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 $_{\text{Form}}990$

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)

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

2008

Open to Public
Inspection

						_			
A Fo	or the 2	2008 ca 	lendar yea	r, or tax year beginning 07-01-2008 C Name of organization	8 and ending 06-30-200	19		D Employer i	dentification number
	eck ıf ap		Please	Oglethorpe University Inc				D Employer i	delitification fidiliber
Ad	dress cha	ange	use IRS label or	Doing Business As				58-05686 E Telephone	
_ Na	me chan	nge	print or type. See	Doing Business As				Lielephone	number
– _{Inr}	tıal retur	'n	Specific	Number and street (or P O box if mail	is not delivered to street addre	ess) Room	/suite	(404) 261	
– _{Те}	mınatıor	n	Instruc- tions.	4484 Peachtree Road NE	is not delivered to street dadre	233) (100111	, saice	G Gross rece	ipts \$ 33,572,160
_	nended r		tions.	City or town, state or country, and ZIP	. 4				
				Atlanta, GA 30319	+ 4				
Ap	plication	pending							
		Ī		ne and address of Principal Officer		H(a)	Is thi	s a group retu	rn for
				ce Schall Peachtree Road NE			affılıa	tes?	⊤Yes 🔽 No
				GA 30319		1,,,,		-6011-4	
r Ta	x-exem	pt status) (3) ◀ (insert no)	□ 527	` '		affiliates inclu	•
		·			,			o," attach a ii p Exemption N	st See instructions)
W	eb site	e: F- wwv	v oglethorp	e edu		H(c)	Giou	p Exemption i	diliber F
/ T	. of ora	t	- Cornorat	ion trust association other		I Van	. of Co.		M State of legal domicile GA
Стур	e or orga	anization	J♥ Corporat	ion trust association other		L Tea	OI FOI	mation 1835	M State of legal domicile. GA
Pa	rt I	Sumi	mary						
	1	Briefly o	lescribe th	e organization's mission or most s	ignificant activities				
ų		Institut	ion of High	er Education					
Governance									
Ĕ									
9	2	Check t	hıs box 🦵	ıf the organizatıon discontinued its	operations or disposed o	of more t	han 2	5% of its ass	ets
	3	Number	of voting r	nembers of the governing body (Pa	rt VI, line 1a)			3	40
6	4	Number	ofindepen	dent voting members of the govern	ning body (Part VI, line 1	b)		. 4	39
<u>ű</u>	5	Total nu	ımber of en	nployees (Part V, line 2a)				5	532
ACUMUES &	1			lunteers (estimate if necessary)				6	3
្				ted business revenue from Part VI				7a	-16,540
		_		ness taxable income from Form 99				7 t	
					.,		Drio	r Year	Current Year
	8	Contri	hutions and	d grants (Part VIII, line 1h)			- 110	3,558,324	
ā	9			revenue (Part VIII, line 2g)				26,030,707	28,554,904
Ravenue		-		, , , , , , , , , , , , , , , , , , , ,			<u> </u>		
H F	10			me (Part VIII, column (A), lines 3,				347,113	-3,233,173
	11			art VIII, column (A), lines 5, 6d, 8		_		-1,848,049	403,224
	12	10tair	evenue—a	dd lines 8 through 11 (must equal	Part VIII, column (A), iin	e		28,088,095	28,027,307
	13		and simila	ar amounts paid (Part IX, column (A	A), lines 1-3)			10,833,824	11,617,308
	14			or for members (Part IX, column (A				, ,	, ,
	15		•	ompensation, employee benefits (P		5-			
\$	15	10)	.s, other co	impensation, employee belients (art IX, column (A), mes			10,499,880	11,012,591
Expenses	16a	Profes	sional fund	raising fees (Part IX, column (A), l	ıne 11e)				0
Ě	ь	(Total fi	ındraising evi	penses, Part IX, column (D), line 25 ^{1,685}	,460				
ш	17	•		(Part IX, column (A), lines 11a-11	<u> </u>			10,391,406	10,457,422
	18			add lines 13–17 (must equal Part				31,725,110	
	19							-3,637,015	-5,060,014
by A	1.5	I/C A GIII	ue iess ext	penses Subtract line 18 from line :	<u> </u>	-	! "		, ,
Net Assets or Fund Balances						- Be	ginni	ng of Year	End of Year
9 4E	20	Totala	issets (Par	t X, line 16)				70,579,750	65,715,018
ŽŽ.	21	Totall	ıabılıtıes (F	Part X, line 26)				23,132,003	23,138,893
žŽ	22	Netas	sets or fun	d balances Subtract line 21 from l	47,447,747	42,576,125			
Pa	rt II	Sign	ature Blo	ock					
		Under p	enalties of pe	rjury, I declare that I have examined this	return, including accompanying	schedules	and s	tatements, and t	o the best of my knowledge
		and belo	ef, it is true, o	correct, and complete Declaration of prepare	arer (other than officer) is base	ed on all in	format	on of which prep	arer has any knowledge
Plea		****						05-14	
Sigr Her		Signa	ature of office	er .			Date		
	•		ael Horan VP						
		Туре	or print nam	e and title					
		Preparer'		1 Dedecte		Check if		Preparer's PTI	N (See Gen Inst)
Paid		signature	Kathy	J Redgate		self- empolyed	٠.		
^o rep	arer's	Firm's na	me (or yours	Brooks McGinnis & Company LLC		- ,	•		
	Only	ıf self-en	nployed), and ZIP + 4	P				EIN 🕨	
	-	auuress,	unu ZIP + 4	5871 Glenridge Dr Ste 200				Phone no 🕨	
_				Atlanta, GA 30328					
1ay	the IRS	5 discus	s this retu	rn with the preparer shown above?	(See instructions)				┌Yes ┌No

Total program service expenses \$

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

1	Briefly describe the organization Institution of Higher Education	's mission					
2	Did the organization unde the prior Form 990 or 99 If "Yes," describe these r	0-EZ?		rvices during the year	which were not listed on	┌ Yes ┌ No	
3	Did the organization ceas services?	se conducting	or make significan		ducts any program	┌ Yes ┌ No	
4	Describe the exempt pur	pose achiever ·) organizatior	ments for each of th is and 4947(a)(1) t	trusts are required to re	largest program services t eport the amount of grants d		
4a	(Code Instruction - The cost of offer University's academic progran			including grants of \$ ar ended June 30, 2009 appl	11,617,308) (Revenue \$ roxımately 783 full-tıme equıval		in the
4b	(Code Academic Support - The costs) (Expenses \$ s associated with	2,188,376 suporting the academic	including grants of \$) (Revenue \$)	
4c	(Code Student Services - The costs) (Expenses \$ of extracurncular	5,131,389 and student oriented s	including grants of \$ ervices and programs design) (Revenue \$ ned to enhance the learning env) Ironment	
4d	Other program services (Expenses \$	(Describe in 3,786,868	Schedule O) Including grants o	of\$) (Revenue \$	5,642,454)	

28,853,203 Must equal Part IX, Line 25, column (B).

Part IV	Chec	klist 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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		Νο
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		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		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	Yes	
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	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
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? <i>If "Yes," complete Schedule F, Part II</i>	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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
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		No
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	Yes	
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		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	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	Yes	
		20a	165	
D	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	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		Νo
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? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
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		Νο
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		Νo
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		Νo
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		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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 34			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	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 return			
b	If at least one is reported in 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 this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		N o
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		N o
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
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 contribution of \$75 or more?	7a		N o
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N o
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
	required?	7h		<u> No</u>
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
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			
11	Section 501(c)(12) organizations Enter			
	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		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A.	Governing	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 processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,				
1a	Enter the number of voting members of the governing body	1a	40				
Ь	Enter the number of voting members that are independent	1b	39				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νο	
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 stilled? $\ \ .$	he prior Form 990 was	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization	5		Νο			
6	Does the organization have members or stockholders?	6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a		Νο		
Ь	Are any decisions of the governing body subject to approval by members, stockhold	rother persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the				
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		Νο	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		' '	9b		Νο	
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			10	Yes		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc			11		Νο	

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	
Ь	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		No
		TOD		Νo

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed GA
- 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.

 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Michael Horan 4484 Peachtree Road NE Atlanta,GA 30319 (404) 364-8300

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	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(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)		Estimated amount of other compensation from the organization and related organizations
							-			

Part VIII Continued

	(B) Average hours per week		(ition that a			all			(E)	(F)
(A) Name and Title		Individual Trustee or Director	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
		-					_			
							-			
							\vdash			
					\vdash					
							Ļ			
1b Total							•	1,206,652	2	125,367
2 Total number of individuals (including	those in 1	a) who	recei	ved	mor	e thai	n \$1	00,000 in reportabl	e	

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►7

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes				
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 I for such						
	ındıvıdual	4	Yes				
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 J for such person	5		Νo			

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
National Management Resources PO Box 1224 113 Corporate E Dr LaGrange, GA 30241	Facilities Mangement	677,210
Landmark Landscapes 559 South Cemetery Street Norcross, GA 30071	Lanscaping	138,085
Brooks McGinnis & Company 5871 Glenridge Dr St 200 Atlanta, GA 30328	Accounting Services	181,380
Bon Appetit 91337 Collections Dr PO Box 91337 Chicago, IL 60693	Food Service	1,565,419
Total number of independent contractors (including those in from the organization and the organization).		4

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 car	npaigns 1a					,
mts nts	ь	Membership d	lues					
Contributions, gifts, grants and other similar amounts	с	Fundraising ev	1b vents 1c					
# <u>i</u> #	d	Related organ	ızatıons1d					
<u>ي</u> <u>آ</u>	e	Government grar	nts (contributions) 1e	123,742				
ution Per si	f	All other contribu	tions, gifts, grants, and not included above	2,178,610				
달	g	Noncash cont	1f ributions included in					
S S		lines 1a-1f \$						
	h	Total (Add lin	es 1a-1f)		2,302,352			
œ.				Business Code				
ЕĽ	2a	Tuition and fees			23,206,490	23,206,490		
æ Æ	Ь	Auxiliary services	·		5,348,414	5,348,414		
- G	c							
že.	d							
3	e							
Program Serwoe Revenue	f		ram service revenue					
	g	► \$ 28,554,90	es 2a-2f)4					
	3	Investment in	come (including divi	dends, ınterest				
		other sımılar a	amounts)		427,202			427,202
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
	5	Royalties .			0			
		,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	, ,	ome or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	1,354,871	54,490				
		assets other than inventory						
	ь	Less cost or other basis and	5,011,886	57,850				
	c	sales expenses Gain or (loss)	-3,657,015	-3,360				
	d	Net gain or (lo	oss)	. •	-3,660,375			-3,660,375
	8a		from fundraising					
Other Revenue		\$ of contributior 1c) See Part	ns reported on line IV, line 18					
ě			le G ıf total exceeds					
Ē	ь							
ф	c		xpensesb (loss) from fundraisi	ına events	0			
0	9a			b				
	34	Gross income activities See Complete Sche exceeds \$15,00	e part IV , line 19 dule G if total 00					
			a					
	c c		xpensesb r (loss) from gaming a	activities •-	0			
	10a	Gross sales o returns and al						
	ь	less cost of	a goods sold b	584,301 475,117				
	c		goods sold b r (loss) from sales of	· · · · · · · · · · · · · · · · · · ·	109,184		-16,540	125,724
		Miscellaneou		Business Code				
	11a	Other income			294,040	294,040		
	ь							
	С							
	d	All other reve	nue					
	e	Total. Add line						
	12	Tatal D	_ A	\$ 294,040	28,027,307	28,848,944	-16,540	-3,107,449
	12	8c,	e. Add lines 1h, 2g, 3 11e		20,027,307	20,040,344	- 10,340	2,107,449

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
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	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,617,308	11,617,308						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	833,255	387,183	152,178	293,894				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	8,707,157	7,224,328		592,087				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	174,247	144,572	17,826	11,849				
9	Other employee benefits	628,379	521,366	64,283	42,730				
10	Payroll taxes	669,553	555,528	68,495	45,530				
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	72,187		72,187					
c	Accounting	204,500		204,500					
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	59,797		59,797					
g	Other	1,716,242	1,423,966	175,572	116,704				
12	Advertising and promotion	167,898	139,305	17,176	11,417				
13	Office expenses	462,736	383,932	47,338	31,466				
14	Information technology	0	,	,	,				
15	Royalties	0							
16	Occupancy	958,792	795,510	98,084	65,198				
17	Travel	444,504	368,805	45,473	30,226				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	300,003	13,173	30,220				
19	Conferences, conventions and meetings	33,767	28,017	3,454	2,296				
20	Interest	619,726	514,187	63,398	42,141				
21	Payments to affiliates	0	,	,	_ ,, _				
22	Depreciation, depletion, and amortization	1,922,523	1,597,650	195,153	129,720				
23	Insurance	217,390	180,368	22,239	14,783				
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	Recruitment	543,959	451,323	55,647	36,989				
b	Printing and Publications	228,983	189,987	23,425	15,571				
c	Food Service	1,334,388	1,107,142	136,508	90,738				
d	Equipment and Maintenance	639,934	530,953	65,465	43,516				
e	Dues and subscriptions	173,145	143,658	17,713	11,774				
f	All other expenses	656,951	548,115	52,005	56,831				
25	Total functional expenses. Add lines 1 through 24f	33,087,321	28,853,203	2,548,658	1,685,460				
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	33,007,321	20,033,203	2,3 10,030	1,000,100				

Part X	Balance	Shoot
	Balance	Sneer

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				83,160	1	190,106
	2	Savings and temporary cash investments					2	0
	3	Pledges and grants receivable, net		2,809,208	3	2,206,114		
	4	Accounts receivable, net				1,479,309	4	2,121,965
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L			oyees or		5	0
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of 3					6	0
	7	Notes and loans receivable, net					7	0
	8	Inventories for sale or use				224,764	8	238,466
ø,	9	Prepaid expenses and deferred charges				1,085,128	9	1,133,537
ssets	10a						_	
Ass		Land, buildings, and equipment cost basis	10a		72,020,509			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		28,360,056	44,640,688	100	43,660,453
	11	Investments—publicly traded securities			20,000,000	16,813,073	11	13,522,229
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII	• of	•	10,010,070	12	0
	13	Schedule D Investments—program-related See Part IV, line 11 Complete Part of Schedule D .	art VII	I			13	0
								0
	14	Intangible assets				3 444 420	14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		3,444,420	15	2,642,148		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				70,579,750	16	65,715,018
	17	Accounts payable and accrued expenses .				1,867,796	17	2,434,903
	18	Grants payable					18	
	19	Deferred revenue				200,001	19	1,137,953
	20	Tax-exempt bond liabilities				13,800,000	20	13,150,000
G G	21	Escrow account liability Complete Part IV of Schedule D	_	_		, ,	21	12,467
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						·
Ē		persons Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated third parties				6,748,507	23	5,887,871
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D		515,699	25	515,699		
	26	Total liabilities. Add lines 17 through 25				23,132,003	26	23,138,893
		Organizations that follow SFAS 117, check here ► ✓ and comp	lete li	nes 2	27			
У		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets		28,986,993	27	26,468,904		
<u>8</u>	28	Temporarily restricted net assets		4,634,134	28	2,168,673		
Ξ	29	Permanently restricted net assets		13,826,620	29	13,938,548		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	•					
S Of	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
200	32	Retained earnings, endowment, accumulated income, or other fu		-	-		32	
Net /	33	Total net assets or fund balances				47,447,747	33	42,576,125
ź	34	Total liabilities and net assets/fund balances				70,579,750		65,715,018
Da	~+ VT	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			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	b Were the organization's financial statements audited by an independent accountant?			
С	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	Yes	
3a	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	Yes	
h	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493134012170

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

Ogleth	orpe U	niversity Inc										
									58-0568698			
	rt I			harity Status (to be con	•				Instruct	ions)		
	rganı	ization is not a private foundation because it is (Please check only one organization)										
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u> </u>			t ion 170(b)(1)(A)(ii). (Attac								
3	<u> </u>	•	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4	ı	A medical i	research organi	zation operated in conjuncti	on with a h	hospital d	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the	
			name, city, and									
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ibed in Se	ct ion 170((b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	eral public	
		described i	n Section 170(l))(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	s, and gross	
		receipts fro	om activities re	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Γ	•	•	and operated exclusively fo		, ,			,	•	, ,	
				orted organizations describe						Section 5	09(a)(3). Check	
			it describes the ype I b	type of supporting organiza			nes lle t nally Integ		n d	□ Type	III - Other	
e	\vdash	·	• •	rtify that the organization is								
•	,	•	-	agers and other than one or			•			•	· ·	
		section 50			•	, , ,	J					
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,	
-		check this		as the organization accepted	d any gift i	or contrib	ition from	any of the			ı	
g		following pe		as the organization accepted	u any gni	or continu		any or the	•			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following infori	nation about the organizatio	ns the org	janization	supports					
		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	_	ation in	_	nızatıon		ation in .	support?	
1	Organ	nization		above or IRC section (See Instructions)	col (i) l your go		in col (i supp) of your		rganized US?		
				(See Histractions)		nent?	յ Տարբ	,011.	"" ""	03,		
					Yes	No	Yes	No	Yes	No	-	

Total

Part II	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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	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							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

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

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

► 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.

Supplemental Financial Statements

Employer identification number Name of the organization Oglethorpe University Inc 58-0568698 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

►\$

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

350,300

1,293,850

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

'a r	Organizations Maintaining Collections of A	irt, His	tori	<u>cal Treasi</u>	ires, or Othe	<u>r Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and other records, check in items (check all that apply)	any of th	ne foll	owing that ai	re a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	~	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and exp Part XIV	plaın hov	w they	further the	organızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained a						Yes	√ No
Pai	t IV Trust, Escrow and Custodial Arrangement				anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an amount on Form							
1a	Is the organization an agent, trustee, custodian or other inter included on Form 990, Part X?	mediary	for c	ontributions	or other assets 1		Yes	√ No
b	If "Yes," explain why in Part XIV and complete the following t	able						
						A mo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X,	lıne 21?				▽	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organizat							
	(a)Current Year Beginning of year balance)Prior	Year (c)T	wo Years Back (d)	Three Years Back (6	≘) Four Y	ears Back
la L								
b	Contributions							
c d	Grants or scholarships							
u e	Other expenditures for facilities -1,129,8	 855						
Č	and programs							
f	Administrative expenses							
g	End of year balance 16,170,0	007						
2	Provide the estimated percentage of the year end balance hel	ld as						
а	Board designated or quasi-endowment 🕨 14 000 %							
ь	Permanent endowment 🕨 86 000 %							
c	Term endowment 🕨							
3a	Are there endowment funds not in the possession of the organ	nization	that a	re held and a	admınıstered for	the		
	organization by					2-(:)	Yes	No
	(i) unrelated organizations					3a(i) 3a(ii)	1	No No
ь	(ii) related organizations					Sa(II)	1	No
1	Describe in Part XIV the intended uses of the organization's e				· · · ·	35		
a i	t VI Investments—Land, Buildings, and Equipm				art X, line 10.			
	Description of investment		(a)	Cost or other (Investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
la	Land		1	394,885	3,309,802			3,704,68
	Buildings			, -	55,890,333	18,909,774		6,980,559
	Leasehold improvements				,	. ,		· · ·
	Equipment							
e	Other				12,425,489	9,450,282		2,975,207

43,660,453

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
		0000010110110101	you. Markot value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II			(h) Book walu-
(a) Descri	μειστι		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part X	T.		
(a) Description of Liability Federal Income Taxes	(b) A mount		
Due to other Federal Programs	3,366		
Due to Federal Government	512,333		
Due to redefai dovernment	512,555		
	1		
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	515,699		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,027,307
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,087,321
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,060,014
4	Net unrealized gains (losses) on investments	4	188,392
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	188,392
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,871,622
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	17,013,711
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	663,509
3	Subtract line 2e from line 1	3	16,350,202
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 59,797		
Ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	11,677,105
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	28,027,307
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	1 1	21,885,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		21,003,333
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV) 2d 475,117		
e	Add lines 2a through 2d	2e	475,117
3	Subtract line 2e from line 1	3	21,410,216
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 59,797		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	11,677,105
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	33,087,321
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Ret urn Reference	Explanation
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Scholarship and financial aid \$11617308
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Cost of goods sold \$475117
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Scholarship and financial aid \$11617308
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Unrealized gain on investments \$188392 Cost of goods sold \$475117
Part V , Line 4	Part V, Line 4 Intended uses of the endowment fund	The University's endownment consists of approximately 106 individual funds established for a variety of purposes, however, the majority of the endowed funds were established to provide academic scholarships for students
Part IV, Line 2b	Part IV, Line 2b Explanation of escrow account liability	Charitable Lead Trust where the University is the Trustee of the funds and results in a liability
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	The works that are in the Permanent Collection have become part of our university's endowment. As such, they represent an investment which, in the future, will be considered not only a special cultural asset for the university and the community, but one which will grow both in importance and value as well Among our collection are paintings by contemporary realist painters such as Richard Maury, D. Jeffrey Mims and Francisco Roa, rare family photographs of Claude Monet at Giverny, and an original engraving of Victor Hugo by sculptor August Rodin. Recent gifts and acquisitions include watercolors by Francis Augustus Silva and Sondra Freckelton, Chad Awalts finely carved torso, and Gail Wegodskys oil interior scene Oglethorpe University Museum of Art (OUMA) is a unique and valuable resource for all students, especially art students. Since OUMA is the only small liberal arts university museum in the entire Southeast which regularly shows nationally and internationally recognized exhibitions, it offers OU students the advantage of seeing international culture first hand within steps of their classrooms. This direct, personal experience of art enlightens the viewer and complements information presented in books and slides. Many alumni continue to cherish their experiences in our Museum long after graduation. OUMA is a rare asset on campus, facilitating the university in fulfilling its goal of providing a high level of liberal arts education.

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization

Employer identification number

Oglethorpe University Inc 58-0568698 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? No_ 5c d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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

DLN: 93493134012170

OMB No 1545-0047

2008

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

Oglethorpe University Inc						58-0568698	
 Does the organization m the selection criteria use Describe in Part IV the organization m Part II Grants and Ot Form 990, Part 	aintain records to sed to award the grand organization's proceeds. Sher Assistance IV, line 21 for ar	nts or assistance? edures for monitoring the e to Governments ny recipient that rece	t of the grants or assista 	he United States in the United Sta	tes. Complete if the of	rganization answere	d "Yes" on
	edule I-1 ıf addı					. ▶ ▽	
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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•		
							<u> </u>
For Paperwork Reduction Act No	tice, see the Instruct	ions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

art III	Grants and Other Assistance to Individuals in the United States	Complete if the organization answered "Yes" on Fori	m 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
Student Assistance	820	11,617,308			

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
Grantmaker's Description of How Grants are Used		Each year Oglethorpe offers a variety of scholarships recognizing achievement in academics and the potential to contribute to campus life. Over 80% of applicants to the university typically qualify for some sort of merit award from Oglethorpe Academic scholarship review occurs automatically in the admission process and is based on the credentials presented in the application for admission. Students must be admitted to the university to receive a merit award

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OMB No. 1545 0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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.

2008

Open to Public Inspection

Name of the organization
Oglethorpe University Inc

Employer identification number

58-0568698

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		iny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "			1b		
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executiv	e Direct	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t	that appl	ly			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	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		Νo
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,"	,	, ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	·	8		No

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)(I)-(III) 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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
				(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Peter Rooney	(1) (11)	138,674		7,662	10,727	7,023	164,086		
Marilyn M Fowle	(1) (11)	124,886		13,973	10,245	6,795	155,899		
Lawrence Schall	(1) (11)	290,271		36,000	19,117	7,027	352,415		
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(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: 93493134012170

OMB No 1545-0047

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Schedule L **Transactions with Interested Persons**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

	f the organization be University Inc					E	mploy	er ide	ntifica	tion nu	ımber	
ogiculor	Se offiversity the					5	8-056	8698	3			
Part I						l) organı	zatıoı	ns on	ıly).			
	To be completed by organization	ns that answered "Ye	s" on Form 9	90, Part IV	, line 2	25a or 251	o, or F	orm 9	90-EZ			
1	(a) Name of disqualifie	d person	son (b) Description of tran			n of trans	nsaction				(c) Correct	
											Yes	No
										_		
										_		
										-		
	ter the amount of tax imposed on the tion 4958				ons di	iring the y	earui 	_	s			
	ter the amount of tax, if any, on lir								\$			
Part I	,			amzation i								
raicz	To be completed by organiza			n 990, Part	IV, lın	e 26, or F	orm 9	90-E	Z, Part	V , line	38a	
	· · · · ·	(b) Loan to or		,		·			(f			
(a) N	lame of interested person and	from the					due default? by boar committe		Approved		d or agreement?	
(,	purpose	organization?	amount		(d)Balance due							
		To From										No
otal				▶ \$								
Part II	Grants or Assistance B To be completed by organ				90 D:	art TV lir	ne 27					
	<u> </u>	(b)Relationsh										
(a) Name of interested person	_ · · ·	d the organiza	•		(c) A m	ount	of gra	nt or ty	pe of a	ssista	nce
Dowl-E	V Duginga Turna ati	Tanaliia - Tati	alad Day									
Part I	Business Transactions To be completed by organ				90. Pa	art IV. lir	ne 28	a. 28	b or	28c.		
	. o so completed by organ	(b) Relationsh		2 1 0.1 3	<u> </u>		.5 20	_, _0	-, 0.	-	e) Sha	rıng of

(a) Name of interested person (d) Description of transaction revenues? person and the transaction organization Yes Joseph P Shelton Board Trustee 17,227 Legal Services Νo

between interested

(c) A mount of

organization's

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Non-Cash Contributions

Internal Revenue Service Name of the organization Oglethorpe University Inc

Employer identification number

5.04	,,				58-0568698			
Pa	rt I Types of Property							
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermi	nıng	
1	Art—Works of art	Х	1	350,300	Expert opinion			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	1	3,312	FM V			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)				<u> </u>			
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date o			not required to be used for ϵ	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or use contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
ь	If "Yes", describe in Part II							
33	If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) IS			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30 32b, and 33. Also complete this part for any additional information.									
Identifier	ReturnReference	Explanation							
240111111	Notal III Colored	Explanation							
	1	1							

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► 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.

OMB No 1545-0047
2008
Open to Public

Inspection

Name of the organization
Oglethorpe University Inc

Employer identification number
58-0568698

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Oglethorpe University does not make any of these documents public. The financial information can be obtained through the Form 990. The Form 990 is available upon request at Oglethorpe University.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Board of Trustees approve the cabinet position salaries which includes positions such as the President and Vice Presidents of the University Salaries are compared to independent data at NACUBO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	All board members are asked to annually sign a Confilct of Interest Agreement Board members are asked to disclose any conflicts Conflicts that do arise are usually resolved by asking a Board member to recuse from voting or some other arrangement determined by the Chair of the Board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	The Executive Committee reviews and approves the Form 990 before it is submitted to the IRS

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Auxiliary Services - The costs of activities associated with the support of the campus and residential community

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DLN: 93493134012170

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

		•	See separate instruction	s. 🕨 Attach	to your tax re	et urn.			Attachment Sequence No. 67
Name(s) sho	wn on return		Business or a	activity to which	this form rel	ates	Iden	t if ying	g number
Oglethorpe U	niversity Inc		D				F0 0		0.0
Part I	Flection	To Evnence (Certain Property Un	schedules only			58-0	5686	98
I WILL		•	isted property, comple			nplete Par	t I.		
1 Maxımum	amount See	the instructions	for a higher limit for cert	taın busınesses				1	\$ 250,000
2 Total cos	t of section 1	79 property plac	ced in service (see instru	ictions) .			. [2	
3 Threshold	d cost of sect	ion 179 property	y before reduction in limit	atıon (see ınstr	uctions) .		. [3	\$ 800,000
4 Reduction	n ın lımıtatıon	Subtract line 3	from line 2 If zero or les	s, enter -0-				4	
5 Dollar lım	iitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter -0	0- If married	filing			
separatel	y, see instruc	tions						5	
									1
	(a) D	escription of pro	perty	` '	(business us only)	(c) Ele	ected	cost	
6					•, ,				1
									7
7 Listed pro	operty Enter	the amount from	ı lıne 29		. 7				
8 Total elec	cted cost of s	ection 179 prop	erty Add amounts in col	umn (c), lınes 6	and 7 .			8	
9 Tentative	deduction E	nter the smaller	of line 5 or line 8 .					9	
10 Carryove	r of disallowe	d deduction from	n line 13 of your 2007 Fo	rm 4562 .				10	
11 Business ind	come limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions)		-	11	
12 Section 1	79 expense o	deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11 ·		•	12	
13 Carryove	r of disallowe	d deduction to 2	009 Add lines 9 and 10,	, less line 12	.▶ 13				
			below for listed proper						
Part II		_	Allowance and Othe	_	_			operty	y) (See instructions)
	epreciation al (see instruction		lified property (other thar	listed property) placed in se	ervice durin	g the	14	
·	•	ction 168(f)(1) e	election				.	15	
	-	cluding ACRS)						16	1,907,649
Part III			Do not include listed p	property.) (Se	e instructio	ns.)			, ,
			Se	ection A		•			
17 MACRS d	leductions for	assets placed ı	n service in tax years be	gınnıng before 2	. 800			17	
•	_		ssets placed in servic	e during the t	ax year into	one or m	1 <u>ore</u>		
		ınts, check hei				!			
Secti	on B—Ass	ets Placed in 	(c) Basis for	08 Tax Year 	Using the	General	Depr	<u>recia</u>	tion System
(a) Class	ıfıcatıon of	(b) Month and	1	(d) Passuaru					(m)Denrequetion
. ,	incation of erty	year placed in	(business/investment	(d) Recovery period	(e) Convent	:ion (f)	Metho	d	(g) Depreciation deduction
		service	use only—see instructions)	·					
19a 3-year p	roperty								
b 5-year p	roperty								
c 7 - year pı	roperty								
d 10-year									
e 15-year									
f 20-year g 25-year				25 yrs			5/L		
h Resident				27 5 yrs	ММ		5/L		
property				27 5 yrs	ММ		5/L		
i Nonresıde	ential real			39 yrs	ММ	9	5/L		
property					MM	9	5/L		
20 61 17		n C—Assets Plac	ced in Service During 2008	8 Tax Year Using	g the Alterna			Syste	em
20a Class life	2	-		12			S/L		
b 12-year c 40-year				12 yrs 40 yrs	ММ		S/L S/L		
Part IV	Summar	r y (See instrud	ctions)	1 .5 ,15	1 1000		-,-		
		amount from line						21	
		,	14 through 17, lines 19 urn Partnerships and So			e 21 Enter	here	22	1,907,649
			service during the curren	it year, enter the					
portion of	the basis att	ributable to sect	tion 263A costs		23				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment deduction vehicles first) basis Convention service use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 4 Vehicle 1 Vehicle 3 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use No No Yes No No No Yes Yes Yes Yes Yes No during off-duty hours? . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e)

(d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 14,874 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID: Software Version:

EIN: 58-0568698

Name: Oglethorpe University Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C lion (d hat a	chec		I			(E)	(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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Yetty L Arp , Trustee	1 00	Х						0	0	0	
William A Emerson , Trustee	1 00	Х						0	0	0	
Warren Y Jobe , Trustee	1 00	Х						0	0	0	
Victoria Weiss , Prof English	40 00					Х		100,190	0	11,394	
Trıshanda Treadwell , Trustee	1 00	Χ						0	0	0	
Timothy P Tassopoulos , Trustee	1 00	X						0	0	0	
Timothy Doyle , VP Comm Life	40 00			Χ				89,019	0	9,946	
Thomas P O'Connor , Trustee	1 00	Х						0	0	0	
Terry White , Trustee	1 00	Х						0	0	0	
Tad M Hutcheson , Trustee	1 00	Х						0	0	0	
Susan M Soper , Secretary	1 00	Х						0	0	0	
Stephen Herschler , Provost	40 00			Χ				94,215	0	9,863	
S Tammy Pearson , Trustee	1 00	Х						0	0	0	
Robert E Reiser Jr , Trustee	1 00	X						0	0	0	
Robert E Bowden , Trustee	1 00	Х						0	0	0	
Robert A Milford , Trustee	1 00	X						0	0	0	
RD Odom Jr , Trustee	1 00	X						0	0	0	
Peter Rooney , VP Development	40 00			Χ				146,336	0	17,750	
Patricia Upshaw-Monteith , Trustee	1 00	Х						0	0	0	
Pamela L Tremayne , Trustee	1 00	X						0	0	0	
Norman P Findley III , Vice Chair	1 00	Х						0	0	0	
Milton C Clipper , Trustee	1 00	Х						0	0	0	
Mıchael Rulison , Prof	40 00					Х		102,454	0	14,749	
Michael Horan , VP Bus & Fin	40 00			X				0	0	0	
Martha Laird Bowen , Trustee 1		Х						0	0	0	
Marilyn M Fowle , VP Bus and Finance							Х	138,859	0	17,040	
Lucy Leusch , VP Admissions	40 00			Х				107,674	0	11,182	
Lawrence Schall , President	40 00			Х				326,271	0	26,144	
Laura Turner Seydel , Trustee	1 00	Х						0	0	0	
Kevın D Fıtzpatrıck Jr , Trustee	1 00	Х						0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
			(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) A verage 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
Ken S Yarbrough , Trustee	1 00	Х						0	0	0
Joseph P Shelton , Trustee	1 00	Х						0	0	0
John F A gel , Trustee	1 00	Х						0	0	0
James V Hartlage Jr , Trustee	1 00	Х						0	0	0
James J Hagelow , Trustee	1 00	Х						0	0	0
Jack Guynn , Board Chair	1 00	Х						0	0	0
J Lewis Glenn , Trustee	1 00	Х						0	0	0
J Cleve Hıll , Trustee	1 00	Х						0	0	0
Harald R Hansen , Treasurer	1 00			Х				0	0	0
G Douglass Alexander , Trustee	1 00	Х						0	0	0
Dr William O Shropshire , Trustee	1 00	Х						0	0	0
Dr Kenneth K Hutchinson , Trustee	1 00	Х						0	0	0
Dr G Gilman Watson , Trustee	1 00	Х						0	0	0
David C Garrett III , Trustee	1 00	Х						0	0	0
Christian Benton , Prof Acct	40 00					Х		101,634	0	7,299
Cemal Ozgorkey , Trustee	1 00	Х						0	0	0
Bob T Nance , Trustee	1 00	Х						0	0	0
Belle Turner Lynch , Trustee	1 00	Х						0	0	0
Arnold B Sıdman , Trustee	1 00	Х						0	0	0
Anıta S Patterson , Trustee	1 00	Х						0	0	0