOLAS CONRAD , TRUSTEE	1 00	Х						0	0	0
WALLEN CRANE, TRUSTEE	1 00	Х						0	0	0
JEFFREY DENKER , TRUSTEE	1 00	Х						0	0	0
JOEL EPSTEIN , TRUSTEE	1 00	Х						0	0	0
JOHN FEDDERKE , TRUSTEE	1 00	Х						0	0	0
KATHLEEN FRANCO-BRONSON , TRUSTEE	1 00	Х						0	0	0
ROBERT HINKLE , TRUSTEE	1 00	Х						0	0	0
WILLIAM HORST, TRUSTEE	1 00	Х						0	0	0
BIRDEL JACKSON , TRUSTEE	1 00	Х						0	0	0
THOMAS KILLAM , TRUSTEE	1 00	Х						0	0	0
MILTON TONY KNIGHT , TRUSTEE	1 00	Х						0	0	0
GREGORY KOPAN, TRUSTEE	1 00	Х						0	0	0
ROBERT LACLAIR , TRUSTEE	1 00	Х						0	0	0
DANIEL LAVALLEY , TRUSTEE	1 00	Х						0	0	0
STEVE LENNEX CCIM , TRUSTEE	1 00	Х						0	0	0
BRIAN MCMAHON , TRUSTEE	1 00	Х						0	0	0
JEFFREY MILLER , TRUSTEE	1 00	Х						0	0	0
LINDA MOLENDA , TRUSTEE	1 00	Х						0	0	0
DANIEL MURTAGH MD , TRUSTEE	1 00	Х						0	0	0
RAYMOND OLCZAK , TRUSTEE	1 00	Х						0	0	0
ANNE MARIE RILEY , TRUSTEE	1 00	Х						0	0	0
FRANCIS ROGALSKI MD , TRUSTEE	1 00	Х						0	0	0
ROBERT SAVAGE , TRUSTEE	1 00	Х						0	0	0

Form 990, Part VII - Section Aaa

PRESIDENT

Offin 330/ Fart VII Section Add									
(A) Name and Title	(B) Average hours per week		tion a Institutional Trustee	chec	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DEBRA SCHAEFER , TRUSTEE	1 00	Х					0	0	0
MARK SCHAFFER , TRUSTEE	1 00	Х					0	0	0
HUSSEIN SHOUSHER , TRUSTEE	1 00	Х					0	0	0
JEFFERY SMITH , TRUSTEE	1 00	Х					0	0	0
JIM STEVES , TRUSTEE	1 00	X					0	0	0
CHARLES SULLIVAN , TRUSTEE	1 00	Х					0	0	0
LANCE TALMAGE MD , TRUSTEE	1 00	Х					0	0	0
BRENDA S LEE , PRESIDENT	40 00			Х			122,066	0	18,798
SABRINA TAYLOR , VP-FINANCE (7/1 - 3/31)	40 00			х			99,158	0	20,262
Bryan C Dadey CPA , VP-FINANCE (4/1 - 6/30)	40 00			х			0	0	0
MATTHEW SCHROEDER , VICE PRESIDENT	40 00			х			92,778	0	8,715

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** THE UNIVERSITY OF TOLEDO FOUNDATION 34-6555110 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	T	
4	Total number at and afters	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	<u> </u>	or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	- -	·
Pai	rt II Conservation Easements. Complete	ıf the organization answered "Yes" i	<u> </u>
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati	rganization (check all that apply)	n historically importantly land area
	Protection of natural habitat	Preservation of ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ified conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2Ь
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	2d	
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization during
	the taxable year ►		
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	=	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financia	d expense statement, and I statements that describes
Par	Complete of the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		· •
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$

b Assets included in Form 990, Part X

<u> Fall</u>	Organizations Maintaining Co	llections of Art,	Histo	<u>ori</u>	<u>cai ireasui</u>	res, or Otne	r Similar <i>i</i>	<u> Assets</u>	(continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	of the	foll	owing that are	a sıgnıfıcant ı	ise of its colle	ection	
а	Public exhibition		d	Г	Loan or exch	ange programs			
b	Scholarly research		e	\sqcap	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how	they	/ further the or	rganızatıon's e	xempt purpos	e ın	
5	During the year, did the organization solicity assets to be sold to raise funds rather than t						nılar	☐ Yes	i
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar	Arrangements. C	omp	lete	e if the organ		ered "Yes"	to Form	990,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermedi	ary fo	or c	ontributions oi	r other assets	not	☐ Yes	i
b	If "Yes," explain why in Part XIV and comple	ete the following table					Т		
							/	Mount	
С.	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21?					☐ Yes	i
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
4	Parimum of year balance	(a)Current Year 146,486,328	(b)⊦	rior	Year (c)Two	o Years Back (d	Three Years Bac	k (e)Fou	ir Years Back
1a	Beginning of year balance	9,680,399							
b	Contributions	-25,124,898							
с	Investment earnings or losses	3,298,225							
d	Grants or scholarships	146,322							
e	Other expenditures for facilities and programs	140,322							
f	Administrative expenses	1,749,425							
g	End of year balance	125,847,857							
2	Provide the estimated percentage of the yea	r end balance held as							
а	Board designated or quasi-endowment	47 960 %							
ь	Permanent endowment > 52 040 %								
c	Term endowment ► 0 %								
3a	Are there endowment funds not in the posse	ssion of the organizati	on th	at a	re held and ac	lmınıstered for	the		
	organization by							Ye	es No
	(i) unrelated organizations							a(i)	No
	(ii) related organizations						3	a(ii)	No
	If "Yes" to 3a(II), are the related organizatio	•						3b	
4	Describe in Part XIV the intended uses of th					V 1 4.0			
Pař	t VI Investments—Land, Building	s, and Equipment	<u>. se</u>			<u>'</u>			
	Description of investment) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Deprecia	tion (d) Book value
1a '	Land					11,970	<u>)</u>		11,970
	Buildings								
Ь	•					i .			
	Leasehold improvements		.						
c			:			619,412	2 56	5,170	54,242
c d	Leasehold improvements		•			619,412	2 56	5,170	54,242

uncertain tax positions under FIN 48

(including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		·
losely-held equity interests		
ther		
And (California (h) abouted a rocal Farms 2000, Part V, and (10) have 12.	\ <u> </u>	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	, -	
art VIII Investments—Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Part IX Other Assets. See Form 990, Part X	(, line 15.	
Part IX Other Assets. See Form 990, Part X		(b) Book value
Part IX Other Assets. See Form 990, Part X	(, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	(, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	(, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	(, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	(, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	(, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	(, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	(, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	(, line 15.	(b) Book value
Other Assets. See Form 990, Part X (a) Des	K, line 15. scription	(b) Book value
Other Assets. See Form 990, Part X (a) Des	(, line 15. scription	
otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability	(, line 15. scription	
Other Assets. See Form 990, Part X (a) Description of Liability ederal Income Taxes	ine 15.)	
otal. (Column (b) should equal Form 990, Part X, col.(B) li Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes THER ACCRUED LIABILITIES	(, line 15. scription ine 15.) irt X, line 25. (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) li Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes THER ACCRUED LIABILITIES	ine 15.) Int X, line 25. (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) li Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes THER ACCRUED LIABILITIES	(, line 15. scription ine 15.) irt X, line 25. (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) li Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes THER ACCRUED LIABILITIES	(, line 15. scription ine 15.) irt X, line 25. (b) A mount	
Other Assets. See Form 990, Part X (a) Des otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes THER ACCRUED LIABILITIES	(, line 15. scription ine 15.) irt X, line 25. (b) A mount	
Other Assets. See Form 990, Part X (a) Des otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes THER ACCRUED LIABILITIES	(, line 15. scription ine 15.) irt X, line 25. (b) A mount	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) lie Part X Other Liabilities. See Form 990, Part X, col.(B) lie (a) Description of Liability Gederal Income Taxes OTHER ACCRUED LIABILITIES	(, line 15. scription ine 15.) irt X, line 25. (b) A mount	
Other Assets. See Form 990, Part X (a) Des otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes THER ACCRUED LIABILITIES	(, line 15. scription ine 15.) irt X, line 25. (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	(, line 15. scription ine 15.) irt X, line 25. (b) A mount	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) lie Part X Other Liabilities. See Form 990, Part X, col.(B) lie (a) Description of Liability Gederal Income Taxes OTHER ACCRUED LIABILITIES	(, line 15. scription (ine 15.) (int X, line 25. (b) A mount 119,896 3,949,441	

Part X	I, Line 8 - Other Adjustments		equity transfers university of toledo	-4886	635 transfer to			
	Ident if ier	Return Reference	Explanati	on				
		Part XII, lines 2d and 4b, and Part XI						
		scriptions required for Part II, lines 3, !	5. and 9. Part III, lines 1a and 4. Pa	rt XIV	lines 1 h and 2 h			
5 Pari	XIV Supplemental Inf		III.1, II. 18)	5				
C E								
b	Other (Describe in Part XIV)		. <u> 4b </u>	_				
a	•	uded on Form 990, Part VIII, line 7b	4a					
4		0, Part IX, line 25, but not on line 1:	4-					
3	Subtract line 2e from line 1 .			3				
e o	Add lines 2a through 2d			2e				
d	Other (Describe in Part XIV)		. 2d					
c 	'	Part IX, line 25						
Ь	•	Post IV 100 25	2b					
a		acilities	2a					
2		t not on Form 990, Part IX, line 25	1 - 1					
1		raudited financial statements		1				
		xpenses per Audited Financia		T	eturn			
5		d 4c. (This should equal Form 990, Par		5				
c	Add lines 4a and 4b			4c				
b	Other (Describe in Part XIV)		4ь					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a					
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1						
3	Subtract line ${f 2e}$ from line ${f 1}$.			3				
e	Add lines 2a through 2d .			2e				
d	Other (Describe in Part XIV)		. 2d					
c	Recoveries of prior year grants	5	. 2c					
b	Donated services and use of fa	acılıtıes	. 2ь					
а		ments	. 2a					
2	· -	t not on Form 990, Part VIII, line 12						
1		r support per audited financial stateme	-	1				
Part		evenue per Audited Financial						
10	• • • • •	ies 4 - 8 per financial statements Combine line	c 3 and 9	10	-37,027,480			
9	Total adjustments (net) Add Irr	nos 1 - 8		9	-30,856,136			
8	Other (Describe in Part XIV)			8	-6,481,876			
7	Prior period adjustments			7				
6	Investment expenses			6				
5	Donated services and use of fac			5				
4	Net unrealized gains (losses) or			4	-24,374,260			
3	Excess or (deficit) for the year Subtract line 2 from line 1 3 -6,171,3							
2	Total expenses (Form 990, Part IX, column (A), line 25)							
1	Total revenue (Form 990, Part			1	13,794,639			
P <u>ar</u> t	Reconciliation of Cl	hange in Net Assets from Fori	n 990 to Financial Statemer	ıts				

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - O ther Adjustments		equity transfers university of toledo -4886635 transfer to university of toledo real estate corp -1595241

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury

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

Open to Public

lame of the organization THE UNIVERSITY OF TOLEDO	FOLINDATION					Employer identi	fication number
						34-6555110	
Part I General Inform 1 Does the organization mail the selection criteria used 2 Describe in Part IV the org	ntaın records to su to award the grant	s or assistance?	of the grants or assistar				∀ Yes
Form 990, Part I\ Part IV and Sche	/, line 21 for an [.] dule I-1 if additi	y recipient that rece onal space is	ived more than \$5,00	0. Check this box if	es. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
UNIVERSITY OF TOLEDO 2801 W BANCROFT MS 319 TOLEDO,OH 43606	34-6401483	IRC sec 115	13,566,101	0	N/A	N/A	TO SUPPORT THE UNIVERSITY OF TOLEDO IN ITS EXEMPT PURPOSE
2 Enter total number of secti	on 501(c)(3) and	government					<u> </u>
organizations							

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS - TUITION/BOOKS	1500	3,446,665	0	N/A	N/A

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE UNIVERSITY OF TO LEDO FOUNDATION'S PRIMARY MISSION IS TO RECEIVE AND ADMINISTER PRIVATE GIFTS FOR THE BENEFIT OF THE UNIVERSITY OF TO LEDO THE FOUNDATION PROVIDES ASSISTANCE FOR THE UNIVERSITY, STUDENT PROGRAMS AND STUDENT FINANCIAL AID THE FOUNDATION PROVIDES FUNDING TO THE UNIVERSITY OF TO LEDO FOR UNIVERISTY AND STUDENT PROGRAMS ON A REIMBURSEMENT BASIS UNIVERSITY DEPARTMENT OFFICIALS REQUEST FUNDS THROUGH THE COMPLETION OF THE PROPER FORMS ACCOMPANIED BY SUFFICIENT SUPPORTING DOCUMENTATION THE FOUNDATION REVIEWS THE FORMS AND DOCUMENTATION TO ENSURE COMPLIANCE WITH DONOR RESTRICTIONS AND FOUNDATION POLICIES AND PROCEDURES ALL DISBURSEMENTS ARE THEN APPROVED BY THE PRESIDENT OR VICE PRESIDENT OF FINANCE AND OPERATIONS THE FOUNDATION ISSUES ASSISTANCE (GRANTS) TO CERTAIN STUDENTS OF THE UNIVERSITY OF TOLEDO FOR SCHOLARSHIPS AND STUDENT AID THE STUDENTS ARE AWARDED THESE GRANTS THROUGH THE UNIVERSITY OF TOLEDO FINANCIAL AID DEPARTMENT THE UNIVERSITY OF TOLEDO FOUNDATION RECEIVES A LISTING OF ALL RECIPIENTS OF THE AWARDS AT THE END OF EACH SEMESTER FROM THE BURSAR OFFICE THE RECIPIENT INFORMATION IS RECORDED AND RECONCILED IN THE FOUNDATION'S FILES FUNDS ARE DISBURSED TO THE UNIVERSITY ON A REIMBURSEMENT BASIS AT THE END OF EACH SEMESTER

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OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

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

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
THE UNIVERSITY OF TOLEDO FOUNDATION

Employer identification number

34-6555110

Pa	Questions Regarding Compensation	on		I	
				Yes	No
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "	ritten policy regarding payment or reimbursement or No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t	·			
	Compensation committee	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			N.o.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
(i)								
(ii))							
(i)								
(ii))							
(i)								
(ii))							
(i)								
(ii))							
(i)								
(ii))							
(i)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
-		
	•	

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DLN: 93493138009170

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization THE UNIVERSITY OF TOLEDO FOUNDATION

Employer identification number

34-6555110

Pa	rt I Types of Property							
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	etermın	ııng	
	Art—Works of art	applicable X	2	1g 70.205	FAIR MARKET VAL	11 =		
	Art—Historical treasures .		2	70,205	FAIR MARKET VAL	U E		
3								
4	Books and publications							
_	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	39	246,262	FAIR MARKET VAL	UE		
10	Securities—Closely held stock .			·				
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous	Х	11	292,388	FAIR MARKET VAL	UE		
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
G-I-								
	IP DENT JECT -							
ENG	INEERING)	Х	13	44,025	FAIR MARKET VAL	UE		
	G-I-K-							
26	ATHLETIC Other (describe EQUIPMENT)	×	6	3 024	 FAIR MARKET VAL	LIF		
	PRORATED			5752.				
27	Other (describe <u>RENT</u>)	Х	1	8,581	FAIR MARKET VAL	UE		
28	Other (describe $\underline{\sf INSURANCE}$)	Х	1	7,151	CASH SURRENDER	VALU	E	
29	Number of Forms 8283 received which the organization complete			ar for contributions for	29			
	Acknowledgement		•			1	v l	N.
30a	During the year, did the organization hold for at						Yes	No
	least three years from the date of			not required to be used for (exempt purposes			
	for the entire holding period? .					30a		No
ь 31	If "Yes", describe the arrangemone of the organization have a gif			review of any non-standard	contributions?	31	Yes	
	Does the organization hire or us contributions?	•	-	to solicit, process, or sell i	non-cash	32a		No
	If "Yes", describe in Part II If the organization did not report	: revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			

checked, describe in Part II

Part II Supplemental Infor 32b, and 33. Also com	mation. Complete this part to property of the property of the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	1

DLN: 93493138009170

OMB No 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization
THE UNIVERSITY OF TOLEDO FOUNDATION

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990

Inspection **Employer identification number**

34-6555110

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		ELIZABETH BRADY AND JOHN FEDDERKE ARE RELATED THROUGH A PERSONAL RELATIONSHIP

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		MANAGEMENT PRESENTS THE UNIVERSITY OF TOLEDO FOUNDATION, BOARD OF TRUSTEES - FINANCE COMMITTEE WITH THE FINAL FORM 990 ALONG WITH A LIST OF MANAGEMENT ASSERTIONS REGARDING THE COMPLETENESS AND ACCURACY OF THE FORM AND THE EXISTENCE OF THE POLICIES AND PROCEDURES DOCUMENTED IN FORM 990 THE FINANCE COMMITTEE IS CHARGED TO PROVIDE THE REVIEW AND APPROVAL FUNCTION OF FORM 990 FOR THE BOARD OF TRUSTEES THE FINANCE COMMITTEE UPON APPROVAL OF THE FINAL FORM 990 PRESENTS ITS FINDINGS TO THE EXECUTIVE COMMITTEE AND BOARD OF TRUSTEES OF THE UNIVERSITY OF TOLEDO FOUNDATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c		ON AN ANNUAL BASIS, THE MEMBERS OF THE BOARD OF TRUSTEES FOR THE UNIVERSITY OF TOLEDO FOUNDATION ARE REQUIRED TO COMPLETE TRUSTEE DISCLOSURE STATEMENTS WHICH AFFIRMS EACH MEMBER RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND AGREES TO COMPLY WITH THE POLICY TRUSTEES ARE REQUIRED TO DISCLOSE ANY FAMILY AND BUSINESS RELATIONSHIPS, FINANCIAL INTEREST, AND THE STATUS OF THEIR INDEPENDENCE TRUSTEES ARE ALSO REQUESTED BY THE BOARD OR COMMITTEE CHAIR TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICTS BEFORE VOTING ON MATTERS RELATED TO AWARDING BUSINESS WITH THE FOUNDATION ALL DISCLOSURE STATEMENTS ARE REVIEWED BY THE COMMITTEE OF TRUSTEES AND MAINTAINED BY THE PRESIDENT OF THE FOUNDATION TO DETERMINE EXISTENCE OF A CONFLICT ANY DISCLOSED OR IDENTIFIED ACTUAL OR POSSIBLE CONFLICTS ARE DISCUSSED WITH THE CHAIR OF THE BOARD OF TRUSTEES AND MAY BE PRESENTED TO THE EXECUTIVE COMMITTEE FOR DISCUSSION AND RESOLUTION ANY FINANCIAL INTERESTS DISCLOSED PRIOR TO ACTION BEING TAKEN AT A MEETING SHALL BE DISCUSSED WITH THE INTERESTED PERSON THE REMAINING TRUSTEES OR COMMITTEE MEMBERS SHALL DETERMINE IF A CONFLICT EXISTS BY VOTE, AND THE RESULTS WILL BE RECORDED IN THE MINUTES THE CHAIR OR COMMITTEE MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE ARRANGEMENT IN QUESTION THE BOARD OR COMMITTEE WILL EXERCISE DUE DILIGENCE AND DETERMINE IF MORE ADVANTAGEOUS ARRANGEMENTS CAN BE REASONABLY MADE THAT WOULD NOT BE A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS OPTION IS NOT REASONABLY ATTAINABLE, THE BOARD OR COMMITTEE WILL DETERMINE BY MAJORITY VOTE IF THE ARRANGEMENT IN QUESTION TO PRESEN WILL BE AFFORDED THE OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE THE BOARD OR COMMITTEE MAY CONDUCT FURTHER INVESTIGATION IF WARRANTED THE BOARD OR COMMITTEE WILL THEN DETERMINE WHETHER A FAILURE TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST RESULTS IN DISCIPLINARY AND CORRECTIVE ACTION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE UNIVERSITY OF TOLEDO FOUNDATION BOARD OF TRUSTEES - ORGANIZATION AND COMPENSATION COMMITTEE IS CHARGED WITH THE REVIEW AND APPROVAL FUNCTION OF THE COMPENSATION OF THE PRESIDENT AND OTHER KEY EMPLOYEES OF THE FOUNDATION THE COMMITTEE UTILIZES A PROFESSIONAL SERVICE FIRM TO PROVIDE RECOMMENDATIONS OF SALARY LEVELS FOR EACH POSITION BASED ON THE CURRENT MARKET DATA FROM COMPARABLE ORGANIZATIONS AND THE POSITION'S JOB DESCRIPTION PERIODICALLY, THE COMMITTEE WILL ENGAGE THE PROFESSIONAL SERVICE FIRM TO PERFORM A COMPLETE REVIEW OF ALL FOUNDATION POSITIONS AND ADJUST THOSE SALARY LEVELS ACCORDING TO THE CURRENT MARKET DATA ALL ACTIONS OF THE COMMITTEE ARE DOCUMENTED IN THE MINUTES OF THE ORGANIZATION AND COMPENSATION COMMITTEE A REVIEW OF ALL POSITION SALARY RANGES WAS CONDUCTED IN 2009 BASED ON INDUSTRY INFORMATION AND SURVEYS BY AN INDEPENDENT INDIVIDUAL

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE UNIVERSITY OF TOLEDO FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA THE FOUNDATION'S WEBSITE AT WWW UTFOUNDATION ORG

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2		THE UNIVERSITY OF TOLEDO FOUNDATION AND ITS SUBSIDIARY UNIVERSITY OF TOLEDO FOUNDATION REAL ESTATE CORPORATION HAVE AN ANNUAL AUDIT CONDUCTED AS PART OF A CONSOLIDATED GROUP

ldentifier	Return Reference	Explanation
FORM 990, PART VII	COMPENSATION OF GENE COLLINS	TRUSTEE GENE COLLINS IS COMPENSATED BY THE UNIVERSITY OF TOLEDO FOUNDATION NOT FOR HIS WORK AS A TRUSTEE OF THE ORGANIZATION BUT AS THE EXECUTIVE-IN-RESIDENCE TO THE UNIVERSITY OF TOLEDO-COLLEGE OF BUSINESS ADMINISTRATION

DLN: 93493138009170

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** THE UNIVERSITY OF TOLEDO FOUNDATION 34-6555110

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
UNIVERSITY PROMOTIONS LTD 2801 W BANCROFT MS 319 TOLEDO, OH 43606 20-3059713	SALE OF UNIVERSITY BRANDED PRODUCTS	ОН	14,236		THE UNIVERSITY OF TOLEDO FOUNDATION
CAHS LTD 2801 W BANCROFT MS 319 TOLEDO, OH 43528 20-3212152	FACILITATE HEALTH SERVICES AT UNIVERSITY OF TOLEDO	ОН	9,060		THE UNIVERSITY OF TOLEDO FOUNDATION
MCOF ENTERPRISES LTD 2801 W BANCROFT MS 319 TOLEDO, OH 43528 20-3987651	DEVELOPMENT OF INTELLECTUAL PROPERTY AT UNIVERSITY OF TOLEDO	ОН	904,241	345,765	THE UNIVERSITY OF TOLEDO FOUNDATION

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE UNIVERSITY OF TOLEDO REAL ESTATE CORP 2801 W BANCROFT MS 319 TOLEDO, 0H43606 30-0023422	ACQUIRES AND HOLDS TITLE TO REAL PROPERTY FOR THE BENEFIT OF THE UNIVERSITY	ОН	IRC SEC 501(C)(25)	N/A	N/A
the university of toledo 2801 w BANCROFT MS 319 tOLEDO, OH43606	A PUBLIC INSTITUTION OF HIGHER EDUCATION	ОН	IRC SEC 115	N/A	N/A

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtionat allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General of managin partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Transactions with Related Organizations
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a	rt V Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	T		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			No
Ь	Gift, grant, or capital contribution to other organization(s)	,	Yes	
c	Gift, grant, or capital contribution from other organization(s)	:Т		No
d	Loans or loan guarantees to or for other organization(s)	ı		No
e	Loans or loan guarantees by other organization(s)	-Ţ		No
f	Sale of assets to other organization(s)	-		No
g	Purchase of assets from other organization(s)	,		No
h	Exchange of assets	ī		No
i	Lease of facilities, equipment, or other assets to other organization(s)	i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	iΤ		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	<u>، ا</u>		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	i		No
m	Sharing of facilities, equipment, mailing lists, or other assets	n		No
n	Sharing of paid employees	· 🗌		No
0	Reimbursement paid to other organization for expenses	,		No
р	Reimbursement paid by other organization for expenses	·T		No
q	O ther transfer of cash or property to other organization(s)	1	Yes	
r	Other transfer of cash or property from other organization(s)	٢		No
	-			

2 1	2 If the answer to any of the above is Yes, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds						
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved				
(1)	UNIVERSITY OF TOLEDO	В	17,012,766				
(2)	UNIVERSITY OF TOLEDO	Q	4,486,635				
(3)	THE UNIVERSITY OF TOLEDO REAL ESTATE CORP	Q	1,595,241				
(4)							
(5)							

Part VI Unrelated Organizations Taxable as a Partnership

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

									_					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	. D / Farms	9907 2008				