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# Form **990**

Department of the Treasury

### **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

2009

Open to Public Inspection

	Revenue -			<b>3</b>	,			Inspection
			endar yea	r, or tax year beginning 01-01-20 C Name of organization	09 and ending 12-31-200	9	D Employer ide	entification number
_	eck if ap fress cha	pplicable	Please use IRS	Old Dominion University Educational	Foundation		54-605201	
_	ness cir	_	label or print or	Doing Business As			E Telephone n	
_	al retur	_	type. See				(757) 683-	6959
_			Specific Instruc-	Number and street (or P O box if ma 4417 Monarch Way 4th Floor	all is not delivered to street addre	ess) Room/suite	<b>G</b> Gross receipts	\$ 31,790,875
_	minated		tions.	,				
_	ended r			City or town, state or country, and Z Norfolk, VA 23529	IP + 4			
App	olication	pending		·				
				ne and address of principal office	r		- ıs a group retur	
				RD A MASSEY 1onarch Way 4th Floor		affilia	ites?	⊤Yes 🔽 No
			Norfolk	,VA 23529		H(b) Are al	l affiliates includ	ted?
								(see instructions)
Ta	x-exem	pt status	<b>✓</b> 501(c)	) ( 3 ) ◀ (ınsert no )	or   527	H(c) Grou	ıp exemption nı	umber ►
W	ebsit e	<b>: ►</b> N/A						
Forr	n of org	janization	Corporat	tion Trust Association Other	501(c)(3)	L Year of fo	rmation 1955	M State of legal domicile VA
	rt I	Sumn					L	•
				e organization's mission or most				
	I			University Educational Foundati ly in furtherance of the education		,		funds and property of
2		all Killus	exclusive	my in furtherance of the education	iai activities and objective	s of O la Dollill	non oniversity	
5								
<u> </u>								
aoremanos	2	Check th	nis box 🛏	if the organization discontinued	l its operations or disposed	l of more than	25% of its net	assets
	3	Number	of voting r	members of the governing body (F	Part VI, line 1a)		3	4
ĵ U	4	Number	ofındepen	ndent voting members of the gove	erning body (Part VI, line 1	b)	. 4	44
	5	Total nu	mber of en	nployees (Part V , line 2a)			5	i
Avumues a				olunteers (estimate if necessary)			6	5
				ted business revenue from Part \			7:	a
	1	_		ness taxable income from Form 9			7	
					<u>·</u>	Prio	or Year	Current Year
	8	Contrib	utions and	d grants (Part VIII, line 1h) .			4,916,898	3,722,536
₫	9			revenue (Part VIII, line 2g)		.,,	0	
Revenue	10			ne (Part VIII, column (A), lines 3		1,015,759	-1,708,982	
æ	11			art VIII, column (A), lines 5, 6d,			1,581,872	1,358,860
	12			dd lines 8 through 11 (must equa		e l	1,001,012	
				<u> </u>			7,514,529	3,372,414
	13	Grants	and simila	ar amounts paid (Part IX, column	(A), lines $1-3$ )			7,028,691
	14	Benefit	s paid to c	or for members (Part IX, column (	A), line 4)			0
ø	15		s, other co	ompensation, employee benefits	(Part IX, column (A), lines	5 –	919 606	964 306
φ <u>σ</u>		10)		(A)	Long M. M. a. N		818,696	864,306
Expenses	16a			raising fees (Part IX, column (A)				0
ठ	b			enses (Part IX, column (D), line 25) 🛌				
	17			(Part IX, column (A), lines 11a–1			11,339,533	1,793,550
	18			Add lines 13–17 (must equal Pai			12,158,229	9,686,547
	19	Revenu	ie less exp	penses Subtract line 18 from line	212		-4,643,700	-6,314,133
5 9 C							g of Current 'ear	End of Year
ner Assers or Fund Balances	20	Totala	ssete (Da	rt X, line 16)			141,536,060	157,099,507
d B	21			Part X, line 26)			24,671,993	27,519,347
F 6	22		-	d balances Subtract line 21 fron			116,864,067	129,580,160
	22 13 0 1		ature Blo				110,004,007	129,300,100
ı C				ock rjury, I declare that I have examined th	is return, including accompanying	schedules and st	tatements and to	the hest of my knowledge
				correct, and complete Declaration of pre				
Sign		*****		ar.			08-16	
lere	=	▼ Signa	ture of office	51 -		Date		
			ARD A MASS or print nam	EY ASSISTANT TREASURER				
		▼ Type	or print nam	ic and title			T	
		Preparer's		E Crouse		Check if self-	Preparer's identi	
Paid		signature	Caron	L CIOUSE		empolyed •	(see instructions	?)
repa	arer's		me (or your	s GOODMAN & COMPANY LLP		•	- FTM -	
Jse (	Only	ıf self-em address.	ployed), and ZIP + 4	ONE COMMERCIAL PLACE SUITE 80	00		EIN Þ	
					·•		Phone no ▶ (7	757) 624-5100
1 '	he ID	C dic	c +b.c ==±	norfolk, va 23510	2 (coo instructions)		1	Vas ENo
コ\/ t		- 446646	OLC PATH	proparor chown above				

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

WAS ESTABLISHED TO RECEIVE, ADMINISTER, AND DISTRIBUTE FUNDS AND PROPERTY OF ALL KINDS EXCLUSIVELY IN FURTHERANCE OF THE EDUCATIONAL ACTIVITIES AND OBJECTIVES OF OLD DOMINION UNIVERSITY

	Did the organization	undertake any ejenificant n	roarsm coruses during the weer whi	sh ware not listed on	
2		or 990-EZ?	rogram services during the year which		Yes 🔽 No
	If "Yes," describe th	nese new services on Schedu	ıle O		
3	_	<del>-</del> '	significant changes in how it conduct		Yes ✓ No
	If "Yes," describe th	nese changes on Schedule O			
4	Section 501(c)(3) a	and 501(c)(4) organizations	each of the organization's three largo and section 4947(a)(1) trusts are re venue, if any, for each program servi	equired to report the amount	
4a	(Code	) (Expenses \$	7,115,884 including grants of \$	) (Revenue \$	3,544,335 )
	THE FOUNDATION PRO SUPPLEMENTAL FUNDS FACULTY RESEARCH	OVIDES SUPPLEMENTAL FUNDS TO F S ARE USED TO PROVIDE STUDENT	EXCLUSIVELY TO SUPPORT THE MISSION, CHELP DEFRAY OPERATING COSTS OF ACADEN AND FACULTY SCHOLARSHIPS/AWARDS, EMFUNDING FOR UNIVERSITY DEVELOPMENT, CO	MIC DEPARTMENTS AND SPECIAL P INENT SCHOLAR PROFESSORSHIP:	PROJECTS THE S, FACULTY SALARIES, AND
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4c</b>	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
<b>4c</b>	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4c</b>	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4c</b>	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4c</b>	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	Other program ser	vices (Describe in Schedule	20)		
		vices (Describe in Schedule	20)	) (Revenue \$	)

		•			
Part IV	Che	ecklist	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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	İ	İ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	j	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 line 25	24a		No
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2009)

orm	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable	1		
		1		
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		<u> </u>
	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	-		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
	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	Yes	
	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

4417 Monarch Way 4th Floor

Norfolk, VA 23529 (757) 683-4524

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 42			
ь 2	Enter the number of voting members that are independent 1b 42  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee have a family relationship or a business relationship with any	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?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
100	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►VA			
18	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			
19	Own website Another's website Vupon request  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	ne orga	nızatıor	ı <b>-</b>
	Director of Foundation Accounting			

### Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page <b>8</b>
1b	Total	585		230,354
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	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 I for such person	5		No
S	ection B. Independent Contractors			
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	$\equiv$	<b>(C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm <b>99</b> 0	<b>)</b> (2009)

Form 99			f D					Page <b>9</b>
Part	<b>/</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$ #	1a	Federated cam	paigns 1a					
<u>ga</u>	b	Membership du	es <b>1b</b>					
ું.⊞	c	Fundraising eve	ents <b>1</b> c					
<u>#</u> _≅	d	Related organiz	ations 1d					
žĘ.	e	Government grants						
atío er.∜	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> of included above	3,722,536				
돌 돌	g	0.0	butions included in					
Contributions, gifts, grants and other similar amounts	h		9,765 	▶	3,722,536			
<u>Q 46</u>	<del>  "</del>	Total: Add filles			-,,			
E E	2a			Business Code				
Program Serwce Revenue	ь	-						
or Œ								
2	d							
ď,	e							
la l	f	All other progra	ım service revenue					
٥	g	Total Add lines	s 2a-2f	<u> </u>				
	3		ome (including divident					
			aramounts)		654,621	654,621		
	4	Income from inves	tment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties						
		Carre Branks	(ı) Real	(11) Personal				
	6a   b	Gross Rents Less rental						
	_ 	expenses Rental income						
		or (loss)						
	d	Net rental incol	me or (loss) (ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	26,054,858	(ii) o thei				
	ь	than inventory Less cost or	28,418,461					
		other basis and sales expenses						
	c	Gain or (loss)	-2,363,603	_				
	d		s)		-2,363,603	-2,363,603		
eune	8a	Gross income f events (not inc						
Other Revenue		See Part IV, lin						
Ě	Ь		penses b	events ►				
J	c 9a		loss) from fundraising e rom gaming activities	events				
		See Part IV , lin	e 19 <b>a</b>					
	b		penses <b>b</b> loss) from gaming activ					
	10a	Gross sales of returns and allo	inventory, less	vicies				
	١.		a .					
	b   с		oods sold <b>b</b> loss) from sales of inve	entory ►				
	Ė	Miscellaneous		Business Code				
	11a	Investment Ma		523,000	1,353,710	1,353,710		
	ь	Lıfe Insurance		524,113	5,150	5,150		
	С							
	d	All other reven						
	е	Total. Add lines	s 11a-11d		1,358,860			
	12	Total revenue.	See Instructions	▶	3,372,414	-350,122	0	0

### Part IX Statement of Functional Expenses

Do ne	ll other organizations must complete column (A) but are not required to ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
	<u> </u>	. ctar expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,028,691	7,028,691		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	864,306		864,306	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	7,105	5,000	2,105	
c	Accounting	10,681		10,681	
d	Lobbying	50,400		50,400	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	31,931	23	31,908	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,684		6,684	
20	Interest	17,514		17,514	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,645	7,645		
23	Insurance				
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	Investment Mgmt Fees	1,607,879		1,601,561	6,318
Ь	Miscellaneous	73,233	8,046	2,647	62,540
c	Honoraria, Prizes & Awa	36,269	36,269		
d	Deferred Compensation	30,000	30,000		
e	Office Administration	15,641		10,723	4,918
f	All other expenses	-101,432	210	35,187	-136,829
25	Total functional expenses. Add lines 1 through 24f	9,686,547	7,115,884	2,633,716	-63,053
26	<b>Joint costs.</b> Check here ▶ ┌ if following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Part X Balance Sheet (A) (B) Beginning of vear End of vear 130.232 301.564 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 2 2 3,252,893 3 2,878,262 3 4 609.818 120.744 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 7 8 Inventories for sale or use . . . . . . 9 55.187 Land, buildings, and equipment cost or other basis Complete 10a 10a Part VI of Schedule D 868 10c 10b 20.978 34.209 b Less accumulated depreciation . . . . 67.412.199 11 74.815.259 11 70.030.787 12 78,842,301 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 4,388 13 4,388 13 Investments—program-related See Part IV, line 11 . . 14 14 94.875 15 102.780 15 141,536,060 16 16 157,099,507 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 127.026 17 122.904 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 24.544.967 25 25 Other liabilities Complete Part X of Schedule D . . . . . 27.396.443 26 **Total liabilities.** Add lines 17 through 25 . . . . . 24,671,993 26 27,519,347 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. -3.782.892 1.546.392 27 Unrestricted net assets . . . . 27 28 25.064.034 28 31.173.550 Temporarily restricted net assets . . . . . Fund 96.860,218 95.582.925 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 116,864,067 33 33 129,580,160 34 Total liabilities and net assets/fund balances . . . . . 141.536.060 34 157,099,507

### Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

### OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Old Dominion University Educational Foundation

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

**Employer identification number** 

									54-60520				
Par				blic Charity Stat						struction	าร		
	ganız			e foundation because					ox)				
1				on of churches, or as:				)(1)(A)(i).					
2	<u>_</u>			ın <b>section 170(b)(1)</b>			•						
3		A hospi	tal or a coo	perative hospital serv	vice organiza	atıon desci	ıbed ın <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4	Γ			ı organızatıon operate ty, and state	ed in conjund	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(1	L)(A)(iii)	.Entert	he	
5	굣			erated for the benefit		or univers	ty owned or o	perated by a	a governmenta	al unit de	scribed	ın	
_	_			<b>A)(iv).</b> (Complete Pa									
6	_			local government or	_								
7	ı	describ	ed ın	it normally receives a  A)(vi) (Complete Pa		I part of its	support from	a governme	ntal unit or fro	om the ge	∍neral pu	ablic	
8	$\Box$			described in <b>section</b>	•	<b>(Co)</b>	mplete Part II	)					
9 0 1	, 	receipts its supp acquire An orga An orga one or r	s from active port from ground or the organization organi	It normally receives it ies related to its exposs investment incom anization after June 3 ianized and operated y supported organizabes the type of suppo	empt functione and unrela 30, 1975 Se exclusively exclusively tions descri	ons—subject ated busing ee <b>section</b> to test for for the ber bed in sect	et to certain exess taxable incomes taxable in	come (less some) descended and the complete Par See <b>section</b> or section and the function an	and (2) no more section 511 to the III ) 509(a)(4). Stions of, or to 509(a)(2) Se	e than 3: ax) from carry ou	31/3% of business ut the pui	f ses rpos	es of
e f g	Γ	other th section If the o check t Since A	ian foundati 509(a)(2) rganization his box	ox, I certify that the o on managers and other received a written der .006, has the organiz	er than one o	or more pu from the IF	blicly supporte	ed organızat Type I, Type	e II or Type I	d ın sect	ion 509(	(a)(1	L) or
				rectly or indirectly co	ntrols, eithe	ralone or	together with i	persons des	cribed in (ii)		Γ¥	es	No
				, governing body of the	•		-		, ,	1	1g(i)		
				r of a person describ						_	1g(ii)		
			•	led entity of a person			above?				lg(iii)		
h				ig information about t							-5()		
(i) Name support organiza		re of (ii) (described on col (i) listed in your governing document?		(v) Did you no organiza col (i) o suppo	otify the tion in of your	(vi Is t organiza col (i) or in the l	he ition in ganized	ı A ı		vii) ount of port?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
at a L			I		i	1		1	1	1	- 1		

## 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.)

-	(Complete only if yo	u checked the	box on line 5,	, or 8 of Part I	.)					
	ection A. Public Support endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 20	009	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,518,37	5 6,654,056	7,185,402	4,916,898	3,722,536		3,722,536		27,997,267
2	Tax revenues levied for the									
	organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to									
	the organization without charge	5,518,37	5 6,654,056	7,185,402	4,916,898	2	3,722,536	27,997,267		
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	3,316,37	3 0,034,030	7,103,402	4,910,090		,722,330	21,331,201		
	amount shown on line 11, column									
6	(f) Public Support. Subtract line 5 from line 4							27,997,267		
	ection B. Total Support									
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> 20	09	(f) Total		
7	A mounts from line 4	5,518,375	2,776,765	7,185,402	4,916,898	3	,722,536	27,997,267		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	3,501,809	2,776,765	2,586,206	2,745,441	654,621		12,264,842		
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part	1,473,273	84,559	232,647	1,581,872	1	,358,860	4,731,211		
	IV ) Do not include gain or loss from the sale of capital assets	1,473,273	04,339	232,047	1,301,072		,558,600	4,731,211		
L1	Total support (Add lines 7 through 10)							44,993,320		
12	Gross receipts from related activiti					12				
L3	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or f	Ifth tax year as a !	501(c)(3	;) organız ———	eation, ▶		
<u>S</u> 14	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))				62.220.61		
L4 L5	Public Support Percentage for 2008	•		II column (i))		14		62 230 %		
	33 1/3% support test—2009. If the			on line 13 and l	ino 14 is 33 1/20%	15	chock t	60 690 %		
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organiza	ollifies as a public organization dic n qualifies as a p — <b>2009.</b> If the org tion meets the "	cly supported orga I not check the bo ublicly supported ganization did not of facts and circums	nization x on line 13 or 16 organization check a box on lin tances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b ck this box and <b>st</b>	33 1/3% and line	or more, o e 14 Explain	►/ check this ►/		
	organization	its the Tacts an	acts and circumstances" test The organization qualifies as a publicly supported							
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nization meets th	ne "facts and circu	mstances" test, o	heck this box and	stop he	ere.	<b>▶</b> □		
18	supported organization  Private Foundation If the organizat instructions	ion did not checl	k a box on line 13,	16a, 16b, 17a oı	17b, check this l	box and	see	<b>▶</b> □		

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493228026440

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	
Old Dominion University Educational Foundation	

Employer identification number

	54-60	5201	4		
Par	t I-A Complete if the organization is exempt under section 501(c) or is a section	n 52	7 org	ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV				
2	Political expenditures	F	\$		50,400
3	Volunteer hours				
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	<b>&gt;</b>	\$ <u>_</u>		0
2	Enter the amount of any excise tax incurred by organization managers under section 4955	Þ	\$		0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No
4a	Was a correction made?			☐ Yes	┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except section	on 50	)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	; <b>F</b>	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	۰	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	F	\$		
4	Did the filing organization file Form 1120-POL for this year?			☐ Yes	□ No

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> A ddress	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
	Check If the filing organization belongs to	• ,		
В	Check   If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<b>1</b> a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	50,400	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	b)	50,400	
d	Other exempt purpose expenditures		9,876,357	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	9,926,757	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	646,338	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	161,585	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1 f from line 1 c If zero or less ente	er - 0 -	0	

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> Total				
2a	Lobbying non-taxable amount			10,000	50,400	60,400				
b	Lobbying ceiling amount (150% of line 2a, column(e))					90,600				
c	Total lobbying expenditures			10,000	50,400	60,400				
_d	Grassroots non-taxable amount			189,478	158,582	348,060				
е 	Grassroots ceiling amount (150% of line 2d, column (e))					522,090				
f	Grassroots lobbying expenditures			10,000	50,400	60,400				

•	•	·	_
Part II-B	Complete if the organization is	exempt under section 501(c)(3) and has NOT filed Form 5768	
	(election under section 501(h)	).	

	( )	(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i	'		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
Ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		İ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

## Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1

Also, complete this part for any additional information

Dues, assessments and similar amounts from members

Ident if ier	Return Reference	Explanation
Part I-A, Line 1	Organizations Direct and Indirect	Lobbying expenses
	Political Campaign Activities	

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As Filed Data -

DLN: 93493228026440

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization Old Dominion University Educational Foundation 54-6052014 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

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 for any other purpose conferring impermissible private benefit

□ No

|--|

Pur	rpose(s) of conservation easements neig by the organization (checi	кан	that apply)
$\sqcap$	Preservation of land for public use (e g , recreation or pleasure)	$\Gamma$	Preservation of an historically importantly land area
Γ	Protection of natural habitat	Γ	Preservation of a certified historic structure
Γ	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
- Total number of conservation easements

funds are the organization's property, subject to the organization's exclusive legal control?

- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06

Total acreage restricted by conservation easements

	Held at the End of the Year
2a	
2b	
2c	
2d	

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, handling of violations, and enforcement of the conservation easements it holds?

- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$\_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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 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.

- 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
- 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

(ii) Assets included in Form 990, Part X

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

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D Schedule D (Form 990) 2009

3	Using the organization's accession and othe		•									ontinuea)
	items (check all that apply)		_	_								
а	Public exhibition		d	ı	Loan or	excha	ange progr	ams				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	w they	further t	the or	ganızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ıılar	Г	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organiza	ation			es" to Fo	rm 99	Ο,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for c	ontributio	ons or	other ass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		Г			A mo	unt	
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 F	orm 000 Bart V line	. 717				L				Yes	□ No
	<u>-</u>		21,							,	res	) NO
	If "Yes," explain the arrangement in Part XI\ rt V Endowment Funds. Complete		1 and	word	d "Voc"	to F	orm 990	Dar	t IV line	10		
Рđ	Endowment Funds. Complete	(a)Current Year		)Prior					Three Years		e)Four Y	ears Back
1a	Beginning of year balance	106,937,725			3,703,268			Ť	,	Ť	,	
ь	Contributions	1,557,063		4	,194,888							
с	Investment earnings or losses	16,906,150		-39	,556,516							
d	Grants or scholarships	-1,231,806			-788,729							
e	Other expenditures for facilities and programs	-3,400,868		-3	3,809,799							
f	Administrative expenses	-1,448,189		- 1	,805,387							
g	End of year balance	119,320,075		106	,937,725							
2	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment	2000% %										
ь	Permanent endowment ► 69 000 % %											
S.S.	Term endowment > 29 000 % %	ssion of the organiza	ation	that a	ro hold a	nd ad	ministoro	l for	tho			
c 3a	Term endowment	ssion of the organiza	ation	that a	re held a	ınd ad	mınıstered	l for	the		Yes	No
	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that a	re held a	ind ad	mınıstere	l for	the	3a(i)	Yes	No No
	Are there endowment funds not in the posse organization by				re held a	and ad	ministered	l for	the 	3a(i) 3a(ii)		
3a	A re there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as required	 d on S		ule R?			l for	the			Νο
3a b 4	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as required	 d on S lowme	ched ent fu	ule R?	 			the  	3a(ii)		Νo
3a b 4	A re there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as required	 d on S lowme	ched ent fu	ule R?	 			the	3a(ii)		Νο
3a b 4	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as required	 d on S lowme	iched ent fu ee Fo	ule R?					3a(ii) 3b		Νο
b 4 Par	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as required	 d on S lowme	iched ent fu ee Fo	ule R? nds orm 990		rt X, line		(c) Accum	3a(ii) 3b		No No
3a  b 4  Par	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as required	 d on S lowme	iched ent fu ee Fo	ule R? nds orm 990		rt X, line		(c) Accum	3a(ii) 3b		No No
b 4 Par	A re there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as required	 d on S lowme	iched ent fu ee Fo	ule R? nds orm 990		rt X, line		(c) Accum	3a(ii) 3b		No No
3a  b 4  Par  1a  b c	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as required	 d on S lowme	iched ent fu ee Fo	ule R? nds orm 990		rt X, line		(c) Accum	3a(ii) 3b		No No
3a  b 4  Par  1a b c d	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as required to organization's end s, and Equipment to the control of th	on Solowing of the solowing of	iched ent fu ee Fo	ule R? nds orm 99( a) Cost or c		rt X, line		(c) Accum	3a(ii) 3b	(d) B	No No

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		d of valuation
		Cost of end-of	-year market value
Financial derivatives			
Closely-held equity interests			
Other Alternative Investments (Other)	79 942 301		F
Afternative Investments (Other)	78,842,301		Г
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	78,842,301		
Part VIII Investments—Program Related. See		13.	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
	<u> </u>	<u> </u>	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		
	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Investments held for related parties	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Investments held for related parties  Annuity Payable	5.) , line 25. (b) Amount  25,523,699 1,457,690		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Investments held for related parties	5.) , line 25.  (b) A mount  25,523,699		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Investments held for related parties  Annuity Payable	5.) , line 25. (b) Amount  25,523,699 1,457,690		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Investments held for related parties  Annuity Payable	5.) , line 25. (b) Amount  25,523,699 1,457,690		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Investments held for related parties  Annuity Payable	5.) , line 25. (b) Amount  25,523,699 1,457,690		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Investments held for related parties  Annuity Payable	5.) , line 25. (b) Amount  25,523,699 1,457,690		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Investments held for related parties  Annuity Payable	5.) , line 25. (b) Amount  25,523,699 1,457,690		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Investments held for related parties  Annuity Payable	5.) , line 25. (b) Amount  25,523,699 1,457,690		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Investments held for related parties  Annuity Payable	5.) , line 25. (b) Amount  25,523,699 1,457,690		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Investments held for related parties  Annuity Payable	5.) , line 25. (b) Amount  25,523,699 1,457,690		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,372,414
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,686,547
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,314,133
4	Net unrealized gains (losses) on investments	4	19,030,217
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	ç
9	Total adjustments (net) Add lines 4 - 8	9	19,030,226
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,716,093
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	28,083,632
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) 2d		
e	Add lines 2a through 2d	2e	20,783,012
3	Subtract line 2e from line 1	3	7,300,620
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		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-3,928,206
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	3,372,414
Par	XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Reti	urn
1	Total expenses and losses per audited financial statements	<sub>1</sub>	15,367,539
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>-</del>	
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	5,680,992
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,686,547
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3,000,01,
a	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	(
-			9,686,547
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XII, Line 4b - Other Adjustments		Change in Value of Life Insurance 5150 Realized Loss on Investments -3933356
Part XIII, Line 2d - Other Adjustments		Unrealized Loss on Investments 1752786 Realized Loss on Investments 3933356 Change in Value of Life Insurance - 5150

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Schedule I

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

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

OMB No 1545-0047

DLN: 93493228026440

**Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Old Dominion University Educational Foundation

Employer identification number

54-6052014

Part I General Infor	Part I General Information on Grants and Assistance									
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?										
Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> 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			
Old Dominion University 5115 Hampton Boulevard N Norfolk, VA 23529	546000884	115	7,028,691				To assist with the educational activities and objectives of Old Dominion University			

Enter total number of section 501(c)(3) and government organizati	ions
---	------

	· · · · · · · · · · · · · · · · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	90, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> 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

Ident if ier	Return Reference	Explanation	

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DLN: 93493228026440

OMB No 1545-0047

**Schedule J** 

(Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	the org	ganizat id	'n

Old Dominion University Educational Foundation

**Employer identification number** 

54-6052014

Pa	Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to				
	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)			
	, , ,				
Ь	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe		1b		No
2	Did the organization require substantiation prior to reim				
	officers, directors, trustees, and the CEO/Executive Dir	rector, regarding the items checked in line 1a?	2		Νo
3	Indicate which, if any, of the following the organization u organization's CEO/Executive Director Check all that a				
	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 or a related organization	t VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	ment?	4a		Νo
ь	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-base	d compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide	de the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must o	complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line	e 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of				
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, line compensation contingent on the net earnings of	e 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
ь	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, line payments not described in lines 5 and 6? If "Yes," desc		7		No
8	Were any amounts reported in Form 990, Part VII, paid				
-	subject to the initial contract exception described in Re				1
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rel section 53 4958-6(c)?	buttable presumption procedure described in Regulations	9		

### 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

Columbia									
Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Form 990 or Form 990 or Form 990-EZ	(A) Name		(B) Breakdown of						
Columbia				ıncentive	reportable		bellents	(0)(1)-(0)	Form 990 or
Column   C	John Broderick		_				0 33,284		
(II)     120,000     0     0     12,480     17,762     150,242     151,740       James Koch     (I)     306,747     0     0     24,412     22,503     353,662     282,039	ALONZO C BRANDON		·	-	_		0 47,729	0 293,119	
	RICHARD A MASSEY		0 120,000	0	0 0	-	0 17,762	0 150,242	
	James Koch		306,747 0	0 0	0 0		22,503 0	353,662 0	
			_						

### 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
	,	The Educational Foundation relies on Old Dominion University's written contracts and board of visitors approvals of compensation of the top management officials of the Educational Foundation Foundation, however, the salaries are approved by the Educational Foundation's board through the operating budget as these salaries, with the exception of deferred compensation agreements (which are approved by the Educational Foundation board), are reimbursed to the University by the Educational Foundation
	Part I, Line 4a	James Koch, \$72,015

Schedule J (Form 990) 2009

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DLN: 93493228026440

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

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Name of the organization Old Dominion University Educational Foundation		nployer identification	number
Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 2	(4) organiz		40b
	ion of transa		(c) Corrected? Yes No
2 Enter the amount of tax imposed on the organization managers or disqualified persons section 4958	during the ye	earunder	
3 Enter the amount of tax, If any, on line 2, above, reimbursed by the organization		. <b>&gt;</b> \$	
Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or	Form 990-E	Z, Part V, line 38a	
(a) Name of interacted nerson and Or from the (a)Original	<b>(e)</b> In efault?		<b>g)</b> Written greement?
To From Ye	es No		Yes No
		1	
Part III Grants or Assistance Benefitting Interested Persons.	27		
Complete if the organization answered "Yes" on Form 990, Part IV, III  (a) Name of interested person  (b) Relationship between interested person	1	ount of grant or type	of assistance
and the organization			
Part IV Business Transactions Involving Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 28a - 28t	or 28c	
(b) Relationship	ne 20a, 20i	), 01 20C.	(e) Sharing of
(a) Name of interested person between interested (c) A mount of person and the transaction organization	<b>(d)</b> Descr	ption of transaction	organization's revenues? <b>Yes No</b>
None over filing threshold None	None		No

OMB No 1545-0047

SCHEDULE M (Form 990)

▶Complete if the organization answered "Yes" on Form

Open to Public Inspection

Department of the Treasury Internal Revenue Service

990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

**Employer identification number** Name of the organization Old Dominion University Educational Foundation 54-6052014 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line revenues ıf applicable 1 g 1 Art-Works of art . . 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 23 89,765 FMV 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . Oualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . Scientific specimens . . 23 Archeological artifacts . 24 25 Other ► ( \_\_\_ Other ►( \_\_\_ 26 27 Other ►( \_\_ 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . . . . . No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . . . . . . 32a Νo b If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

**SCHEDULE 0** 

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

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Name of the organization
Old Dominion University Educational Foundation

Employer identification number

54-6052014

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The members of the board may elect other members of the board
Form 990, Part VI, Section A, line 7b		The decisions of the governing body are made by the members
Form 990, Part VI, Section B, line 11		The 990 Tax Forms are reviewed by the Finance and Audit and Executive Committees and are provided to voting members of the board prior to filing
Form 990, Part VI, Section B, line 12c		Once the forms are received, management reviews them to ensure that there are no issues
Form 990, Part VI, Section B, line 15		Employees listed are all hired by the University in accordance with University policies and procedures which also comply with the guidelines issued by the Commonwealth of Virginia. All have written contracts, the majority of which are approved by the University's governing board.
Form 990, Part VI, Section C, line 19		The Foundation makes its governing documents available to the public upon request
		No Change from Prior Year

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DLN: 93493228026440

Open to Public

OMB No 1545-0047

**SCHEDULE R** (Form 990)

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

Department of the Treasury Internal Revenue Service

Norfolk, VA 23529 54-1744996

Inspection

Name of the organization **Employer identification number** Old Dominion University Educational Foundation 54-6052014

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

► Attach to Form 990.

Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

► See separate instructions.

Total income

End-of-year assets

(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(b) (d) (f) (e) (c) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status (if section 501(c)(3)) or foreign country) entity Old Dominion University Recipient of Foundation 5115 Hampton Blvd N 115 funds for Scholarships and VA Support Norfolk, VA 23529 54-6000884 old Dominion University Real Estate Foundation gift to the university 4417 Monarch Way passed through the VA 501(C)(3) 509(a)(3) educational foundation

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	( <b>l</b> Dispro alloca	prtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or aging
Old dominion univ real estate foundation tri-cities center project II LLC 4417 Monarch Way 4th Floor Norfolk, VA23529 13-4352381	to assist the university in developing tri-cities		old dominion educational foundation	Related	-8	4,388	Yes	<b>No</b> No		Yes	<b>No</b>

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

**(b)** Primary activity (c)
Legal domicile
(state or
foreign
country)

(d) Direct controlling entity (e) Type of entity (C corp, S corp, or trust) (f) Share of total income

(g) Share of end-of-year assets

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

		<del></del>		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> 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?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gıft, grant, or capıtal contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
£	Sale of assets to other organization(s)	1f		No
	Sale of assets to other organization(s)	1g		No
_	` ` '	1h		No
	ZACHANGO SI ASSOCI	1i		No
•	Lease of facilities, equipment, or other assets to other organization(s)			110
j	Lease of facilities, equipment, or other assets from other organization(s)	<b>1</b> j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	10	Yes	
р	Reimbursement paid by other organization for expenses	1р		No
q	O ther transfer of cash or property to other organization(s)	<b>1</b> q	Yes	
r	O ther transfer of cash or property from other organization(s)	1r		No

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	<b>(b)</b> Transaction type(a-r)	(c) Amount involved						
(1) Old Dominion University	В	7,028,691						
(2) Old Dominion University Real Estate Foundation	В	75,000						
(3) Old Dominion University Real Estate Foundation	К							
(4) Old Dominion University	0	924,713						
(5) Old DOminion University - Not above threshold	М							
(6)								

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

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

(a)
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?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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DLN: 93493228026440

OMB No 1545-0172

Form **4562** 

### **Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separate instruction	ns. 🟲 Attach	to your tax retur	n.		Sequence No <b>67</b>
Name(s) shown on return		Business or	activity to which	this form relates	Iden	t if vind	g number
Old Dominion University E	ducational Foun	dation Form 990 Pa			54-6	50520	1.4
Part I Election	To Expense (	Certain Property U		179	1 34-0	10320	14
Note: If y	ou have any li	sted property, compl	ete Part V befo	ore you comple	te Part I.		Γ
1 Maximum amount See	the instructions	for a higher limit for cer	taın busınesses			1	250,000
2 Total cost of section 1	79 property plac	ced in service (see instr	uctions) .			2	
<b>3</b> Threshold cost of sect	ion 179 property	y before reduction in limi	tatıon (see ınstr	uctions)		3	800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	ss, enter -0-			4	
<b>5</b> Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter -0	0- If married filir	ıg		
separately, see instruc	ctions					5	
- (-)	D		<b>(b)</b> Cost	(business use			1
6 (a)	Description of pr	operty	` '	only)	(c) Elected	cost ———	_
6							4
7 Listed property Enter				. 7			
8 Total elected cost of s			umn (c), lines 6	and 7		8	
<b>9</b> Tentative deduction E						. 9	
10 Carryover of disallowe		·				10	
<b>11</b> Business income limitation	Enter the smaller of	business income (not less tha	an zero) or line 5 (se	ee instructions) .		11	
<b>12</b> Section 179 expense of	deduction Add li	ines 9 and 10, but do no	t enter more tha	n line 1 1 · ·		12	
13 Carryover of disallowe	d deduction to 2	010 Add lines 9 and 10,	less line 12	.▶ 13			
Note: Do not use Part							
	-	Allowance and Othe					y <b>)</b> (See instructions )
14 Special depreciation a tax year (see instruction)		lified property (other tha	n listed property	) placed in service	e during the		
	•	Landan				14	
15 Property subject to se		election				15	
16 Other depreciation (inc		Do not include listed	nroporty ) (Co	· · · · ·	· · ·	16	
Part IIII MACRS De	preciation (i	Do not include listed	property.) (Se ection A	ee mstructions.	)		
17 MACRS deductions for	assets placed i					17	
18 If you are electing t	-	•	-		e or more		
general asset accou		•		•	▶□		
		Service During 20			neral Dep	recia	tion System
		(c) Basıs for			_		
(a) Classification of	(b) Month and	depreciation	(d) Recovery	(e) Convention	(#) M a # b a		(g)Depreciation
property	year placed in service	(business/investment use	period	(e) Convention	(f) Metho	70	deduction
		only—see instructions)					
<b>19a</b> 3-year property		40,987	3 0	S/L	S/L		7,400
<b>b</b> 5-year property		1,225	5 0	S/L	S/L	$\rightarrow$	245
c 7 - year property						$\rightarrow$	
d 10-year property						$\rightarrow$	
e 15-year property	+					$\rightarrow$	
<b>f</b> 20-year property <b>g</b> 25-year property			25 yrs		S/L	-+	
h Residential rental			27 5 yrs	мм	S/L	-+	
property			27 5 yrs	мм	S/L		
i Nonresidential real			39 yrs	мм	S/L		
property				ММ	S/L		
Section	n C—Assets Plac	ced in Service During 200	9 Tax Year Using	g the Alternative	Depreciat io	n Syst e	em
<b>20a</b> Class life					S/L	$\Box$	
<b>b</b> 12-year			12 yrs		S/L	$\longrightarrow$	
c 40-year		 	40 yrs	ММ	S/L		
	y (see instruc	•					
21 Listed property Enter					· ·	21	
<b>22 Total.</b> Add amounts from and on the appropriate		14 through 17, lines 19 urn Partnerships and S			• • • •	22	7,645
23 For assets shown above portion of the basis att		service during the currei tion 263A costs .		e 23			

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Depre																
<b>24a</b> Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ <sub>No</sub>			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo	)
										,						-
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	other	(busines	(e) deprecia s/investr e only)	- 11	<b>(f)</b> Recove period		(g) Method/ onvention		<b>(h</b> Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (	l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				$\top$			$\Box$		
		%														
	orlassin	%   %	C 11C A													
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			$\Box$		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)		the	(a)						)		(d)		≘)	(f)		
			Vehi	Vehi	Vehicle 2		2 Vehic		Vehi	cle 4	Vehicle 5		Vehi	cle 6		
<b>31</b> Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		<b>⊢</b>			<u> </u>		+								
<b>33</b> Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				<b>not</b> moi	re tha
<b>37</b> Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
<b>38</b> Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
<b>40</b> Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما		la damar				•			•	•	$\vdash$		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)				I				(6	.,					
(a)		Date		(c	-		Code			A morti	-		۸ ۵	(f)	an far	
Description of c	osts	amortization		A mort amo						period or			A mortization for this year			
		begins 								perce	ntage					
<b>42</b> A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
<b>43</b> A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours	Posit th	(C) ion (d nat ap	hec	)			(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other compensation		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099-MISC)	compensation from the organization and related organizations		
Garret A Alcaraz Trustee	10	X						0	0	0		
Neel Desai trustee	10	Х						0	0	0		
Stephen B Ballard trustee	10	Х						0	0	0		
Claire Benjack Trustee	10	х						0	0	0		
Bruce T Bishop trustee	10	х						0	0	0		
Charles F Catlett III Chair of the Board	50	Х						0	0	0		
James S Cheng Trustee	10	Х						0	0	0		
Jerri Dickseski Trustee	10	х						0	0	0		
George L Consolvo trustee	10	Х						0	0	0		
Kım Curtis Secretary	20	х						0	0	0		
Arthur A Diamonstein trustee	10	Х						0	0	0		
Janet A Ellis Trustee	10	Х						0	0	0		
Robert L Fodrey Sr Director Emeritus	10	Х						0	0	0		
Jeffrey W Ainslie Ex-officio	10	Х						0	0	0		
Roger L Frost Trustee	10	Х						0	0	0		
Richard Ellenberger trustee	10	Х						0	0	0		
Lawrence J Goldrich Trustee	10	Х						0	0	0		
Weyman Gong trustee	10	Х						0	0	0		
Barbara Gornto trustee	10	Х						0	0	0		
Wallace G Haislip Trustee	10	Х						0	0	0		
Edward L Hamm Jr Trustee	10	Х						0	0	0		
Michael S Ives Trustee	10	Х						0	0	0		
Maurice Jones trustee	10	Х						0	0	0		
Robert G Kal Trustee	10	Х						0	0	0		
Robert M King Jr trustee	10	х						0	0	0		

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

Compensated Employees, and Independ	lent Conti	actors	5								
(A) Name and Title	(B) Average hours	Posit tł	(C ion (c nat a	chec				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099-MISC)		
Michael LaRock Treasurer of the Board	20	х						0	0	0	
Jodi Gidley trustee	10	х						0	0	0	
Sarah K Baker Trustee	10	х						0	0	0	
Louis Morris Trustee	10	х						0	0	0	
John M Peterson Trustee	10	х						0	0	0	
William K Mahler Trustee	10	х						0	0	0	
Susan Ralston Trustee	10	х						0	0	0	
Edward J Reed Trustee	10	Х						0	0	0	
Dr Robert M Rubin Trustee	10	х						0	0	0	
Ray Matsuura Trustee	10	Х						0	0	0	
Anne B Shumadine Trustee	10	х						0	0	0	
Elizabeth T Patterson trustee	10	х						0	0	0	
Michael Torrech Trustee	10	Х						0	0	0	
Mark Warden Trustee	10	Х						0	0	0	
Lewis W WEbb III Trustee	10	х						0	0	0	
Steven E Winter Vice Chair of the Board	50	х						0	0	0	
Jack Ross Trustee	10	Х						0	0	0	
Maurice Slaughter Trustee	10	х						0	0	0	
John Broderick Ex-officio	10	х						0	338,605	67,035	
ALONZO C BRANDON EXECUTIVE DIRECTOR	10 00			х				0	219,467	73,652	
RICHARD A MASSEY ASSISTANT TREASURER	9 00			х				0	120,000	30,242	
CINDY R GALL ASSISTANT SECRETARY	13 00			х				0	35,513	12,510	
James Koch Ex-officio							х	306,747	0	46,915	

Software ID:

**Software Version:** 

**EIN:** 54-6052014

Name: Old Dominion University Educational Foundation

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Investment Mgmt Fees	1,607,879		1,601,561	6,318
Mıscellaneous	73,233	8,046	2,647	62,540
Honoraria, Prizes & Awa	36,269	36,269		
Deferred Compensation	30,000	30,000		
Office Administration	15,641		10,723	4,918