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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE OHIO UNIVERSITY FOUNDATION		D Employer identification number 31-6402269
		Doing Business As		E Telephone number (740) 597-1721
		Number and street (or P O box if mail is not delivered to street address) PO BOX 869	Room/suite	G Gross receipts \$ 262,983,570
		City or town, state or country, and ZIP + 4 ATHENS, OH 45701		
		F Name and address of principal officer RODERICK J MCDAVIS CUTLER HALL 108 ATHENS, OH 45701		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: WWW OHIO EDU/FOUNDATION		H(c) Group exemption number		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1945	M State of legal domicile OH

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE OHIO UNIVERSITY FOUNDATION IS AN ACTIVE PARTNER IN OHIO UNIVERSITY'S MISSION OF EDUCATION, RESEARCH, AND SERVICE THE FOUNDATION PROVIDES SUPPORT FOR FINANCIAL AID, RESEARCH, CAPITAL EXPANSION, AND OTHER ACADEMIC INITIATIVES, SECURING FOR OHIO UNIVERSITY A MARGIN OF EXCELLENCE THAT OTHERWISE WOULD NOT BE POSSIBLE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 3	
	5	Total number of employees (Part V, line 2a)	5 8	
	6	Total number of volunteers (estimate if necessary)	6 52	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 33,52	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 28,476,081	Current Year 19,380,546
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,322,099	31,778,748
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	939,812	932,390
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,093,794	52,091,684
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,500,970	12,263,581
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,055,564	5,052,784
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	647,949	710,688
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>6,487,496</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,158,052	5,626,349
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,362,535	23,653,402
	19	Revenue less expenses Subtract line 18 from line 12	-2,268,741	28,438,282
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	271,104,938	332,818,358
	21	Total liabilities (Part X, line 26)	6,653,692	10,931,007
	22	Net assets or fund balances Subtract line 21 from line 20	264,451,246	321,887,351

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-05-11</div> <div>Date</div> </div>
	<div> <div>RODERICK J MCDAVIS CEO</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>CROWE HORWATH LLP</div> <div>9600 Brownsboro Road</div> <div>Suite 400</div> <div>Louisville, KY 402411122</div> </div> </div> <div> <div>EIN</div> <div>Phone no (502) 326-3996</div> </div> </div>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

1 Briefly describe the organization's mission

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.









THE OHIO UNIVERSITY FOUNDATION PROVIDES FUNDING FOR MANY UNIVERSITY NEEDS INCLUDING ACADEMIC AND INSTRUCTIONAL SUPPORT, STUDENT AID, RESEARCH, FACILITIES, ATHLETICS AND MUCH MORE DURING FISCAL YEAR 2010, THE OHIO UNIVERSITY FOUNDATION PROVIDED MORE THAN \$6.5 MILLION IN SUPPORT FOR INSTRUCTION AND RESEARCH, MORE THAN \$2.7 MILLION IN STUDENT AID, AND MORE THAN \$1.0 MILLION IN SUPPORT FOR OTHER ACADEMIC INITIATIVES. OHIO'S PREMIER SCHOLARSHIP PROGRAMS INCLUDE THE APPALACHIAN SCHOLAR PROGRAM, THE URBAN SCHOLARS PROGRAM, THE CUTLER SCHOLARS PROGRAM, AND MANY MORE NEED AND MERIT-BASED SCHOLARSHIPS. SIGNIFICANT GIFTS WERE RECEIVED DURING FISCAL YEAR 2010 FOR THE COLLEGES OF BUSINESS, COMMUNICATION AND ENGINEERING AS WELL AS FOR AN ARTS EDUCATION CENTER, THE OHIO UNIVERSITY SALES CENTRE, THE KENNEDY MUSEUM OF ART, CENTER FOR ENTREPRENEURSHIP, THE HEADACHE TREATMENT & RESEARCH FUND AND MANY OTHER AREAS.

[illegible][illegible]

4e	Total program service expenses	\$ 13,149,485
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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 	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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. 	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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		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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	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 	Yes	
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		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		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 	Yes	
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 	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	101	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	83	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b If "Yes," enter the name of the foreign country: <input type="text"/> 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	No
c 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	
6a	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
b 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).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
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	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 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.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	38	
b	Enter the number of voting members that are independent	1b	35	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
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		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶	
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CANDICE CASTO OHIO UNIVERSITY CUTLER HALL ATHENS, OH 45701 (740) 593-1804	

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

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

Form **990** (2009)

1b	Total	642,227	779,799	400,567
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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 **▶**4

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section 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	(C) Compensation
RUFFALOCODY LLC 65 KIRKWOOD NORTH RD SW CEDAR RAPIDS, IA 54206	FUNDRAISING	566,529
MARINER INVESTMENT GROUP LLC 500 MAMARONECK AVENUE SUITE 405 HARRISON, NY 10528	INVESTMENT MANAGEMENT	493,017
ARDEN ASSET MANAGEMENT LLC 375 PARK AVENUE 32ND FLOOR NEW YORK, NY 10153	INVESTMENT MANAGEMENT	482,991
HIRTLE CALLAGHAN CO FIVE TOWER BRIDGE 300 BARR HARBOR D WEST CONSHOHOCKEN, PA 19428	INVESTMENT MANAGEMENT	475,359
PACIFIC INVESTMENT MNGMT CO LLC 840 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	INVESTMENT MANAGEMENT	190,407

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 **▶**11

Part VIII

Statement 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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	36,158				
	d	Related organizations	1d	4,786,259				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,558,129				
	g	Noncash contributions included in lines 1a-1f \$ 544,386						
	h	Total. Add lines 1a-1f			19,380,546			
Program Service Revenue	2a		Business Code					
				0	0	0	0	
	b			0	0	0	0	
	c			0	0	0	0	
	d			0	0	0	0	
	e			0	0	0	0	
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f			0			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
				5,831,122	0	-29,419	5,860,541	
	4	Income from investment of tax-exempt bond proceeds . .						
				0	0	0	0	
	5	Royalties						
				20,629	0	0	20,629	
	6a	Gross Rents	(i) Real	(ii) Personal				
			1,573,117	0				
	b	Less rental expenses	1,308,232	0				
	c	Rental income or (loss)	264,885	0				
	d	Net rental income or (loss)			264,885	0	0	264,885
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			235,492,117	0				
	b	Less cost or other basis and sales expenses	209,544,491	0				
	c	Gain or (loss)	25,947,626	0				
	d	Net gain or (loss)			25,947,626	0	0	25,947,626
	8a	Gross income from fundraising events (not including \$ 36,158 of contributions reported on line 1c) See Part IV, line 18						
			a	30,855				
	b	Less direct expenses	b	39,163				
	c	Net income or (loss) from fundraising events . .			-8,308	0	0	-8,308
9a	Gross income from gaming activities See Part IV, line 19							
		a	0					
b	Less direct expenses	b	0					
c	Net income or (loss) from gaming activities . .			0	0	0	0	
10a	Gross sales of inventory, less returns and allowances							
		a	0					
b	Less cost of goods sold	b	0					
c	Net income or (loss) from sales of inventory . .			0	0	0	0	
	Miscellaneous Revenue		Business Code					
11a	REVENUES FROM SALES, SERVICES, AND EVENTS		453,220	309,544	246,600	62,944	0	
b	MISCELLANEOUS REVENUE			345,640	345,640	0	0	
c				0	0	0	0	
d	All other revenue			0	0	0	0	
e	Total. Add lines 11a-11d			655,184				
12	Total revenue. See Instructions			52,091,684	592,240	33,525	32,085,373	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	12,263,581	12,263,581		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	556,296	0	35,428	520,868
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	3,602,545	70,285	341,969	3,190,291
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	565,383	9,551	51,288	504,544
9	Other employee benefits	267,827	4,711	24,273	238,843
10	Payroll taxes	60,733	1,026	5,511	54,196
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	5,699	0	5,699	0
c	Accounting	78,907	0	78,907	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	710,688			710,688
f	Investment management fees	3,266,577	0	3,266,577	0
g	Other	387,182	101,256	141,245	144,681
12	Advertising and promotion	53,167	37,795	0	15,372
13	Office expenses	658,809	345,434	17,041	296,334
14	Information technology	169,781	3,663	1,383	164,735
15	Royalties	0	0	0	0
16	Occupancy	10,768	10,768	0	0
17	Travel	395,128	65,171	2,100	327,857
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	367,187	135,894	0	231,293
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	3,583	2,595	0	988
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)				
a	MISCELLANEOUS EXPENSES	229,561	97,755	45,000	86,806
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	23,653,402	13,149,485	4,016,421	6,487,496
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			9,010,450	2	18,181,508
	3	Pledges and grants receivable, net			20,147,548	3	13,244,196
	4	Accounts receivable, net			307,334	4	1,303,990
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	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 Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			116,370	9	23,439
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	11,316,471			
	b	Less accumulated depreciation	10b	1,064,075	10,536,105	10c	10,252,396
	11	Investments—publicly traded securities			131,825,326	11	166,323,061
	12	Investments—other securities. See Part IV, line 11			92,384,760	12	102,786,497
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			6,777,045	15	20,703,271
	16	Total assets. Add lines 1 through 15 (must equal line 34)			271,104,938	16	332,818,358
Liabilities	17	Accounts payable and accrued expenses			2,859,743	17	3,738,408
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities. Complete Part X of Schedule D			3,793,949	25	7,192,599
	26	Total liabilities. Add lines 17 through 25			6,653,692	26	10,931,007
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-14,753,319	27	4,737,427
	28	Temporarily restricted net assets			134,182,195	28	167,944,051
	29	Permanently restricted net assets			145,022,370	29	149,205,873
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			0	32	0
	33	Total net assets or fund balances			264,451,246	33	321,887,351
	34	Total liabilities and net assets/fund balances			271,104,938	34	332,818,358

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	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 . . .	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? 		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 . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization THE OHIO UNIVERSITY FOUNDATION	Employer identification number 31-6402269
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☒

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	33,371,578	2,452,446	94,205,312	23,444,708	14,594,287	168,068,331
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	33,371,578	2,452,446	94,205,312	23,444,708	14,594,287	168,068,331
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						23,301,675
6 Public Support. Subtract line 5 from line 4						144,766,656

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	33,371,578	3,446,702	94,205,312	23,444,708	14,594,287	168,068,331
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,453,443	3,446,702	4,191,333	7,922,700	7,454,287	25,468,465
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	78,360	144,289	15,113	0	30,856	268,618
11 Total support (Add lines 7 through 10)						193,805,414

12 Gross receipts from related activities, etc (See instructions)

1227,968,693

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	74 7 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	79 98 %

- 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private 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

Explanation
OTHER INCOME, FORM 990, SCHEDULE A, PART II, SECTION B, LINE 10, 2005 - \$ 78,360 2006 - \$144,289 2007 - \$ 15,133 2008 - NONE 2009 - \$ 30,856 TOTAL OTHER INCOME - \$268,618,

Additional Data

Software ID:
Software Version:
EIN: 31-6402269
Name: THE OHIO UNIVERSITY FOUNDATION

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL ANGELINI TREASURER & CFO	10	X		X				0	137,424	31,790
HARRY W WHITE VICE CHAIR	4	X		X				0	0	0
STEVEN L SCHOONOVER SECRETARY	4	X		X				0	0	0
FRANK P KRASOVEC CHAIR	4	X		X				0	0	0
J PATRICK CAMPBELL VICE CHAIR	4	X		X				0	0	0
DR RODERICK MCDAVIS PRESIDENT, OHIO UNIVERSITY	10	X		X				0	390,626	178,677
WILLIAM DECATUR PARTIAL YEAR VP FINANCE & ADMIN, OHIO UNIV	10	X		X				0	251,749	47,592
HOWARD R LIPMAN PRESIDENT & CEO OUF	40	X		X				235,526	0	46,007
BYRON L WARD TRUSTEE	1	X						0	0	0
CHARLES L PATTON JR TRUSTEE	1	X						0	0	0
JOSEPH HAMROCK TRUSTEE	1	X						0	0	0
PATRICIA A ACKERMAN TRUSTEE	1	X						0	0	0
JOHN E WOLFZORN TRUSTEE	1	X						0	0	0
JOSEPH W SUTTON TRUSTEE	1	X						0	0	0
JOHN P SUSANY TRUSTEE	1	X						0	0	0
CHARLES R STUCKEY JR TRUSTEE	1	X						0	0	0
JEFFREY A STANLEY TRUSTEE	1	X						0	0	0
PERRY A SOOK TRUSTEE	1	X						0	0	0
JANICE L SCITES TRUSTEE	1	X						0	0	0
RAYMOND E SCHILDERINK TRUSTEE	1	X						0	0	0
MELANIE R SABELHAUS TRUSTEE	1	X						0	0	0
I ROBERT RUDY TRUSTEE	1	X						0	0	0
DAVID W PIDWELL TRUSTEE	1	X						0	0	0
WILLIAM T NEWMAN JR TRUSTEE	1	X						0	0	0
GARY G NAKAMOTO TRUSTEE	1	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE E MCHALE TRUSTEE	1	X						0	0	0
WILFRED R KONNEKER TRUSTEE	1	X						0	0	0
ARLENE GREENFIELD TRUSTEE	1	X						0	0	0
N VICTOR GOODMAN TRUSTEE	1	X						0	0	0
LARRY A GATES TRUSTEE	1	X						0	0	0
ALEX J GARCIA JR TRUSTEE	1	X						0	0	0
RAYMON B FOGG SR TRUSTEE	1	X						0	0	0
ROBERT E FALLON TRUSTEE	1	X						0	0	0
CHARLOTTE C EUFINGER TRUSTEE	1	X						0	0	0
MCCLELLAND A DUBOIS TRUSTEE	1	X						0	0	0
LARRY F CONRATH TRUSTEE	1	X						0	0	0
JEFFERY D CHADDOCK TRUSTEE	1	X						0	0	0
GEORGE A CARROLL JR TRUSTEE	1	X						0	0	0
LAURA A BREGE TRUSTEE	1	X						0	0	0
R EMMET BOYLE TRUSTEE	1	X						0	0	0
CHARLES W BECK JR TRUSTEE	1	X						0	0	0
KELLI BELL UNIV ADVANCEMENT DEVELOPMENT	40					X		112,292	0	28,711
JUAN CUETO VP UNIVERSITY DEVELOPMENT	40					X		149,161	0	34,673
LARRY S LAFFERTY UNIV ADVANCEMENT DEVELOPMENT	65					X		145,248	0	33,117

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MISCELLANEOUS EXPENSES	229,561	97,755	45,000	86,806
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE OHIO UNIVERSITY FOUNDATION

Employer identification number
31-6402269

Part I

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
1	Total number at end of year	0
2	Aggregate contributions to (during year)	0
3	Aggregate grants from (during year)	26,669
4	Aggregate value at end of year	950,086

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor 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

☒ Yes ☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	212,066,309	260,313,920			
b Contributions	3,397,970	8,959,430			
c Investment earnings or losses	41,753,339	-54,294,862			
d Grants or scholarships					
e Other expenditures for facilities and programs	4,645,477	1,490,728			
f Administrative expenses	761,317	1,421,451			
g End of year balance	251,810,824	212,066,309			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 35.42 %

b

Permanent endowment ▶ 64.58 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	5,267,541		5,267,541
b Buildings	0	6,048,930	1,064,075	4,984,855
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				10,252,396

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	152,091,684
2	Total expenses (Form 990, Part IX, column (A), line 25)	23,653,402
3	Excess or (deficit) for the year Subtract line 2 from line 1	28,438,282
4	Net unrealized gains (losses) on investments	29,060,376
5	Donated services and use of facilities	0
6	Investment expenses	0
7	Prior period adjustments	0
8	Other (Describe in Part XIV)	-62,553
9	Total adjustments (net) Add lines 4 - 8	28,997,823
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	57,436,105

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	179,170,325
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a29,060,376
b	Donated services and use of facilities	2b0
c	Recoveries of prior year grants	2c0
d	Other (Describe in Part XIV)	2d1,347,395
e	Add lines 2a through 2d	2e30,407,771
3	Subtract line 2e from line 1	348,762,554
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a3,266,577
b	Other (Describe in Part XIV)	4b62,553
c	Add lines 4a and 4b	4c3,329,130
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	552,091,684

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	121,734,220
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a0
b	Prior year adjustments	2b0
c	Other losses	2c0
d	Other (Describe in Part XIV)	2d1,347,395
e	Add lines 2a through 2d	2e1,347,395
3	Subtract line 2e from line 1	320,386,825
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a3,266,577
b	Other (Describe in Part XIV)	4b0
c	Add lines 4a and 4b	4c3,266,577
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	523,653,402

Part XIV Supplemental Information

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.

Identifier	Return Reference	Explanation
Other changes in net assets	Schedule D, Part XI, Line 8	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT - -62553, OTHER - 0, TOTAL - -62553
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	RUSS RESEARCH CENTER RENTAL EXPENSES - 1308232, DIRECT FUNDRAISING EXPENSES - 39163, OTHER - 0, TOTAL - 1347395
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT - 62553, OTHER - 0, TOTAL - 62553
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	RUSS RESEARCH CENTER RENTAL EXPENSES - 1308232, DIRECT FUNDRAISING EXPENSES - 39163, OTHER - 0, TOTAL - 1347395

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE OHIO UNIVERSITY FOUNDATION

Employer identification number
31-6402269

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and e-mail solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALOCODY	FUNDRAISING		No	716,987	601,684	115,303
Total ▶				716,987	601,684	115,303

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

NJ,OH

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		19TH ANNUAL BOBCAT OPEN GOLF TOURNAMENT (event type)	7TH ANNUAL BERNARD L. EDWARDS MEMORIAL GOLF TOURNAMENT (event type)	9 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	18,928	13,070	35,015
	2	Less Charitable contributions	8,978	9,166	18,014
	3	Gross income (line 1 minus line 2)	9,950	3,904	17,001
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	2,000	2,175	516
	6	Rent/facility costs	4,560	750	9,686
	7	Food and beverages	3,811	7,412	5,360
	8	Entertainment			1,104
	9	Other direct expenses			1,789
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			39,163
	11	Net income summary Combine lines 3, column d, and line 10. ▶			-8,308

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE OHIO UNIVERSITY FOUNDATION

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

2009

Open to Public
Inspection

Employer identification number
31-6402269

Part I

General Information on Grants and Assistance

- 1

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?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY CUTLER HALL 108 ATHENS, OH 45701	316402113		12,263,581				INSTRUCTION, STUDENT AID, INSTITUTIONAL SUPPORT, ACADEMIC SUPPORT

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

1

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

[illegible]

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

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE OHIO UNIVERSITY FOUNDATION

Employer identification number
31-6402269

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	No
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JUAN CUETO	(i)	137,440	0	11,721	19,972	14,701	183,834	0
	(ii)	0	0	0	0	0	0	0
MICHAEL ANGELINI	(i)	0	0	0	0	0	0	0
	(ii)	137,294	0	130	19,600	12,190	169,214	0
LARRY S LAFFERTY	(i)	144,044	0	1,204	20,580	12,537	178,365	0
	(ii)	0	0	0	0	0	0	0
DR RODERICK MCDAVIS	(i)	0	0	0	0	0	0	0
	(ii)	355,065	0	35,561	97,913	80,764	569,303	0
WILLIAM DECATUR	(i)	0	0	0	0	0	0	0
	(ii)	242,149	0	9,600	34,402	13,190	299,341	0
HOWARD R LIPMAN	(i)	225,808	0	9,718	32,200	13,807	281,533	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	THE FOUNDATION PROVIDES FOR REQUIRED TRAVEL FOR DONOR DEVELOPMENT AND ALUMNI FUNDRAISING ACTIVITY FOR CERTAIN INTERESTED PERSONS AND THEIR COMPANIONS. WHEN THE TRAVEL FOR COMPANIONS IS CONSIDERED PERSONAL IN NATURE, THE VALUE OF THE TRAVEL IS INCLUDED IN COMPENSATION TO THE INTERESTED PERSON.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
THE OHIO UNIVERSITY FOUNDATION

Employer identification number
31-6402269

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	24	459,386	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	85,000	OPINIONS OF EXPERTS
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

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?

b If "Yes," describe the arrangement in Part II

31 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?

b If "Yes," describe in Part II

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

Yes

No

No

Yes

No

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

Cat No 51227J

Schedule M (Form 990) 2009

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
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Additional Data

Software ID:
Software Version:
EIN: 31-6402269
Name: THE OHIO UNIVERSITY FOUNDATION

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SCHEDULE O (Form 990)	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.		OMB No 1545-0047
			2009
			Open to Public Inspection
Name of the organization THE OHIO UNIVERSITY FOUNDATION			Employer identification number 31-6402269

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	THE FORM 990 AND SUPPLEMENTAL SCHEDULES WERE PRESENTED TO THE AUDIT COMMITTEE AND BOARD MEMBERS IN ATTENDANCE ON MONDAY , MAY 2, 2011 A COPY OF THE FORM 990 AND SUPPLEMENTAL SCHEDULES WAS PROVIDED TO EACH MEMBER OF THE GOVERNING BODY PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	THE CONFLICT OF INTEREST POLICY FOR THE FOUNDATION COVERS ALL MEMBERS OF THE BOARD OF TRUSTEES THE POLICY REQUIRES THAT ALL POTENTIAL CONFLICTS BE PRESENTED TO THE CHAIRPERSON OF THE FOUNDATION FOR PURPOSES OF REVIEW AND POSSIBLE REMEDIAL OR MANAGEMENT ACTION, INCLUDING THE REMOVAL OF A TRUSTEE AND FURTHER REQUIRES SUCH CONFLICTS BE UPDATED ANNUALLY REMEDIAL OR MANAGEMENT ACTION COULD INCLUDE, BUT NOT BE LIMITED TO FULL DISCLOSURE, REFUSAL AND ABSTENTION IN DISCUSSIONS AND VOTES, AND ENDING OF THE CONFLICT OF INTEREST CIRCUMSTANCES IN CASES WHERE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST CANNOT BE RESOLVED BY REMEDIAL OR MANAGEMENT ACTION, THE TRUSTEE WILL BE REMOVED FROM HIS/HER POSITION

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE FOUNDATION'S PROCESS FOR ESTABLISHING THE COMPENSATION FOR THE TOP OFFICIAL, HOWARD LIPMAN, INCLUDED CONTRACTING WITH AN EXECUTIVE SEARCH FIRM THAT PROVIDED A COMPENSATION ANALYSIS BASED ON REVIEW OF SIMILAR SIZED ORGANIZATIONS AND POSITION LIPMAN'S EMPLOYMENT CONTRACT WAS REVIEWED AND APPROVED BY A COMMITTEE OF UNIVERSITY STAFF AND AN INDEPENDENT TRUSTEE OF THE FOUNDATION

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT ROUTINELY MADE AVAILABLE TO THE PUBLIC AT THIS TIME HOWEVER, THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA A WEBSITE MAINTAINED BY OHIO UNIVERSITY ALSO, AS THE FOUNDATION IS AFFILIATED WITH OHIO UNIVERSITY, WHICH IS SUBJECT TO OHIO'S PUBLIC RECORDS LAW, THE FOUNDATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE IN RESPONSE TO APPROPRIATE PUBLIC RECORDS REQUESTS

Identifier	Return Reference	Explanation
Fundraiser Custody or Control	Schedule G, Part I, Line 2b	PROFESSIONAL FUNDRAISING AGREEMENT SCHEDULE G, PART I, 2B THE TELEMARKETING SERVICES AGREEMENT BETWEEN RUFFALOCODY, LLC AND OHIO UNIVERSITY PROVIDES FOR A TWELVE-MONTH-A-YEAR, ON-CAMPUS TELEPHONE FUNDRAISING PROGRAM THE PROGRAM IS DESIGNED TO COMPLETE A CERTAIN AMOUNT OF CALLS AT AN AGREED UPON RATE PER COMPLETED CALL THE AGREEMENT PROVIDES THAT RUFFALOCODY IS RESPONSIBLE FOR OFFICE SUPPLIES, RECRUITING EXPENSES, STAFF RELOCATION, AND TRAVEL EXPENSES VENDOR RUFFALOCODY FUNDRAISING COSTS AND RETURNS FROM VENDOR SERVICE IN SCHEDULE G ARE ACCURATE FOR ACTIVITY RECORDED IN FISCAL YEAR 2010, BUT THE FOLLOWING NOTES OFFER GREATER DETAIL REVENUE STREAMS AND COST FACTORS THE PHONATHON SECURED 16,814 PLEDGES TOTALING \$902,140 DURING FISCAL YEAR 2010 (THE FORM 990 REPORTING PERIOD) THE FOUNDATION SECURED \$716,987 IN FULFILLED PLEDGES WITHIN THE 12-MONTH PERIOD THIS REPRESENTS PAYMENTS ON PHONATHON PLEDGES MADE DURING FISCAL YEAR 2010, AS WELL AS PAYMENTS ON SOME PHONATHON PLEDGES MADE DURING THE PREVIOUS FISCAL YEAR MORE THAN \$40,000 IN MATCHING GIFTS FROM CORPORATE DONOR COMPANIES' MATCHING PROGRAMS WERE RECEIVED THROUGH THE PHONATHON PROGRAM DURING FISCAL YEAR 2010 CONSIDERING THE FULFILLED PLEDGES AND MATCHING GIFTS RECEIVED, THE TRUE RETURN ON INVESTMENT FOR THE PHONATHON FOR FISCAL YEAR 2010 FOLLOWS GROSS RECEIPTS OF \$756,987, LESS AMOUNT PAID TO RUFFALOCODY OF \$601,684, PROVIDES A RETURN ON INVESTMENT OF \$155,303 OTHER CONSIDERATIONS PHONATON CALLERS COMPLETED 112,005 CALLS DURING FISCAL YEAR 2010 AND MADE 66,193 SOLICITATIONS THERE IS A DISTINCT INTANGIBLE VALUE IN CONNECTING WITH MORE THAN 100,000 ALUMNI EACH YEAR IN A STUDY CONDUCTED BY AN INDEPENDENT GROUP, THE FOUNDATION ESTABLISHED THE FOLLOWING DATA AND TREND LINES FOR OHIO UNIVERSITY DONORS WHO EVENTUALLY GAVE \$10,000 I) BEFORE MAKING THEIR \$10,000 GIFT, THEY FIRST PARTICIPATED IN 9 TO 13 ANNUAL FUND YEARS, II) THEY MADE A GIFT IN 7 OUT OF 10 FISCAL YEARS JUST PRIOR TO MAKING THEIR \$10,000 GIFT, III) 61% OF ALL DONORS WHO MADE A \$10,000 GIFT MADE A FIRST GIFT OF \$50 OR LESS, IV) 38% OF ALL DONORS WHO MADE A \$10,000 GIFT MADE A FIRST GIFT OF \$24 OR LESS

Identifier	Return Reference	Explanation
COMPENSATION ARRANGEMENT	FORM 990, PART I, LINE 5 AND PART V, LINE 2	THE OHIO UNIVERSITY FOUNDATION EMPLOYEES ARE PAID BY OHIO UNIVERSITY EIN 31-6402113, A RELATED ORGANIZATION THE FOUNDATION REIMBURSES THE COLLEGE FOR SALARY AND BENEFITS THE UNIVERSITY FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS ON BEHALF OF THE FOUNDATION

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) OHIO UNIVERSITY HOLDS AS ITS CENTRAL PURPOSE THE INTELLECTUAL AND PERSONAL DEVELOPMENT OF ITS STUDENTS AND IS WELL-KNOWN FOR ITS OUTSTANDING FACULTY OF ACCOMPLISHED TEACHERS WHOSE RESEARCH AND CREATIVE ACTIVITY ADVANCE KNOWLEDGE ACROSS MANY DISCIPLINES DURING FISCAL YEAR 2010 THE OHIO UNIVERSITY FOUNDATION RECEIVED MORE THAN 30,000 GIFTS TOTALING IN EXCESS OF \$19 MILLION

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK	FORM 990, PART VII	DR RODERICK MCDAVIS, PRESIDENT OF OHIO UNIVERSITY, SPENDS APPROXIMATELY 15% OF HIS TIME ON FOUNDATION INITIATIVES WILLIAM DECATUR, VICE PRESIDENT FOR FINANCE AND ADMINISTRATION SPENDS APPROXIMATELY 15% OF HIS TIME SERVING AS THE FOUNDATION'S TREASURER AND CFO HOWARD LIPMAN, PRESIDENT AND CEO OF OHIO UNIVERSITY FOUNDATION, AS WELL AS THE INDIVIDUALS LISTED AS THE FOUNDATION'S HIGHEST COMPENSATED EMPLOYEES, SPEND ALL OF THEIR TIME ON FOUNDATION INITIATIVES

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FRITZ J AND DOLORES H RUSS HOLDINGS LLC 166 HDL CENTER ATHENS, OH 45701	REAL ESTATE	OH	182,961	3,191,961	NA
RUSS RESEARCH CENTER LLC 166 HDL CENTER ATHENS, OH 45701	R&D	OH	1,573,117	7,055,171	FRITZ J AND DOLORES H RUSS HOLDINGS LLC
RUSS NORTH VALLEY ROAD LLC 166 HDL CENTER ATHENS, OH 45701	REAL ESTATE	OH	0	622,000	FRITZ J AND DOLORES H RUSS HOLDINGS LLC

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
OHIO UNIVERSITY CUTLER ROOM 108 ATHENS, OH 45701 31-6402113	UNIVERSITY	OH	501(C)(1)	N/A	NA
HOUSING FOR OHIO INC 166 HDL CENTER ATHENS, OH 45701 31-1691089	STUDENT HOUSING	OH	501(C)(3)	11 - Type I	NA
SUGARBUSH FOUNDATION 206 MCGUFFY HALL ATHENS, OH 45701 20-4352434	SUPPORTING FOUNDATION	OH	501(C)(3)	11 - Type I	NA

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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	(h) Percentage ownership
INN-OHIO OF ATHENS INC 331 RICHLAND AVENUE ATHENS, OH45701 31-1190088	HOTEL/CONFERENCE	OH	N/A	C CORPORATION	2,825,482	6,875,134	1 00 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

Yes

No

Yes

Yes

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) Transaction type(a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]