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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)

2009

OMB No 1545-0047

ZUUJ

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

Open to Public Inspection

A Fo	rthe 2	2009 ca <u>lendar yea</u>		1-2009 and ending 06-30-201	0			
<b>B</b> Che	eck ıf ap	pplicable <b>Please</b>	C Name of organization THE UNIVERSITY OF FINDLAY			D Employer ide	ntification number	
_	dress cha	label or	Doing Business As		34-4431169 E Telephone nu			
_	me chan	type. See	, ,			(419) 434-4		
_	tial retur	Instruc-	Number and street (or P O box 1000 NORTH MAIN STREET	ıf maıl ıs not delivered to street addre	ss) Room/suite	<b>G</b> Gross receipts		
_	mınated							
	ended r		City or town, state or country, a FINDLAY, OH 45840	and ZIP + 4				
App	olication	pending			ı			
			ne and address of principal o <sup>.</sup> IARD BECKETT	fficer	<b>H(a)</b> Is th affilia	is a group return ites?	for	
			N MAIN ST					
		FINDL	AY,OH 45840			l affiliates include		
та [	x-exem	pt status 🔽 501(c	) (3) ◀ (insert no )	(1) or		o," attach a list ip exemption nur	(see instructions) nber ►	
ı w	ebsit e	:► WWW FINDLA	Y EDU		11(0)	.,		
/ For	m of ora	anization 🔽 Cornerat	tion Trust Association Other	or <b>b</b>	Voor of fo	rmation 1882 M	State of legal domicile OH	
		Summary	lion i must i Association i Oth	ei <b>F</b>	L fear or io	mation 1882 M	State of legal dofficile. On	
			e organization's mission or m	nost significant activities				
		THE MISSION OF PRODUCTIVE CA		DLAY IS TO EQUIP OUR STUD	ENTS FOR M	EANINGFUL LIV	VES AND	
Governance		PRODUCTIVE CA	KEEKS					
₫								
<u>.</u>								
9	2	Check this box 🟲	if the organization disconti	nued its operations or disposed	of more than	25% of its net a	ssets	
	3	Number of voting r	members of the governing boo	dy (Part VI, line 1a)		3	43	
Activities &	4	Number of indeper	ident voting members of the q	governing body (Part VI, line 1t	)	. 4	37	
ž	5	Total number of er	nployees (Part V , line 2a) .			5	2,235	
Ş	6	Total number of vo	olunteers (estimate if necess	ary)		6	200	
•	7a	Total gross unrela	ted business revenue from P	art VIII, column (C), line 12		7a	156,377	
	b	Net unrelated busi	ness taxable income from Fo	rm 990-T, line 34		7b	-95,087	
				Prio	or Year	Current Year		
۵.	8		d grants (Part VIII, line 1h)		9,654,439	12,135,136		
ă E	9	Program service	revenue (Part VIII, line 2g)		100,358,249	105,723,926		
Revenue	10		ne (Part VIII, column (A), lır		-1,646,413	1,341,545		
_	11	•	art VIII, column (A), lines 5			1,890,082	1,549,319	
	12		dd lines 8 through 11 (must o	equal Part VIII, column (A), lin		110,256,357	120,749,926	
	13		ar amounts paid (Part IX, coli		34,751,267	37,093,641		
	14	Benefits paid to o	or for members (Part IX, colu	mn (A), line 4)		0	0	
ø	15		ompensation, employee bene	fits (Part IX, column (A), lines 5	5-	41,391,696	42.020.051	
Expenses	16a	10) Professional fund	raising fees (Part IX, column	(A), line 11e)		3,200	42,938,051	
жbе	b		enses (Part IX, column (D), line 25					
ш	17			la-11d, 11f-24f)		29,135,878	29,553,572	
	18	Total expenses <i>i</i>	Add lines 13–17 (must equa	l Part IX, column (A), line 25)		105,282,041	109,598,921	
	19	Revenue less exp	penses Subtract line 18 from	n line 12		4,974,316	11,151,005	
\$ € €						g of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Pai	rt X, line 16)			129,370,539	140,811,755	
2 A B	21		Part X, line 26)			57,693,031	55,541,673	
Ž.	22	-	d balances Subtract line 21			71,677,508	85,270,082	
Pai	t II	Signature Bl	ock				· · · · · · · · · · · · · · · · · · ·	
				ed this return, including accompanying				
		and belief, it is true,	correct, and complete Declaration of	of preparer (other than officer) is base	d on all informat	ion of which prepare	r has any knowledge	
Sign	1	*****			2011-	02-13		
Here		Signature of office	er	Date				
		MARTIN TERRY T	reasurer/VP Business Affairs					
		Type or print nam						
		Preparer's <b>L</b>			Check If	Preparer's identify		
Paid		signature		1	self- empolyed •	(see instructions)		
	arer's	Firm's name (or your	s L CROWE HORWATH LLP		po./ou r			
Use (		ıf self-employed),				EIN 🕨		
- '	1	address, and ZIP + 4	10 West Broad Street Suite 1700			Phone no 🕨 (61	14) 469-0001	
			Columbus, OH 432153713	pove? (see instructions)		`	✓ Yes □ No	

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE MISSION OF THE UNIVERSITY OF FINDLAY IS TO EQUIP OUR STUDENTS FOR MEANINGFUL LIVES AND PRODUCTIVE CAREERS

2	Did the organization the prior Form 990 o		ant program se	rvices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	ese new services on So	chedule O			
3	Did the organization services?	cease conducting, or r	make sıgnıfıcan 	t changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe th	ese changes on Sched	ule O			
4	Section 501(c)(3) a		ions and sectio	n 4947(a)(1) trusts	largest program services be are required to report the am service reported	
4a	(Code	) (Expenses \$	74,958,867	ıncludıng grants of \$	37,093,641 ) (Revenue \$	75,317,529 )
	HIGHER LEARNING COI ENROLLMENT OF NEAR STUDENTS), HEALTH P	MMISSION UNIVERSITY OF I LY 2,825 STUDENTS SOME ROFESSIONS (537 STUDENT	FINDLAY OFFERS M OF THE MORE POP S), PHARMACY (24	IORE THAN 60 AREAS OF U ULAR UNDERGRADUATE P 2 STUDENTS), LIBERAL AI	DERGRADUATE AND GRADUATE STU JNDERGRADUATE STUDY AND HAS ROGRAMS INCLUDE BUSINESS (3' RTS (343 STUDENTS), NATURAL SC ON INCLUDING PRE-VETERINARY	73 STUDENTS), EDUCATION (243 CIENCE (962 STUDENTS) AND
	(Code	) (Expenses \$	12,846,868	including grants of \$	0 ) (Revenue \$	18,715,491 )
40	UNIVERSITY OF FINDLA HEALTH PROFESSIONS	AY OFFERS A VARIETY OF GR SUCH AS PHYSICAL THERAP	ADUATE PROGRAMY, OCCUPATIONAL	IS INCLUDING MASTERS THERAPY AND ATHLETIC	o ) (Revenue \$  OF BUSINESS (460 STUDENTS), EL  TRAINING (193 STUDENTS), PHARE  ENTLY ENROLLED ARE MORE THAN	DUCATION (402 STUDENTS), MACY (51 STUDENTS), LIBERAL
4c	(Code	) (Expenses \$	10,380,066	ıncludıng grants of \$	0 ) (Revenue \$	13,192,522 )
					EIR STUDENTS, THESE AUXILIARY ES FOR STUDENTS AND THE UNIVE	DEPARTMENTS INCLUDE RSITY'S ON-CAMPUS VETERINARY
4d	Other program ser	vices (Describe in Sch	edule O )			
	(Expenses \$	0 inc	luding grants o	f\$	0 ) (Revenue \$	0)
4e	Total program serv	ice expenses►\$	98,185,80	1		
						Form <b>990</b> (2009)

Part IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
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	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	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	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	140
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31		31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
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	

t V Statements Regarding Other IRS Filings and Tax Compliance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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		Νο
b	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
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		
а	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		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
'	Organizations that may receive deductible contributions under section 170(c).			
	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		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
"	required?	7h		
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		
ı	Sponsoring organizations maintaining donor advised funds.			
а	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		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	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 120	]		

1000 N MAIN ST FINDLAY, OH 45840 (419) 434-4524

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

Se	ection A. Governing Body and Management			
			Yes	No
		1		
_		1		
1a	Enter the number of voting members of the governing body 1a 43	!		
b	Enter the number of voting members that are independent 1b 37	!		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		100	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10-	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
_	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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		
Çe	ection C. Disclosure	100		
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  Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	n <b>►</b>

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

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

|--|

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 24

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

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B)	(C)
	Description of services	Compensation
SODEXO INC		
	FOOD SERVICE	2,697,581
FINDLAY, OH 45840		
VAUGHN INDUSTRIES		
PO BOX 633286	CONSTRUCTION	1,076,370
CINNCINNATI, OH 45263		
ACI CONSTRUCTION COMPANY INC		
2959 SOUTH US 23	CONSTRUCTION	582,908
ALVADA, OH 44802		
CSI CONSTRUCTION SERVICES INC		
13860 TWP HWY 42	CONSTRUCTION	286,882
CAREY, OH 43316		
YATES YOUNG PLUMBING HEATING		
1501 LIMA AVE	PLUMBING AND HEATING	285,160
FINDLAY, OH 45840		,
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 \(\big  19	, who received more than	
\$100,000 III COMPENSACION NOM CHE OLGANIZACION F19		

Page 8

Form 99								Page <b>9</b>
Part V	<u>/IIII</u>	Statement o	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
9.92	1a	Federated camp	paigns 1a	0				514
Contributions, gifts, grants and other similar amounts	ь		es <b>1b</b>	0				
.g⊓	_c		ents 1c	66,963				
ifts, rai	d		eations 1d					
g Illa	e	Government grants		6,117,928				
ons sin	f	_	ons, gifts, grants, and <b>1f</b>	5,950,245				
iti Të	'	sımılar amounts no	ot included above					
trib off	g	Noncash contri	butions included in ,220,127					
no.	h	lines 1a-1f \$		▶	12,135,136			
<u>0 e</u>	<b>⊢"</b>	Total: Add filles	5 Id-II		,			
an	]	TUTTION AND FEE		Business Code	00.000.001			
ver	2a	TUITION AND FEES			90,090,001	90,090,001	0	
22	Ь	DORMITORIES			6,309,795	6,309,795	0	
WCE	c	DINING HALLS			4,092,057	4,092,057	0	
Program Serwce Revenue	d	VETERINARY SERV			495,447	495,447	0	
E a	e	INTERCOLLEGIATE			68,780	68,780	0	
aBo	f	All other progra	im service revenue		4,667,846	4,667,846	0	0
<u>7</u>	g	Total. Add lines	s 2a-2f	<u></u> ►	105,723,926			
	3	Investment inc	ome (including dividen	ds, interest				
		and other simila	aramounts)	▶	1,124,130	0	0	_,,
	4		tment of tax-exempt bond	· · · ·	0	0	0	
	5	Royalties			0	0	0	0
	_	C 5	(ı) Real 212,170	(II) Personal				
	6a	Gross Rents Less rental	212,170	0				
	b	expenses						
	c	Rental income or (loss)	-74,917	0				
	d	Net rental incor	me or (loss)		-74,917	0	0	-74,917
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of	1,332,954	0				
		assets other than inventory						
	ь	Less cost or other basis and	1,115,539	0				
		sales expenses						
	c	Gain or (loss)	217,415	0	222.4	_	-	343.45
	d		s)		217,415	0	0	217,415
۸.	8a	Gross income for events (not incline)	_					
Other Revenue		\$66	<u>,963</u>					
₹		of contributions See Part IV, lin	reported on line 1c)					
R		,	a	42,737				
her	ь	Less direct ex	penses b	76,494				
₹	С	Net income or (	loss) from fundraising	events 🕨	-33,757	0	0	-33,757
	9a		rom gaming activities					
		See Part IV, lin	e 19 a	0				
	ь	Less directex	penses b	0				
	c		loss) from gaming acti	vities	0	О	0	0
	10a	Gross sales of	inventory, less					
		returns and allo						
	Ь	loca coot of	a a	0				
			oods sold <b>b</b> (loss) from sales of inve	entory ►	0	0	0	0
	<u> </u>	Miscellaneous		Business Code	- J			1
	11a	MISC REVENU			1,119,789	1,119,789	0	О
	ь	-	E RINK INCOME	713,990	156,377	0	156,377	0
	<sub>c</sub>	INTEREST ON	_		291,431	291,431	0	0
	-	ACCOUNTS			·			
	d	All other revenu	ue		90,396	90,396	0	0
	e	Total. Add lines	s 11a-11d		1,657,993			]
	12	Tatal	Coolinaterist		, ,,,,,,			
	12	lotal revenue.	See Instructions .	· · •	120,749,926	107,225,542	156,377	
								Form <b>990</b> (2009)

Form	990 (2009)				Page <b>10</b>
Par	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
			(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		_
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	37,093,641	37,093,641		
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	1,125,590	0	1,125,590	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	83,788	83,788	0	0
7	Other salaries and wages	31,623,241	26,809,968	4,572,983	240,290
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,920,073	1,528,326	372,964	18,783
9	Other employee benefits	5,967,247	4,367,289	1,356,917	243,041
10	Payroll taxes	2,218,112	1,834,524	368,476	15,112
11	Fees for services (non-employees)				<u> </u>
а	Management	0	0	0	0
ь	Legal	69,121	0	69,121	0
С	Accounting	97,500	0	+ + +	0
d	Lobbying	56,987	56,987	0	0
e	Professional fundraising See Part IV, line 17	13,657	,		13,657
f	Investment management fees	195,022	0	195,022	0
g	Other	3,176,623	2,654,143	<del>'</del>	7,904
12	Advertising and promotion	491,134	491,134	<del>                                     </del>	0
13	Office expenses	5,726,026	5,196,907	<del> </del>	64,463
14	Information technology	642,395	574,080	· · ·	
15	Royalties	0	0	<del>                                     </del>	0
16	Occupancy	2,630,631	2,630,631	0	0
17	Travel	1,543,044	1,415,976	<del>                                     </del>	6,609
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		0
19	Conferences, conventions, and meetings	299,127	258,652	40,034	441
20	Interest	1,565,891	1,516,494	408	48,989
21	Payments to affiliates	0	0	<del> </del>	0
22	Depreciation, depletion, and amortization	4,220,424	4,144,794	-	
23	Insurance	0	0	<del> </del>	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	MISCELLANEOUS	3,942,727	2,916,295	911,312	115,120
b	CONTRACTED FOOD SERVICE	2,307,512	2,307,445	67	0
c	PURCHASE FOR RESALE	1,440,840	1,440,840	0	0
d	LEASES	1,148,568	863,887	284,681	0
е		0	0	0	0
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	109,598,921	98,185,801	10,638,711	774,409
26	Joint costs. Check here ► ☐ 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

		(2009)			Page <b>11</b>
Pa	rt X	Balance Sheet	T .		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	417,477	1	319,988
	2	Savings and temporary cash investments	8,876,413		12,195,149
	3	Pledges and grants receivable, net	603,063	3	591,311
	4	Accounts receivable, net	3,351,571	4	3,317,535
	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
Assets	7	Notes and loans receivable, net	1,679,826	7	1,509,491
	8	Inventories for sale or use	806,795	8	838,182
	9	Prepaid expenses and deferred charges	371,993	9	431,034
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 129,468,329			
	ь	Less accumulated depreciation 10b 41,163,044	82,112,679	10c	88,305,285
	11	Investments—publicly traded securities	16,488,538	11	19,673,692
	12	Investments—other securities See Part IV, line 11	11,354,196	12	12,036,786
	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	3,307,988	15	1,593,302
	16	Total assets. Add lines 1 through 15 (must equal line 34)	129,370,539	16	140,811,755
	17	Accounts payable and accrued expenses .	15,391,006	17	16,722,143
	18	Grants payable	0	18	0
	19	Deferred revenue	2,698,948	19	2,526,955
	20	Tax-exempt bond liabilities	28,360,000	20	25,945,458
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
_iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ä		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	4,152,610	23	3,607,365
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities Complete Part X of Schedule D	7,090,467	25	6,739,752
	26	Total liabilities. Add lines 17 through 25	57,693,031	26	55,541,673
Balances		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	51,472,331	27	59,432,256
Ba	28	Temporarily restricted net assets	3,418,294	28	6,252,180
둳	29	Permanently restricted net assets	16,786,883	29	19,585,646
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
9		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
Assets	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
Net Net	33	Total net assets or fund balances	71,677,508	33	85,270,082
_	34	Total liabilities and net assets/fund balances	129,370,539	34	140,811,755

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

### OMB No 1545-0047

#### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization THE UNIVERSITY OF FINDLAY

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

**Public Charity Status and Public Support** 

Inspection

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

**Employer identification number** 

									34-443116					
Par				olic Charity Stat						tructions				
The o	rganı:			e foundation because					)					
1	Г	A churc	h, conventio	on of churches, or as:	sociation of d	churches <b>s</b> e	ection 170(b)	(1)(A)(i).						
2	굣	A schoo	ol described	ın <b>section 170(b)(1)</b>	(A)(ii). (Att	ach Schedul	e E )							
3	Г	A hospi	tal or a coop	perative hospital serv	vice organiza	ition describ	ed in <b>sectio</b> i	170(b)(1)( <i>k</i>	A)(iii).					
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	iospital desc	rıbed ın <b>secti</b>	ion 170(b)(1)	( <b>A)(iii).</b> Ente	rthe			
5	Γ	_	-	rated for the benefit	=	or university	owned or op	perated by a g	governmental	unıt describ	_ ed ın			
_	_			<b>A)(iv).</b> (Complete Pa	· ·			4=6(1)(4)						
-	<u> </u>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>												
7	ı	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	$\Gamma$	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	)(vi) (Com	plete Part II	)						
9	$\sqcap$	Anorga	nization tha	t normally receives	(1) more tha	n 331/3% o	f its support	from contribu	itions, membe	ership fees, a	nd gro	SS		
		receipts	s from activi	ties related to its ex	empt function	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	of			
		ıts supp	ort from gro	ss investment incom	ne and unrela	ited busines	s taxable ind	ome (less se	ection 511 ta	x) from busin	esses			
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e <b>section 5</b> 0	<b>09(a)(2).</b> (Co	mplete Part	III )					
10	$\Gamma$	Anorga	cquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III ) In organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>											
11	_	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect 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 T							Section 509	<b>a)(3).</b> I - Otl	Check her			
е	ı	other th	_	x, I certify that the o	-		•	•	•	•	•			
f			-	eceived a written de	termınatıon f	rom the IRS	that it is a T	ype I, Type l	II or Type III	[ supporting (	organız	ation,		
-		check t		006, has the organiz	ation accent	ad any gift o	r contributio	n from any of	f + b o			ı		
g			g persons?	ooo, nas the organiz	астоп ассерс	ed any gnice	or contribution	on non any or	tile					
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons desci	rıbed ın (ıı)		Yes	No		
		and (III)	below, the g	governing body of the	the support	ed organizat	:ion?			11g(i)				
		(ii) a fa	mily membe	r of a person describ	ed in (i) abov	/e <sup>?</sup>				11g(ii)				
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) ab	ove?			11g(iii)				
h		Provide	the followin	g ınformatıon about t	he supported	d organizatio	n(s)							
				(iii)	(iv)									
(i) Name of supported organizatio		Type of Organization (described on Innex 1-9 above or IRC section organization occurrent?		e ion in ted in rning	(v) Did you no organiza col (i) o suppo	tify the tion in f your	(vi) Is the organizat col (i) org in the U	e ıon ın anızed	A m	vii) ount of oport?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
								<u> </u>						
									1	1				
								1		1				
									-	-				
								+		1				

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493045004051

## OMB No 1545-0047

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

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

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

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

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

	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete				•	
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Iin ction 501(c)(4), (5), or (6) organizations Complete Part III	ie 35a	a (rega	rding	proxy tax)	, then
Νa		Emplo	yer ide	ntıfıca	tion numbe	er
III		34-4	431169	Ð		
a r	t I-A Complete if the organization is exempt under section 501(c) or is a s	ecti	on 52	7 org	anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Par	t I V				
2	Political expenditures		<b>&gt;</b>	\$		
3	V olunteer hours					
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		<b> -</b>	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		<b>&gt;</b>	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	☐ No
b	If "Yes," describe in Part IV					
Pai	t I-C Complete if the organization is exempt under section 501(c) except s	secti	ion 50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tıvıtıe	s 🟲	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	527	<b>&gt;</b>	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	L 7 b	<b>F</b>	\$		

┌ No Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

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

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures	nditures			(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

,			. ~ 9
Part II-B	Complete if the organization is	s exempt under section 501(c)(3) and has NOT filed Form 57	68
	(election under section 501(h)	)).	

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		56,987	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			56,987	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	<b>Explanat ion</b>
	B, LINE 1G	THE UNIVERSITY OF FINDLAY PAID A RETAINER TO A LOBBYIST FOR ASSISTANCE IN RECEIVING GRANTS FOR THE UNIVERSITY WITH THE ASSISTANCE OF THE LOBBYIST, THE UNIVERSITY WAS ABLE TO RECEIVE SEVERAL \$100,000 IN GRANTS IN PRIOR YEARS

1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493045004051

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

Open to Public

ernal Revenue Service	₱ Attach to Fo	rm 990. F See separate instructions.			Tushectic	,,,,
Name of the organization THE UNIVERSITY OF FINDLAY			Empl	oyer identificat	ion number	
				431169		
Part I Organizations Main organization answere		Ivised Funds or Other Similar 0, Part IV, line 6.	Funds (	or Accounts.	Complete	ıf the
		(a) Donor advised funds	(	<b>b)</b> Funds and oth	ner account	s
. Total number at end of year						
Aggregate contributions to (dui	ng year)					
Aggregate grants from (during y	ear)					
Aggregate value at end of year						
<del>-</del>		sors in writing that the assets held in do organization's exclusive legal control?	onor advi	sed	┌ Yes │	_ No
<del>-</del>	es and not for the ben	donor advisors in writing that grant fund efit of the donor or donor advisor, or for	•		┌ Yes │	_ No
Part III Conservation Ease	ments. Complete	f the organization answered "Yes"	to Form	1 990, Part IV,	lıne 7.	
Preservation of land for pu Protection of natural habit Preservation of open space Complete lines 2a-2d if the ore	blic use (e g , recreati at e ganization held a quali	ganization (check all that apply) on or pleasure)	a certified	historic structu	•	
easement on the last day of the	e tax year			Held at the E	nd of the V	
a Total number of conservation e	asements		2a	neiu at the E	ilu oi tile i	cai
<b>b</b> Total acreage restricted by coi			2b			
<ul> <li>Number of conservation easem</li> </ul>		toric structure included in (a)	2c			
d Number of conservation easem		• •	2d			
		rred, released, extinguished, or termina	ited by th	e organization d	uring	
the taxable year ►						
Number of states where proper	ty subject to conserva	tion easement is located ►				
Does the organization have a we enforcement of the conservation		the periodic monitoring, inspection, ha	ındlıng of	violations, and	┌ Yes │	_ No
Staff and volunteer hours devo	ed to monitoring, insp	ecting and enforcing conservation ease	ements du	ırıng the year 🛌		
A mount of expenses incurred i	n monitoring, inspectir	ng, and enforcing conservation easeme	nts during	the year ► \$		
Does each conservation easen 170(h)(4)(B)(i) and 170(h)(4)(		(d) above satisfy the requirements of s	ection		┌ Yes │	_ No
	pplicable, the text of t	onservation easements in its revenue a he footnote to the organization's financ ients				
		ns of Art, Historical Treasures Yes" to Form 990, Part IV, line 8.	, or Oth	ner Similar A	ssets.	
art, historical treasures, or oth	er sımılar assets held	116, not to report in its revenue stater for public exhibition, education or resea ancial statements that describes these	arch in fur			
	mılar assets held for p	116, to report in its revenue statement public exhibition, education, or research			•	
(i) Revenues included in Form	990, Part VIII, line 1			<b>►</b> \$		0
(ii) Assets included in Form 99	O Part X			<b>►</b> \$		
	held works of art, histo	orical treasures, or other similar assets S 116 relating to these items	for financ			
a Revenues included in Form 990		<u> </u>		<b>►</b> \$		
<b>b</b> Assets included in Form 990, I						
Assets included in Follii 990, i	uit A			F P		

σľ	<b>Til</b> Organizations Maintaining Co	llections of Art	, His	toric	<u>cal Tre</u>	ası	ires, or O	the	r Similar <i>i</i>	<u>Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne follo	owing th	at ar	e a significa	ant u	se of its coll	ectio	n	
а	Public exhibition		d	굣	Loan or	exc	hange progr	ams				
b	Scholarly research		e	$\Gamma$	Other							
c	✓ Preservation for future generations											
ŀ	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further	the	organization	ı's e>	cempt purpos	e ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang						n answere	d "Y	es" to Form	າ 990	),	
	Part IV, line 9, or reported an an											
.a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	forco	ontributio	ons	or other ass	ets	not	Γ	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	ble		_					
							-			A mo	unt	
с	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	/										
Pa	rt V Endowment Funds. Complete											
	D	(a)Current Year 18,034,477	(E	Prior 24	,023,302	(c)1	wo Years Bac	k  (d	)Three Years Ba	ick (e	e)Four Ye	ears Back
a	Beginning of year balance			24				+		_		
b	Contributions	2,798,763		-	735,936 ,724,761			+		_		
c	Investment earnings or losses	1,979,042 781,688		-0	,724,761			+		_		
d	Grants or scholarships	57,602			0							
e	Other expenditures for facilities and programs	37,002			Ĭ							
f	Administrative expenses				0							
g	End of year balance	21,972,992		18	,034,477							
	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	0 % %										
ь	Permanent endowment ► 89 14 % %											
c	Term endowment ► 1086 % %											
a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held a	and a	dministere	d for	the			
	organization by	J									Yes	No
	(i) unrelated organizations								3	Ba(i)		Νo
	(ii) related organizations								🔼	Ba(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•		3Ь		
_	Describe in Part XIV the intended uses of th					0 0	- ot V los -	10				
<b>'</b> @L	t VI Investments—Land, Buildings	s, and Equipme	<u>nτ. 5</u>							. 1		
	Description of investment				Cost or otl (investme		(b)Cost or of basis (other		(c) Accumulat depreciation		( <b>d</b> ) Boo	ok value
a	Land					0	7,053	,231				7,053,231
b	Buildings					0	86,028	,723	21,693,	,856	64	1,334,867
c	Leasehold improvements					0		0		0		(
d	Equipment					0	21,034	,131	15,167,	,249	!	5,866,882
e	Other				2,642	,474	12,709	,770	4,301,	,939	1:	1,050,305

88,305,285

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation -year market value
Financial derivatives	0		•
Closely-held equity interests	0		
Other ALTERNATIVE INVESTMENTS	12,036,786		F
ALIENNATIVE INVESTMENTS	12,030,700		<u>'</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	12,036,786		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		d of valuation -year market value
		Cost of the of	year marker varae
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin			(IN Production
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
FUNDS HELD IN TRUST	1,944,287		
TUITION AND ROOM ADVANCES	1,466,498		
NDSL PROGRAM FUNDS HELD FOR AGENCY	1,673,383 843,900		
INTEREST RATE SWAP	811,684		
	022,004		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	6,739,752		

109,598,921

Sche	dule D (Form 990) 2009		Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	120,749,926
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	109,598,921
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,151,005
4	Net unrealized gains (losses) on investments	4	2,649,568
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-207,999
9	Total adjustments (net) Add lines 4 - 8	9	2,441,569
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,592,574
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	86,669,434
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	3,013,149
3	Subtract line <b>2e</b> from line <b>1</b>	3	83,656,285
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	37,093,641
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	120,749,926
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	73,076,860
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	571,580
3	Subtract line <b>2e</b> from line <b>1</b>	3	72,505,280
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	37,093,641

#### 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

Total expenses Add lines  ${f 3}$  and  ${f 4c.}$  (This should equal Form 990, Part I, line 18 ) . . .

Ident if ier	Ret urn Reference	Explanation
Collections of art - description of collections	Schedule D, Part III, Line 4	THE MAZZA MUSEUM IS DEDICATED TO COLLECTING, EXHIBITING AND PRESERVING ORIGINAL ART FROM CHILDREN'S PICTURE BOOKS THE MUSEUM IS THE WORLD'S FIRST AND LARGEST TEACHING MUSEUM DEVOTED TO LITERACY AND THE ART OF CHILDREN'S PICTURE BOOKS FOUNDED IN 1982, THE MUSEUM CONTAINS MORE THAN 3,000 ORIGINAL ARTWORKS
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE INTENDED USE OF THE ENDOWMENT FUND IS FOR SCHOLARSHIPS
FIN 48 footnote	Schedule D, Part X, Line 2	GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBES RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN TAX BENEFITS WILL BE RECOGNIZED ONLY IF A TAX POSITION IS MORE-LIKELY-THAN-NOT SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED MANAGEMENT HAS CONCLUDED THAT THEY ARE UNAWARE OF ANY TAX BENEFITS OR LIABILITIES TO BE RECOGNIZED AT JUNE 30, 2010 THE UNIVERSITY WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY THE UNIVERSITY HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES FOR THE YEAR ENDED JUNE 30, 2010 THE UNIVERSITY IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2007 THE UNIVERSITY DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS
Other changes in net assets	Schedule D, Part XI, Line 8	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 207999, OTHER - 0, TOTAL207999
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	SPECIAL EVENT EXPENSES - 76494, RENTAL EXPENSE - 287087, OTHER - 0, TOTAL - 363581
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	SCHOLARSHIP EXPENSE - 37093641, OTHER - 0, TOTAL - 37093641
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	SPECIAL EVENT EXPENSES - 76494, RENTAL EXPENSE - 287087, CHANGE IN FAIR VALUE OF INTEREST RATE SWAI - 207999, OTHER - 0, TOTAL - 571580
Other expenses in form 990 not in audited financial statements	Schedule D, Part XIII, Line 4b	SCHOLARSHIP EXPENSE - 37093641, OTHER - 0, TOTAL - 37093641

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

THE UNIVERSITY OF FINDLAY

# **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

othe <b>2</b> Doe broo		34-4431169			
othe <b>2</b> Doe broo				YES	NO
broo	es the organization have a racially nondiscriminatory policy toward students by statement in er governing instrument, or in a resolution of its governing body?	ıts charter, bylaws,	1	Yes	
	es the organization include a statement of its racially nondiscriminatory policy toward studen chures, catalogues, and other written communications with the public dealing with student ac grams, and scholarships?		2	Yes	
the that plea	the organization publicized its racially nondiscriminatory policy through newspaper or broad period of solicitation for students, or during the registration period if it has no solicitation pro makes the policy known to all parts of the general community it serves? If "Yes," please de use explain ARLY DEFINED IN ALL UNIVERSITY LITERATURE	ogram, ın a way	3	Yes	
	s the organization maintain the following?		1		
<b>a</b> Rec	ords indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
<b>b</b> Rec	ords documenting that scholarships and other financial assistance are awarded on a racially is?	nondiscriminatory	4b	Yes	
	oles of all catalogues, brochures, announcements, and other written communications to the p I student admissions, programs, and scholarships?	ublic dealing	4c	Yes	
<b>d</b> Cop	ies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
<b>5</b> Doe	ou answered "No" to any of the above, please explain. If you need more space, use Schedule	O (Form 990)	  -   _		
a Stud	dents' rights or privileges?		_ 5a		Νo
<b>b</b> Adn	nissions policies?		5b		Νo
<b>c</b> Emp	ployment of faculty or administrative staff?		5c		Νo
<b>d</b> Sch	olarships or other financial assistance?		5d		Νo
<b>e</b> Edu	cational policies?		5e		Νo
<b>f</b> Use	of facilities?		5f		Νo
<b>g</b> Ath	letic programs?		5g		Νo
	er extracurricular activities? ou answered "Yes" to any ofthe above, please explain If you need more space, use Schedul	e O (Form 990)	5h		Νo
6a Doe	s the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
	the organization's right to such aid ever been revoked or suspended?		6b		Νo
<b>7</b> Doe	ou answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) is the organization certify that it has complied with the applicable requirements of sections 4 ev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on S		7	Yes	

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DLN: 93493045004051

OMB No 1545-0047

**SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspect ion

Name of the organization THE UNIVERSITY OF FINDLAY Employer identification number

34-4431169

Part I	General Information on	<b>Activities Outside the United States</b>	. Complete if the organization answered
	"Yes" to Form 990, Part IV	line 14b.	

- For grantmakers. Does the organization maintain records to substantiate the amount of the grants or 1 assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

<b>3</b> Activites per Region (l	Use Schedule	F-1 (Form 990	)) if additional space is	s needed )	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	1 1091011 (5) (1) (1) (1)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RECRUITING/ACADEMICS/ATHLETICS	1,216
EAST ASIA AND THE PACIFIC	0	18	PROGRAM SERVICES	RECRUITING/ACADEMICS/ATHLETICS	172,588
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	5	PRO GRAM SERVICES	RECRUITING/A CA DEMICS/A THLETICS	22,517
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RECRUITING/ACADEMICS/ATHLETICS	11,414
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PRO GRAM SERVICES	RECRUITING/ACADEMICS/ATHLETICS	10,169
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	RECRUITING/A CA DEMICS/A THLETICS	14,062
SOUTH AMERICA	0	0	PROGRAM SERVICES	RECRUITING/ACADEMICS/ATHLETICS	9,415
SOUTH ASIA	0	19	PROGRAM SERVICES	RECRUITING/ACADEMICS/ATHLETICS	86,873
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS		0
Totals ▶	0				328,254
For Privacy Act and Paperwork	Reduction Act	Notice, see the	Instructions for Form 99	90. Cat No 50082W Schedule	F (Form 990) 2009

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more tha	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 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. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	ın Part I, line 2, and any additional information.  Explanation

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DLN: 93493045004051

OMB No. 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

# **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.

Internal Revenue Service Name of the organization THE UNIVERSITY OF FINDLAY

**Employer identification number** 

							34-4431169	
<b>Part I Fundraising Act</b> Form 990-EZ filers						to Form	າ 990, Part IV	, line 17.
1 Indicate whether the organ	ızatıon raısed funds	through a	any of the	follow	ing activities Ch	eck all t	hat apply	
a Mail solicitations			e	Γ	Solicitation of nor	n-govern	ıment grants	
<b>b</b> Internet and e-mail sol	ıcıtatıons		f	Γ	Solicitation of gov	/ernmen	t grants	
<b>c</b> Phone solicitations			g	$\sqcap$	Special fundraisir	g event:	S	
<b>d</b> In-person solicitations								
2a Did the organization have a or key employees listed in								Г <sub>Yes</sub> Г <sub>N</sub> o
<b>b</b> If "Yes," list the ten highes to be compensated at least								
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of utions?		Gross receipts om activity	(or r fundra	mount paid to etained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No					
otal								
3 List all states in which the licensing	e organization is reç	jistered o	rlicensed	d to so	ıcıt funds or has	been not	ified it is exem	pt from registration or

Par	t II	Fundraising Events. Com more than \$15,000 on Form	iplete if the organizati i 990-EZ, line 6a. List	on answered "Yes" to events with gross rec	Form 990, Part IV, lii eipts greater than \$5	ne 18, or ,000.	report	ted
			(a) Event #1  GOLF OUTING	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
E E	1	Gross receipts	109,70	0			10	9,700
Revenue	2	Less Charitable contributions	66,96	3			6	6,963
	3	Gross income (line 1 minus line 2)	42,73	7			4	2,737
	4	Cash prizes		0				0
	5	Non-cash prizes		0				0
unse:	6	Rent/facility costs		o				0
Expenses	7	Food and beverages	75,679	Э			7	5,679
Direct	8	Entertainment		0				0
흅	9	Other direct expenses .	81	5				815
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)	🛌		7	6,494
	11	Net income summary Combine li	nes 3, column d, and line	10			- 3	3,757
Par	: 1111	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e thar	ı
₽			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col		
Revenue							l <b>(c)</b> )	J
	1	Gross revenue						
Ş	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	Г Yes			
			Г No	Г No	Г No			
	7	Direct expense summary Add line	s 2 through 5 in column (	(d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7	🛌			
							Yes	No
9 a		er the state(s) in which the organiz :he organization licensed to operate			<del></del>	. 9a		
b		No," Explain				<u> </u>		
10a	Wer	re any of the organization's gaming	licenses revoked, suspei	nded or terminated during	the tax year?	10a		
b	If"	Yes," Explain						
11		es the organization operate gaming				11		<u> </u>
12		the organization a grantor, beneficia ned to administer charitable gaming				.		
					Schedule G (Form	' 12 990 or 990-	L -EZ) 20	L )09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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?	,	
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			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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DLN: 93493045004051 OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Schedule I

(Form 990)

**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

Open to Public **Inspection** 

	e of the organization						Employer identifica	tion number
THE UNIVERSITY OF FINDLAY						34-4431169		
Pā	art I General Infor	mation on Grai	nts and Assistance				•	
1 2	the selection criteria use	ed to award the grar	ubstantiate the amount of t nts or assistance? edures for monitoring the us			,	•	✓ Yes 🗀
Pa	Form 990, Part	IV, line 21 for ar	e <b>to Governments and</b> ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(;	a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , ,	(h) Purpose of grant or assistance

Schedule I	(Form 990) 2009	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Par	t IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplem	ental information. Complete	this part to provide the information required in Part I, line 2, and any other additional information.			
Ident if ier	Return Reference	Explanation			
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	THE FINANCIAL AID OFFICE NOTIFIES STUDENTS IF THEY ARE ELIGIBLE FOR SPECIFIC ENDOWMENT SCHOLARSHIPS ONCE NOTIFIED, STUDENTS FILL OUT AN APPLICATION TO APPLY FOR THE RESPECTIVE SCHOLARSHIP IF THE SCHOLARSHIP IS FOR A SPECIFIC PROGRAM, THE DEAN OR OTHER FACULTY MEMBER FOR THAT PROGRAM WILL REVIEW THE APPLICATIONS AND MAKE RECOMMENDATIONS TO THE FINANCIAL AID OFFICE AND WHO SHOULD RECEIVE THE AWARD FINANCIAL AID VERIFIES AGAIN IF THE STUDENT IS STILL ELIGIBLE FOR THE AWARD AND ISSUES THE FUNDS TO THE RECOMMENDED STUDENTS THE FINANCIAL AID OFFICE MONITORS THE USE OF THE FUNDS TO ENSURE THAT THEY ARE USED FOR THEIR INTENDED PURPOSE			

DLN: 93493045004051

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** 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.

Open to Public Inspection

Inc	UNIVERSITY OF FINDLAY	34-4431169			
Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to				
	First-class or charter travel	✓ Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe		1b	Yes	
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Di		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that  ✓ Compensation committee  ✓ Independent compensation consultant  ✓ Form 990 of other organizations				
4	During the year, did any person listed in Form 990, Par or a related organization	t VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	/ment?	4a		Νο
b	Participate in, or receive payment from, a supplemental	l nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	d compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must of For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of				
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	₃ 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc		7		Νo
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the re	buttable presumption procedure described in Regulations			

section 53 4958-6(c)?

#### 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		W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation
		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
(ı) (ıı)	153,301 0	0	847	7,859	13,963 0	175,970	
(ı) (ıı)	131,881	0	162	13,510		155,244	
(ı) (ıı)	131,282 0	0	438	6,488	14,237 0	152,445	
(ı) (ıı)	139,606	0	954	7,421		162,842	
(ı) (ıı)	138,548 0	10,000	5,446	13,508	13,063 0	180,565	
(ı) (ıı)	260,736 0	0	4,302	26,112	41,910 0	333,060	
(ı) (ıı)	195,579 0	0	954	19,635 0	816 0		
'							
		<del> </del>	<u> </u>		<u> </u>	<u> </u>	-
		<u>'</u>	<u> </u>				
			<u> </u>				
'					<u> </u>		
'	<del>                                     </del>	<del></del>	<u> </u>	<del>                                     </del>	<del>                                     </del>	<u> </u>	
	<del> </del>	<del> </del>	<u> </u> '	<del>                                     </del>	<del> </del>	<del> </del> '	
	(II) (II) (II) (II) (II) (II) (II)	(i) Base compensation  (i) 153,301 (ii) 0  (i) 131,881 (iii) 0  (i) 131,282 (iii) 0  (ii) 139,606 (iii) 0  (ii) 138,548 (iii) 0  (ii) 260,736 (iii) 0  (ii) 195,579	(i) Base compensation  (ii) Base incentive compensation  (i) 153,301 0 0 0  (ii) 131,881 0 0  (ii) 131,282 0 0  (ii) 139,606 0 0  (ii) 138,548 10,000 0  (ii) 138,548 10,000 0  (ii) 260,736 0 0  (ii) 260,736 0 0  (ii) 195,579 0	(1) Base compensation incentive compensation reportable compensation  (1) 153,301 0 847 (11) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation         (ii) Bonus & incentive compensation         (iii) Other reportable compensation         other deferred compensation           (i) 153,301	(i) Base compensation         (ii) Bonus & incentive compensation         (iii) Other reportable compensation         other deferred compensation         benefits           (i) (ii) (iii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation         (ii) Bouls & incentive compensation         (iii) Other reportable compensation         other deferred compensation         benefits         (B)(i)-(D)           (i) 153,301 (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanat ion
	Schedule J, Part I, Line 1a	THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS THIS BENEFIT IS CONSIDERED NONTAXABLE PURSUANT TO IRC SECTION 119

Schedule J (Form 990) 2009

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

Schedule K

(Form 990)

Department of the Treasury

DLN: 93493045004051

Schedule K (Form 990) 2009

OMB No 1545-0047

## **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public

Inspect ion Internal Revenue Service Name of the organization **Employer identification number** THE UNIVERSITY OF FINDLAY 34-4431169 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer No Yes No OHIO HIGHER EDUCATIONAL FACILITY COMMISSION 34-6849674 67756BKE9 11-13-2003 5,095,000 REFINANCE - SEE SCHEDULE O Χ Х OHIO HIGHER EDUCATIONAL REFINANCE, RENOVATION, FACILITY COMMISSION 34-6849674 67756AW01 06-29-2006 18.260.000 Х PROPERTY - SEE SCHEDULE O Part II **Proceeds** Α В С D Ε Total proceeds of issue 5.095.000 18.274.731 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 10,056,686 3 4,939,911 Other unspent proceeds Issuance costs from proceeds 155,089 563,314 Working capital expenditures from proceeds Capital expenditures from proceeds 7 7,640,000 Year of substantial completion 2004 2007 No Yes No Yes Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Χ Were the bonds issued as part of an advance refunding issue? Х Х 10 Has the final allocation of proceeds been made? Χ Χ 11 Does the organization maintain adequate books and records to support 12 Χ Х the final allocation of proceeds? **Private Business Use** Part III Е Α В С D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 Χ Χ which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 Х Х which may result in private business use?

Cat No 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

Par	Private Business Use (Continuea)											
			A Yes	No	B Yes	No	Yes	C No	Yes	D No	Yes	E No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	ie	I CS	X	168	X	168	140	res	NO	res	140
3b	Are there any research agreements with respect to the financed p which may result in private business use?	roperty		X		X						
3с	Does the organization routinely engage bond counsel or other out counsel to review any management or service contracts or resear agreements relating to the financed property?		X		x							
4	Enter the percentage of financed property used in a private busine by entities other than a section $501(c)(3)$ organization or a state government			0 %		0 %						
5	Enter the percentage of financed property used in a private busine as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state of government	our		0 %		0 %						
6	Total of lines 4 and 5			0 %		0 %						
7	Has the organization adopted management practices and procedu ensure the post-issuance compliance of its tax-exempt bond liab		X		Х							
Par	IV Arbitrage				В		С		D		E	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	A Yes	No	Yes	No	Yes	·	No	Yes	No	Yes	No
	the dona issue?		X		Х							
2	Is the bond issue a variable rate issue?	Χ		Х								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		Х							
b	Name of provider											
С	Term of hedge		0 0		0	0						
4a	Were gross proceeds invested in a GIC?		Х		Х							
b	Name of provider											
С	Term of GIC		0 0		0	0						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?		x		X							
6	Did the bond issue qualify for an exception to rebate?	X		X								
ı										Schedule	K (Form 990) 2	2009

DLN: 93493045004051

OMB No 1545-0047

## Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Open to Public Inspection

	the organization RSITY OF FINDLAY	Employer identification number
		34-4431169
Part I	Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) orga	nızatıons only).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or For	m 990-EZ, Part V, line 40b

(c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes

Pa l	rt II	Loans	to a	and	/o	r Fr	om	In	tere	ste	d P	ers	son	s.														
3	Enter	the amour	t of	tax,	ıfa	ny, c	n lin	ne 2	, abo	ve, r	eım	burs	ed l	by t	he o	rga	nıza	atioi	n.							-	\$	
	sectio	n 4958 .		•																							\$ 	
2	Enter	tne amour	it or	tax	ımp	osec	ı on ı	tne	orgar	ıızat	ion	man	ıage	rs o	rais	squ	aliti	ea p	pers	ons	au	rıng	tne	yea	ar ur	naer		

Loans to and/or h	-rom inter	estea Persons.							
Complete if the organiz	zatıon answere	d "Yes" on Form 99	0, Part IV, line 26	, or Fori	n 990-	EZ, Part V	', line 38	a	
(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c)O riginal principal amount	(d)Balance due	<b>(e)</b> I defau		(f) Approb by boar commit	d or	<b>(g)</b> Writi agreeme	
	To From			Yes	No	Yes	No	Yes	No

#### Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b)Relationship between interested person and the organization

(c)A mount of grant or type of assistance

### **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	( <b>b)</b> Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
W B REALTY LTD	BOARD MEMBERS, RICHARD WHITE & RICHARD BECKETT, EACH OWN 50% OF W & B REALTY LTD	329,327	LEASE PAYMENTS \$156,000 AND PURCHASE OF BLDG \$173,327		Νο
HUNTINGTON BANK	BOARD MEMBER, THOMAS WEISSLING, IS THE EXECUTIVE PRESIDENT OF HUNTINGTON BANK	286,815	INSURANCE		No
CINDY FRY	FAMILY MEMBER OF ROBERT FRY	25,065	COMPENSATION		No
MICHAEL FRY	FAMILY MEMBER OF ROBERT FRY	31,200	COMPENSATION		No
KATHY CRATES	FAMILY MEMBER OF LYNN CHILD	15,210	COMPENSATION		No

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OMB No 1545-0047

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**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization THE UNIVERSITY OF FINDLAY

**Employer identification number** 

Pa	art I Types of Property				34-4431169			
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	ning	
1	Art—Works of art	X	372		APPRAISED VALU	 E		
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 .	Х	2,630	128,450	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 .	Х	2	719,726	MARKET VALUE			
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles	Х	1	15,600	APPRAISED VALU	Ε		
	Food inventory							
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	LIVESTOCK Other ▶ ( - HORSES )	x	26	952 451	APPRAISED VALU	F		
	Other (PIANO)	X	1	9,500	711111111111111111111111111111111111111	_		
	Other ►()			- 1,2 - 2				
	Other►( )							_
29	Number of Forms 8283 received	by the org	anization during the tax yea	ar for contributions				
	for which the organization compl		= -		29			26
							Yes	No
30a	<ul> <li>During the year, did the organization</li> </ul>	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	ent in Part I	II					
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
Ь	If "Yes," describe in Part II							
	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II							

#### 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.

<b>Ident if ier</b>	Return Reference	Explanation
Third parties used to solicit, process, or sell noncash contributions	· · · · · · · · · · · · · · · · · · ·	THE UNIVERSITY OF FINDLAY USES A BROKER TO SELL DONATED STOCKS RECEIVED

Schedule M (Form 990) 2009

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As Filed Data -

DLN: 93493045004051

OMB No 1545-0047

Open to Public

Inspection

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization THE UNIVERSITY OF FINDLAY

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

**Supplemental Information to Form 990** 

Employer identification number

34-4431169

ldentifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	RICHARD WHITE - BUSINESS RELATIONSHIP, RICHARD BECKETT - BUSINESS RELATIONSHIP,
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	A FINAL DRAFT OF THE FULL FORM 990, INCLUDING ALL APPLICABLE SCHEDULES, WAS PRESENTED BY OUR TAX ADVISORS TO THE AUDIT COMMITTEE. THE PRESENTATION ALLOWS THE COMMITTEE AND MANAGEMENT TO REVIEW AND PROVIDE COMMENTS AND EXPLANATIONS REGARDING CHANGES TO THE REDESIGNED FORM. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE FORM 990 ON BEHALF OF THE ENTIRE GOVERNING BODY. THIS PRESENTATION WAS DONE ON FEBRUARY. 10, 2011. THE FULL GOVERNING BODY. RECEIVED A COPY OF THE FULL FORM 990 ELECTRONICALLY. PRIOR TO THE FORM BEING SUBMITTED ELECTRONICALLY.
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTERESTS THEY MAY HAVE WITH THE ORGANIZATION THE VICE PRESIDENT OF BUSINESS AFFAIRS REVIEWS EACH POLICY STATEMENT SIGNED BY THESE INDIVIDUALS TO DETERMINE IF ANY CONFLICTS HAVE OCCURRED AND NEED TO BE BROUGHT TO THE ATTENTION OF THE BOARD IF A CONFLICT ARISES, THE RESPECTIVE BOARD MEMBER WILL ABSTAIN FROM ANY RELATED DISCUSSION, VOTE OR SIMILAR ACTION ON THE MATTER
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPENSATION COMMITTEE HAS BEEN GIVEN AUTHORITY FROM THE BOARD TO REVIEW AND APPROVE THE COMPENSATION OF THE PRESIDENT AND THE TREASURER (VP OF BUSINESS AFFAIRS) OF THE UNIVERSITY THE COMPENSATION COMMITTEE USES COMPARABILITY DATA FROM HIGHER EDUCATION SALARY SURVEYS, NOTABLE FROM THE INFORMATION PUBLISHED BY COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) ONCE THE COMPENSATION HAS BEEN REVIEWED AND APPROVED THE DECISION IS DOCUMENTED WITHIN THE COMPENSATION COMMITTEE'S MINUTES THE LAST REVIEW WAS PERFORMED IN FYE 2009 AS THE COMPENSATION COMMITTEE DID NOT MEET DURING FYE 2010
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 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	US DEPARTMENT OF JUSTICE PASSED THROUGH THE OHIO DEPARTMENT OF PUBLIC SAFETY, EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT PROGRAM US DEPARTMENT OF LABOR OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION, OCCUPATIONAL SAFETY AND HEALTH - SUSAN HARWOOD TRAINING US DEPARTMENT OF EDUCATION BYRD HONORS SCHOLARSHIPS, STUDENT FINANCIAL AID CLUSTER FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, FEDERAL FAMILY EDUCATION LOANS, FEDERAL WORK-STUDY PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL PELL GRANT PROGRAM, FEDERAL DIRECT LOANS, ACADEMIC COMPETITIVE NESS GRANTS, NATIONAL SCIENCE AND MATHEMATICS ACCESS TO RETAIN TALENT (SMART) GRANTS, TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION (TEACH) GRANTS US DEPARTMENT OF HEALTH AND HUMAN SERVICES PASSED THROUGH THE GREATER CINCINNATI OCCUPATIONAL HEALTH CENTER NIEHS HAZARDOUS WASTE WORKER HEALTH AND SAFETY TRAINING, PASS THROUGH THE AKRON REGIONAL HOSPITAL NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM US DEPARTMENT OF HOMELAND SECURITY PASS THROUGH EASTERN KENTUCKY UNIVERSITY STATE AND LOCAL HOMELAND SECURITY TRAINING PROGRAM, PASS THROUGH THE NATIONAL SHERIFF'S ASSOCIATION STATE AND LOCAL HOMELAND SECURITY TRAINING PROGRAM, PASS THROUGH HANCOCK COUNTY, OHIO STATE AND LOCAL HOMELAND SECURITY TRAINING PROGRAM, PASS THROUGH HANCOCK COUNTY, OHIO EMERGENCY MANAGEMENT PERFORMANCE GRANTS, PASS THROUGH THE OHIO EMERGENCY MANAGEMENT PERFORMANCE GRANTS, PASS THROUGH THE OHIO EMERGENCY MANAGEMENT PERFORMANCE GRANTS, PASS THROUGH THE OHIO EMERGENCY MANAGEMENT OF HEALTH AND HUMAN SERVICES OCCUPATIONAL SAFETY AND HEALTH PROGRAM, PASS THROUGH THE UNIVERSITY OF TOLEDO, PASS THROUGH THE OHIO STATE UNIVERSITY RESEARCH INSTITUTE CENTERS FOR DISEASE CONTROL AND PREVENTION - INVESTIGATIONS AND TECHNICAL ASSISTANCE
TAX EXEMPT BONDS AND ISSUANCE COSTS FROM PROCEEDS	SCHEDULE K, PART II, LINE 5	OF THE \$563,314 REPORTED ON LINE 5, \$287,663 RELATED TO CREDIT ENHANCEMENT FEES AND \$275,651 RELATED TO BOND ISSUANCE COSTS
COMPENSATION PROCESS OF OTHER OFFICERS OR KEY EMPLOYEES	FORM 990, PART VI, SECTION B, LINE 15B	THE COMPENSATION OF THE OFFICERS IS DETERMINED BY THE PRESIDENT HOWEVER, THE PRESIDENT DOES NOT USE COMPARABILITY DATA THIS PROCESS WAS LAST UNDERTAKEN IN 2009

ldentifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART III, COLUMN (B) AND PART IV, COLUMN (B)	W&B REALTY LTD IS AN ENTITY THAT IS 50% OWNED BY RICHARD WHITE, THE CURRENT VICE CHAIR OF THE BOARD, AND 50% OWNED BY RICHARD BECKETT, THE CURRENT CHAIR OF THE BOARD W&B REALTY LTD OWNED APARTMENT BUILDINGS THAT WERE RENTED FOR A TOTAL OF \$156,000 TO THE UNIVERSITY OF FINDLAY THESE APARTMENT BUILDINGS WERE THEN PURCHASED BY THE UNIVERSITY OF FINDLAY FROM W&B REALTY FOR A PURCHASE PRICE OF \$173,327 THE APARTMENT BUILDINGS WERE MORE THAN \$173,327, THEREFORE, THE REMAINDER OF THE BUILDING PRICE OF \$679,146 IS A NONCASH CONTRIBUTION MADE BY W&B REALTY LTD AS SHOWN ON SCHEDULE L, PART III, COLUMN (B)

DESCRIPTION OF PURPOSE FORM 990, SCHEDULE K, PART I, LINE A, COLUMN F THE UNIVERSITY OF FINDLAY (THE UNIVERSITY) IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) EXEMPT EDUCATIONAL ORGANIZATION THAT WAS ONE OF TWO SUCH BENEFICIARIES OF THE FOLLOWING OHIO HIGHER EDUCATIONAL FACILITY COMMISSION (THE "COMMISSION") POOLED FINANCING \$15,715,000 STATE OF OHIO HIGHER EDUCATIONAL FACILITY VARIABLE RATE DEMAND REVENUE BONDS (POOLED FINANCING 2003 PROGRAM) SERIES B ISSUED NOVEMBER 13, 2003 AS INDICATED IN COLUMN (E), \$5,080,150 OF THE POOLED FINANCING BENEFITTED THE UNIVERSITY THE OTHER BENEFICIARY OF THE POOLED FINANCING WAS OHIO DOMINICAN UNIVERSITY THE UNIVERSITY USED THE POOLED FINANCING PROCEEDS TO ASSIST IN REFUNDING AND RETIRING THE FOLLOWING BANK DEBTS FIFTH THIRD BANK LOAN NO 0101983296-00000109 DATED 1/1/2000 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$661,156 93 FIFTH THIRD BANK LOAN NO 09019982296-000000125 DATED 1/1/2002 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$227,651 71 FIFTH THIRD BANK LOAN NO 0901983296-000000117 DATED 1/1/2001 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$510,237 73 SKY BANK NOTE NO 1300360836 DATED 1/1/2000 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$218,834 00 SKY BANK NOTE NO 6000250505 DATED 1/1/2002 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$1,500,827 56 FIRST FEDERAL BANK OF THE MIDWEST ACCOUNT NO 34-4431169/66110843 DATED 1/1/2003 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$1,813,646 97 THE PROCEEDS FROM THESE LOANS HAD BEEN USED FOR CAPITAL IMPROVEMENTS CONSISTING OF THE ACQUISITION OF REAL PROPERTY THAT WAS CONVERTED TO USE AS STUDENT HOUSING AND THE RENOVATION OF STUDENT DINING FACILITIES DESCRIPTION OF PURPOSE FORM 990, SCHEDULE K, PART I, LINE B, COLUMN F THE UNIVERSITY OF FINDLAY (THE UNIVERSITY) WAS ONE OF FOUR INTERNAL REVENUE CODE SECTION 501(C)(3) EXEMPT EDUCATION ORGANIZATIONS THAT WERE THE BENEFICIARIES OF THE FOLLOWING COMMISSION POOLED FINANCING \$36,080,000 STATE OF OHIO HIGHER EDUCATIONAL FACILITY VARIABLE RATE REVENUE BONDS (POOLED FINANCING 2006 PROGRAM) SERIES A ISSUED JUNE 29, 2006 AS INDICATED IN COLUMN (E), \$18,260,000 OF THE POOLED FINANCING BENEFITTED THE UNIVERSITY THE OTHER BENEFICIARIES OF THE POOLED FINANCING WERE THE OHIO COLLEGE OF PODIATRIC MEDICINE, URBANA UNIVERSITY AND WALSH UNIVERSITY \$10,056,686 OF THE POOLED FINANCING PROCEEDS BENEFITTING THE UNIVERSITY WAS USED TO REFUND OHIO HIGHER EDUCATIONAL FACILITY COMMISSION REVENUE BONDS ISSUED NOVEMBER 1, 1996 FOR THE BENEFIT OF THE UNIVERSITY THOSE BONDS WERE ISSUED TO FINANCE CAPITAL EXPENDITURES FOR THE ACQUISITION, CONSTRUCTION, RENOVATION, EQUIPPING AND FURNISHING OF VARIOUS EDUCATIONAL FACILITIES, CERTAIN COMPUTER AND EQUIPMENT SYSTEMS AND OTHER CAMPUS IMPROVEMENTS THE BALANCE OF THE POOLED FINANCING PROCEEDS BENEFITTING THE UNIVERSITY WAS USED FOR CAPITAL EXPENDITURES CONSISTING OF THE PURCHASE AND RENOVATION OF CLASSROOM FACILITIES AND OTHER REAL PROPERTY USED IN CONNECTION WITH VARIOUS DEGREE PROGRAMS For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2009

# Software ID: Software Version:

**EIN:** 34-4431169

Name: THE UNIVERSITY OF FINDLAY

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

Compensated Employees, and	Inaepena	ent C	ontr	act	ors	1		I		ı
(A) Name and Title	(B) Average hours		(C tion ( hat a	(che		II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
C RICHARD BECKETT CHAIR	1	Х		Х				0	0	0
RICHARD WHITE								_	_	_
VICE CHAIR	1	Х		Χ				0	0	0
C DARRELL PRICHARD TRUSTEE (PARTIAL YEAR)	1	X						0	0	0
ERIC KURJAN TRUSTEE (PARTIAL YEAR)	1	Χ						0	0	0
EDWARD ROSENBERRY TRUSTEE	1	Х						0	0	0
CHARLES YOUNGER	1	X						0	0	0
TRUSTEE DWIGHT MILLER										
TRUSTEE	1	Х						0	0	0
CLIFFORD COOK TRUSTEE	1	X						0	0	0
DENNIS BISHOP TRUSTEE	1	x						0	0	0
JAMES APPOLD	1	Х						0	0	0
TRUSTEE L JACK RUSCILLI TRUSTEE	1							0	0	
BRIAN WASHINGTON TRUSTEE	1	X						0	0	0
GARY HARPST TRUSTEE	1	X						0	0	0
THOMAS WEISSLING TRUSTEE	1	X						0	0	0
L DON MANLEY TRUSTEE	1	X						0	0	0
WILLIAM REIST TRUSTEE	1	X						0	0	0
ROBERT FRY TRUSTEE	1	X						0	0	0
KARL HEMINGER TRUSTEE	1	Χ						0	0	0
MARY LEHMAN TRUSTEE (PARTIAL YEAR)	1	Χ						0	0	0
JAMES W WALPOLE TRUSTEE	1	X						0	0	0
MICHAEL OXLEY TRUSTEE	1	X						0	0	0
JOHN HAYWOOD TRUSTEE	1	Χ						0	0	0
CRAIG CROTTEAU TRUSTEE	1	X						0	0	0
DAVID YATES TRUSTEE	1	X						0	0	0
GEORGE SHOWERS TRUSTEE	1	X						0	0	0

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

Compensated Employees, and	T -	ent Co			rs			<u> </u>		
( <b>A</b> ) Name and Title	(B) Average hours per		tion :		)			( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
THOMAS LUCAS TRUSTEE	1	Х						0	0	0
BRIAN YOUNG TRUSTEE	1	Х						0	0	0
DONALD CARTER TRUSTEE	1	Х						0	0	0
JOHN BODART TRUSTEE	1	X						0	0	0
EDWARD J URBANIAK JR TRUSTEE	1	X						0	0	0
JERALD CLARK TRUSTEE (PARTIAL YEAR)	1	X						0	0	0
PENNY MOSHER TRUSTEE	1	X						0	0	0
RICHARD LONGSDERFF TRUSTEE	1	X						0	0	0
HAROLD WOLFE TRUSTEE	1	Х						0	0	0
RICHARD HOLLINGTON JR TRUSTEE	1	Х						0	0	0
KOTARO KAKE TRUSTEE	1	Х						0	0	0
MARK CASSIN TRUSTEE	1	Х						0	0	0
AR CHARNES TRUSTEE	1	X						0	0	0
TIM NESLER TRUSTEE	1	Х						0	0	0
MARY ETTER DISSINGER TRUSTEE	1	X						0	0	0
C PAUL PALMER IV TRUSTEE	1	X						0	0	0
LYNN CHILD TRUSTEE	1	X						0	0	0
PAMELA BEALL TRUSTEE	1	X						0	0	0
JOANN DAVIDSON TRUSTEE	1	X						0	0	0
FRANK COSIANO TRUSTEE	1	Χ						0	0	0
D RICHARD STEPHENS ADJUNCT PROFESSOR/TRUSTEE	1	X						2,960	0	0
WILLIAM RUSE ADJUNCT PROFESSOR/TRUSTEE	1	X						20,475	0	0
MARTIN TERRY VICE PRESIDENT FOR BUSINESS AFFAIRS	40			X				153,994	0	26,571
DEBOW FREED PRESIDENT	40			X				265,038	0	68,022
DANIEL MAY VICE PRESIDENT FOR ACADEMIC AFFAIRS	40			x				140,273	0	424

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

(A) Name and Title	(B) A verage hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DAVID FERGUSON VICE PRESIDENT FOR INSTITUTIONAL ADVANCEMENT	40		•	×			•	196,533	0	20,451
DAVID EMSWELLER VICE PRESIDENT FOR STUDENT SERVICES	40			X				113,735	0	11,358
DANE ERFORD CONTROLLER/ASSISTANT TREASURER	40	40 X			92,868	0	666			
DONALD STANSLOSKI DEAN OF PHARMACY	40					Х		154,148	0	21,822
RANDALL VAN DYNE ASSISTANT VICE PRESIDENT/EXECUTIVE DIRECTOR OF THE ALL HAZARDS TRAINING CENTER	40					X		132,043	0	23,201
PARTICK MALONE ASSOCIATE DEAN OF PHARMACY	40	x		131,720	0	20,725				
SRIKUMARAN MELETHIL PROFESSOR & CHAIR OF PHARMACEUTICAL SCIENCES	40	X		132,053	0	12,174				
PAUL SEARS DEAN, COLLEGE OF BUSINESS	40					Х		140,560	0	22,282

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
TUITION AND FEES		90,090,001	90,090,001	0	0
DORMITORIES		6,309,795	6,309,795	0	0
DINING HALLS		4,092,057	4,092,057	0	0
VETERINARY SERVICES		495,447	495,447	0	0
INTERCOLLEGIATE ATHLETICS		68,780	68,780	0	0

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MISCELLANEOUS	3,942,727	2,916,295	911,312	115,120
CONTRACTED FOOD SERVICE	2,307,512	2,307,445	67	0
PURCHASE FOR RESALE	1,440,840	1,440,840	0	0
LEASES	1,148,568	863,887	284,681	0
	0	0	0	0

**Software ID:** 09000329 **Software Version:** v2009.2.0

**EIN:** 34-4431169 Name: THE UNIVERSITY OF FINDLAY

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States									
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
ENDOWMENT SCHOLARSHIPS	680	628,041							
MEN'S ATHLETIC SCHOLARSHIPS	204	1,877,185							
WOMEN'S ATHLETIC SCHOLARSHIPS	117	1,109,043							
INTERNATIONAL SCHOLARSHIPS	201	430,948							
OTHER SCHOLARSHIPS	80	332,998							
FED ACG YEAR 1	98	65,403							
FED ACG YEAR 2	62	78,000							
FED TEACH GRANT	36	114,000							
FEDERAL PELL GRANT	831	3,087,819							
FEDERAL SUPPLE GRANT	564	454,768							
O/S BEST GRNTEDUCATION	28	38,640							
O/S G MOSS SCHOLARSHIP	23	25,000							
O/S OFIC SCHOLARSHIP	34	52,471							
O/S OUTSIDE AID EXPECTED	15	18,622							
O/S OUTSIDE SCHOLARSHIP	371	734,825							
O/S PENNSYLVANIA GRANT	39	17,742							
OHIO ACADEMIC SCHOLAR	29	56,000							
OHIO CHOOSE OHIO FIRST	30	128,240							
OHIO COLLEGE OPPOR GRANT	452	904,092							
UF CH OF GOD TUITION ADJ	10	20,000							
UF COMPETITOR A WARD	242	457,313							
UF DEAN'S SCHOLARSHIP	643	6,036,950							
UF F/A SCHOLARCHORAL	90	51,563							
UF F/A SCHOLARINSTRUM	110	138,825							
UF F/A SCHOLARTHEATRE	23	34,000							
UF FINDLAY AWARD	367	2,623,811							
UF GRAD TUITION ADJUST	208	94,723							
UF INSTITUTIONAL AWARD	1289	1,932,740							
UF O C O G REPLA CEMENT	239	175,977							
UF PRESIDENT'S SCHOLAR	780	8,843,255							
UF ROOM GRANT	54	418,927							
UF SUPPLEMENTAL GRANT	329	539,900							
UF TRUSTEES' SCHOLAR	423	5,291,250							
UF TUITION EXCHANGE	22	280,570							