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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

		nue service Prine organization may have to use a copy of this return to satisfy s				111SPECTION
		ne 2009 calendar year, or tax year beginning July 1 , 2009, and applicable Please C Name of organization The University of Akron Foundation	enaing		e 30	, 20 10 yer identification number
$\overline{}$		use IRS			34	
		s change label or	om/suite			6575496 one number
_		type.	ion/suite			
_	nitial re				(330)	972-7238
ᆜᅚ	ermina					
┛▫	mende	ed return			G Gross re	ceipts \$ 122,163,573
□ A	pplicati	on pending F Name and address of principal officer Timothy R. DuFore, 105 Fir I	Hill _{H(}	(a) Is this	a group return	for affiliates? Yes No
		Akron, OH 44325-2603	н((b) Are a	all affiliates	included? Yes No
<u>l</u>	Tax-ex	empt status		If "No	o," attach a	list (see instructions)
J '	Webs	ite: ► N/A	H(c	c) Group e	exemption nui	mber 🕨
K I	Form of	organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	formation	1966	M State of	f legal domicile OH
Pa	rt I	Summary				
	1	Briefly describe the organization's mission or most significant activities:				-
	•	The mission of The University of Akron Foundation is to operate exclu	sively for	the be	nefit of	The University of
8		Akron, including, but not limited to, receiving, holding, investing and a				
ğ		The University of Akron and by making expenditures to or for the bene				
Activities & Governance	•	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more that				
ဗီ		· · · · · · · · · · · · · · · · · · ·			1 . 1	54
×ة ا		Number of voting members of the governing body (Part VI, line 1a)			4	50
ë.		Number of independent voting members of the governing body (Part VI, II				
≩		Total number of employees (Part V, line 2a)			. 5	0
₹		Total number of volunteers (estimate if necessary)			. 6	400
		Total gross unrelated business revenue from Part VIII, column (C), line 12.				0
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	 ,		. 7b	0
				Рпог Үе		Current Year
	8	Contributions and grants (Part VIII, line 1h)		7,9	964,566	10,089,529
Revenue		Program service revenue (Part VIII, line 2g)	I		0	0
200		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(24,6	41,374)	(153,271)	
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,072	14,270		
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	5).	(16,659,736)		9,950,528
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			440,750	12,027,914
			· -	,	0	,
ž.		Benefits paid to or for members (Part IX, column (A), line 4)	<u>,</u> · 		0	Ö
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10	^{J)}		0	
ğ		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D) 16665 14 VED 294,766	i i i i i i i i i i i i i i i i i i i	unds.eni.es		Carried States Control of Control of States
Ü		Total tariffalling experience (Farthy continuity) (Fig. 6) 21		. , 11110		
	17	Other expenses (Part IX, column (A), lines-11a-11d, 11f=24f) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).	· - 		079,752	2,978,586
	18	Total expenses. Add lines 13-17 (must equal Part IX, colymp (A), me 25).			520,502	15,006,500
S)	19	Revenue less expenses. Subtract line 18 from line 12 17 2010		(31,1	80,238)	(5,055,972)
9			Beginn	ing of Cu	urrent Year	End of Year
alan	20	Total assets (Part X, line 16) OGDEN, UT		136,4	430,681	153,865,578
g P	21	Total liabilities (Part X, line 26)		18,4	490,546	25,783,888
윤		Net assets or fund balances. Subtract line 21 from line 20		117,	940,135	128,081,690
Pa	rt II	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying				
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is bas	sed on all info	ormation	of which pi	reparer has any knowledge
Sig	n	James S. Kan		1	- 111	12/10
le		Signature of officer		Date		,,
ICI	•	James S. Ray Assistant Treasure			•	
			9			
		Type or print name and title	Check if		- ·	4
		Preparer's Date	self-		Preparer's	identifying number itions)
aid		signature	employed	d ►∐		•
	arer's					
	Only	Firm's name (or yours if self-employed),		EIN	•	
		address, and ZIP + 4		Phone n	o > ()
May	, the	IBS discuss this return with the preparer shown above? (see instructions)				☐ Yes ☐ No

Form **990** (2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The mission of The University of Akron Foundation is to operate exclusively for the benefit of The University of
	Akron, including, but not limited to, receiving, holding, investing and administering propery for the benefit of
	The University of Akron and by making expenditures to or for the benefit of The University of Akron.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,488,237 including grants of \$4,488,237) (Revenue \$) One of the Foundation's objectives is to assist The University of Akron by supplying the funding necessary to strengthen and enhance its academic offerings. In fiscal year 2009/2010, the Foundation provided assistance to the University by helping to fund 11 lectureships, 5 academic chairs, 6 professorships, over 50 departments, 2 precollege programs, The University of Akron Press, 12 internships, 8 centers, 4 institutes and 3 archives.
4b	(Code:) (Expenses \$3,965,912 including grants of \$3,965,912) (Revenue \$) The Foundation assisted The University of Akron with funding for physical improvements of the campus. This included a football stadium, a building for the School of Law, renovation of space for the Arcive of the History of American Psychology, the Advanced Energy Research Center, the Coleman Commons and land acquisition.
4c	(Code:) (Expenses \$2,511,603 Including grants of \$2,511,603 (Revenue \$) One of the Foundation's objectives is to assist The University of Akron by supplying it with funding for scholarships for its students. In fiscal year, 2009/2010, the Foundation provided funding for over 350 scholarship accounts housed within The University of Akron.
	Other program services. (Describe in Schedule O) (Expenses \$ 1,063,162 including grants of \$ 1,063,162) (Revenue \$)
4e	Total program service expenses ► 12,027,914

Га	Checklist of nequired 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	1					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		✓				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	/					
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		√				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓				
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	1					
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	1					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓					
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.	* 12 * 12						
•	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	1	1.				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ئۇ ئۇرى دىقىد	, ;					
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		✓				
_	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? <i>If "Yes," complete Schedule F, Part I</i>	14b		✓				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓				
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		1				
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	1					
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		1				
20	Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule H</i>	20		Ż				

Pai	rt IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
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	✓	
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		✓_
23	Did the organization answer "Yes" to Part VII, Section A, line 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	√	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		✓
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		✓_
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		✓
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):	4.0		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	√	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓_
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	✓	
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	✓	
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
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		1
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	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, 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?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		· /
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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.	*		لـِــا
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•		20 d
а	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 7b		-
	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 file Form 8282? If "Yos " indicate the number of Forms 8282 filed during the year. 7d	7c	. * .	√
	If "Yes," indicate the number of Forms 8282 filed during the year		*	
е	benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	✓
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		ļ	ئــــا
а	Did the organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	90	 	
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	1	,	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10-	ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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

Sec	tion A. Governing Body and Management			
		·	Yes	No
1a	Enter the number of voting members of the governing body		114	
b	Enter the number of voting members that are independent		4.6	
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	✓	
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7 #4	140	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by	437	**	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
ь	Other officers or key employees of the organization	1 <u>5</u> b		✓
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	821		
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		✓
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	Ħ		9 3
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		2:00	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ N/A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	c)(3)s	onlv)	
-	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 int	erest	
. •	policy, and financial statements available to the public.	J		
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization. ► James S. Ray, 302 Buchtel Common, Akron, OH 44325-6220, (330) 972-7416			
	-			

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

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

- 1a Complete this table for all persons required to be listed. 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 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, and 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 (A) (A)	(B)	any c	Jun		C)	cer, c	iirec	(D)	(E)	
Name and Title	Average	Posit	ion (d	•	•	that ap	(vlac	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Philip A. Lloyd	1.5								-0-	
Director and President	1.5	1		1				-0-	-0-	-0-
Gary L. Taylor	0.0							-0-	-0-	-0-
Director and Vice President	0.0	✓		1				-0-	-0-	-0-
Kathleen A. Coleman	1.0							-0-	-0-	-0-
Director and Vice President	1.0	/		✓				-0-	-0-	
Dianne R. Newman	0.5							-0-	-0-	-0-
Director and Secretary	- 0.5	✓		✓		<u> </u>	<u> </u>	-0-	-0-	-0-
Scott P. Borgemenke	0.4							-0-	45,832	29,328
Director and Treasurer	0.4	✓	L	1	_	<u> </u>		-0-	43,032	23,320
Robert J. Gill	0.0							-0-	-0-	-0-
Director and Assistant Secretary	0.0	/		✓	<u> </u>		<u> </u>	-0-	-0-	
William J. Bandy, Jr.	0.1		i	İ				-0-	-0-	-0-
Director		✓						-0-	-0-	
James W. Barnett	0.2							-0-	-0-	-0-
Director	0.2	1	<u> </u>		L_		<u> </u>	-0-	-0-	
John C. Blickle	0.2							-0-	-0-	-0-
Director		✓					<u> </u>	-0-		
Steven R. Brubaker	0.2						ì	-0-	-0-	-0-
Director		✓		ļ	_		L			
George W. Daverio, Jr.	0.3		1				ļ	-0-	-0-	-0-
Director	0.0	✓	<u> </u>				L			
Margaret F. Donovan	0.1						l	-0-	-0-	-0-
Director		✓	L.,	<u> </u>	<u> </u>	ļ	╙	-0-	-0-	
Robert A. Handelman	0.2							-0-	-0-	-0-
Director	V.2	✓	_	_	_	<u> </u>	<u> </u>	-0-	-0-	
Donald L. Kaufman	0.2						1	-0-	-0-	-0-
Director	0.2	✓		<u> </u>	L_	ļ	<u> </u>		-0-	
Philip H. Maynard	0.2							-0-	-0-	-0-
Director	- 0.2	1	<u> </u>	L	L_		<u> </u>	-0-	-9.	-0-
W. Stuver Parry	0.1							-0-	-0-	-0-
Director	" '	 		ļ	1	ł	1		-0-	-0-

Part VII Section A. Officers, Director	rs, Trustees, Key	/ Emp	loye	ees,	an	d Hig	hes	t Compensate	d Employees (cor	ntınued) <u></u>
(A)	(B)			(0	>)			(D)	(E)	(F)
Name and title	Average hours per week	Po or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Paul G. Perantinides	0.2							-0-	-0-	-0-
Director	0.2	✓					ļ		-0-	
Stephen A. Perry	0.2							-0-	-0-	-0-
Director Charles 1 200 at 1		✓								
Charles J. Pilliod, Jr. Director	0.2	١.						-0-	-0-	-0-
Roy L. Ray		/					ļ			
Director	0.3							-0-	-0-	-0-
Rebecca Slayman-Gallagher		/			_		أسا			
Director Director	0.1							-0-	-0-	-0-
Michael A. Sweeney		-	-				-			
Director	0.4	/						-0-	-0-	-0-
Susan Wagstaff		-								
Director	0.1	/						- 0-	-0-	-0-
Raymond R. Wernig		_		_	_					
Director	0.2	/						-0-	-0-	-0-
Frank P. Bevilacqua									_	_
Director	0.3	1						-0-	- 0-	-0-
Bruce O. Bowers								•	2	
Director	0.3	✓						-0-	-0-	-0-
Eileen Burg	0.2							-0-	-0-	-0-
Director	0.2	/						-0-	-0-	-0-
S. Theresa Carter	0.2							-0-	-0-	-0-
Director	0.2	✓					Щ		-0-	
Totals from Schedule J-2								-0-	1,419,557	360,597
1b Total		1					•		1,465,389	389,925

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated
	employee on line 1a? If "Yes," complete Schedule J for such individual

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

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

į	Yes	No
	17	, , , , ,
		. ; i,
4	1	ar Jan
3.37		
5		✓

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Clifford J. Isroff, 3364 Glencoe Drive, Richfield, OH 44286	Consultant to help	195,000
	develop and improve	
	business processes and	
	opportunities	
Total number of independent contractors (including but not limited	d to those listed above) who received	ká ká Literátek

more than \$100,000 in compensation from the organization ▶



Par	t VII	Statement of Re	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	g	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contr All other contributions, gifts, g and similar amounts not include Noncash contributions include Total. Add lines 1a–1f		1a 1b 1c 1d 1e 1f f. \$	61,702 0 8,016 5,345 0 10,014,466 295,253				y-
Program Service Revenue	2a b c d e f	All other program servi	ce revenue			0	N 39 Y	< y \$	
	3 4 5	Investment income (income similar amounts) Income from investment of Royalties	of tax-exemp		d proceeds	2,821,079 0 982	0 0	0	2,821,079 0 982
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	0 0	(ii) Personal 0 0 0 0		*	· · · · · · · · · · · · · · · · · · ·	# 4h ;
		Gross amount from sales of assets other than inventory	(i) Securities 108,905	es	(ii) Other 255,046			* ** * * * * * * * * * * * * * * * * *	,
		Less. cost or other basis and sales expenses . Gain or (loss) Net gain or (loss)	111,888 (2,983,		245,862 9,184	(2,974,350)	* * * * * * * * * * * * * * * * * * * *	0	(2,974,350)
Other Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 10	; c). a	80,260 74,180				
ō	С	Net income or (loss) fro	om fundrais	ing e	vents .	6,080	0	0	6,080
	ь	Gross income from gam See Part IV, line 19 Less direct expenses, Net income or (loss) from		a b	11,250 4,042				7.000
	10a	Gross sales of inverteurns and allowances Less: cost of goods so	entory, les	ss a	0	7,208	0	0	7,208
	_ <u>c</u>	Net income or (loss) from	n sales of ir	_	Business Code	0	0	0	0
	11a b c	All other revenue							
		Total. Add lines 11a-1	1d			9,950,528	0	0	(139,001)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col				(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	12,027,914	12,027,914		* * * * * * * * * * * * * * * * * * * *
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the	0	0		
4	U S. See Part IV, lines 15 and 16 Benefits paid to or for members	0	0		* · · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,			4 4 50 85	
	trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	0	0	0	0
7	persons described in section 4958(c)(3)(B) Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k)		•		
0	and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	42,759	0	42,759	0
С	Accounting	20,941	0	20,941	0
d	Lobbying	20,000	0	20,000	0
	Professional fundraising services. See Part IV, line 17	936,806	<u>دُد • يُحَمَّى } .</u>	936,806	0
	Investment management fees	199,465	0	179,965	10.500
	Other	199,400	0	179,905	19,500
12	Advertising and promotion	24,343	0	10,192	14,151
13 14	Office expenses	6,239	0	6,239	0
15		0	0	0,200	0
16	Royalties	0	0	0	0
17	Travel	118,650	0	23,550	95,100
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	10,527	0	10,527	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization.	0	0	0	0
23	Insurance	6,309	0	6,309	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	Reimburse Univ. for Services Performed	403,468	0	237,453	166,015
b	Payments to Annuitants	1,165,025	0	1,165,025	0
c	Property Expenses	22,415	0	22,415	0
ď	Miscellaneous	1,639	0	1,639	0
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f				
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	15,006,500	12,027,914	2,683,820	294,766

Pa	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		0	1	1,674,258
	2	Savings and temporary cash investments	[21,176,524	2	25,229,469
	3	Pledges and grants receivable, net		14,535,108	3	16,818,930
	4	Accounts receivable, net		654,500	4	466,015
	5	Receivables from current and former officers, directo			*	, ,
	•	employees, and highest compensated employees. Co			* *	
		Schedule L		0	5	0
	6	Receivables from other disqualified persons (as define 4958(f)(1)) and persons described in section 4958(c) Part II of Schedule L		. 1. ; . ≥0 × ≰ .	6	
ţs	7	Notes and loans receivable, net	1,803,939	7	5,008,989	
Assets	8	Inventories for sale or use		0	8	0
⋖	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or 10a	5,703,927	, 6.78 444 .		
		other basis Complete Part VI of Schedule D		*** * * * * * * * * * * * * * * * * * *		
	b	Less accumulated depreciation 10b	162,077	5,761,850	10c	5,541,850
	11	investments—publicly traded securities	,	85,559,761	11	82,945,852
	12	Investments-other securities. See Part IV, line 11	4,796,865	12	14,199,673	
	13	Investments-program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15			2,142,134	15	1,980,542
	16	Total assets. Add lines 1 through 15 (must equal line	e 34)	136,430,681	16	153,865,578
	17	Accounts payable and accrued expenses		66,481		8,265
	18	Grants payable	1,044,142		170,773	
	19	Deferred revenue		30,000	_	30,000
	20	Tax-exempt bond liabilities		0	20	0
es	21	Escrow or custodial account liability. Complete Part I	V of Schedule D	2,709,525		8,223,473
Liabilities	22	Payables to current and former officers, directors employees, highest compensated employees, a			- () - () - ()	
		persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated t	hird parties	0	23	0
	24	Unsecured notes and loans payable to unrelated thir		3,300,000		6,500,000
	25	Other liabilities. Complete Part X of Schedule D .		11,340,398		10,851,377
	26	Total liabilities. Add lines 17 through 25	here ▶ 🗹 and	18,490,546	26	25,783,888
Ę	_~		•	(8,853,123)	27	(4,658,749)
aja	27	Unrestricted net assets		44,099,767	28	47,742,771
8	28	Temporarily restricted net assets		82,693,491	29	84,997,668
or Fund Balance	29	Permanently restricted net assets		02,000,401		04,337,000
şţ	30	Capital stock or trust principal, or current funds .			30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipi	ment fund		31	
Ä	32	Retained earnings, endowment, accumulated income		32		
<u>S</u>	33	Total net assets or fund balances		117,940,135	33	128,081,690
	34	Total liabilities and net assets/fund balances		136,430,681	34	153,865,578

Par	t XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a_		✓				
b	Were the organization's financial statements audited by an independent accountant?							
C	If "Yes" to line 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.							
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.		7					
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		4.5					
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		✓				
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b						

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number The University of Akron Foundation 6575496 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An organization that normally receives, (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I **b** Type II c ☐ Type III–Functionally integrated **d** ☐ Type III–Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? |11g(iı) (ii) A family member of a person described in (i) above? |11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes No

	Support Schedule for Org (Complete only if you chec	janizations [ked the box	Described in on line 5, 7, o	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,953,372	13,211,185	14,146,656	7,964,566	10,089,529	54,365,308
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	. 0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	8,953,372	13,211,185	14,146,656	7,964,566	10,089,529	54,365,308
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)						6,115,763
6	Public support. Subtract line 5 from line 4.		· , #5° 4		di i il iliku	· · · · · · · · · · · · · · · · · · ·	48,249,545
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	8,953,372	13,211,185	14,146,656	7,964,566	10,089,529	54,365,308
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,623,390	3,229,416	3,906,671	3,687,478	2,822,061	16,269,016
9	Net income from unrelated business activities, whether or not the business is regularly carried on	28,907	13,988	16,070	16,272	13,288	88,525
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .	· t i w	* * * * * * *			* * * · * · * · •	70,722,849
12	Gross receipts from related activities, etc					12	
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re			, or fifth tax y		n 501(c)(3) \blacktriangleright \square
14	Public support percentage for 2009 (line			L column (fl)		14	68.22 %
15	Public support percentage for 2008 Sch		•	r, coluiriir (i))		15	65.59 %
	33% % support test—2009. If the organization qualifies	zation did not d	heck the box o	•	line 14 is 331/3 9		
b	331/3 % support test-2008. If the organize	zation did not d	heck a box on	line 13 or 16a,	and line 15 is	331/3 % or more,	check this
	box and stop here. The organization qua						▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the organization me	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the _
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, corganization qua	heck this box a difies as a public	and stop here. bly supported or	Explain in Part ganization	IV how the

Scho	、 dule A (Form 990 or 990-EZ) 2009						Page 3
Pa	Support Schedule for Orga (Complete only if you check				a)(2)		r age o
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		 	 	 		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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	for selection of the Age and the selection of the selecti			* ************************************	# 0000/08/08/20/08/09/09/09/09/09/09/09/09/09/09/09/09/09/	2
8	Public support (Subtract line 7c from line 6.)	diffic	推注	1:41	*		
	tion B. Total Support	_				1	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						<u>=</u>
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourt			
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (liii					15	%
16	Public support percentage from 2008			<u></u>		16	%
	tion D. Computation of Investme					11	
17	Investment income percentage for 200	•	• • • • • • • • • • • • • • • • • • • •	•		17	<u>%</u> %
18	Investment income percentage from 2	ooo ocheanie /	n, ran III, IIne	17			

19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line

17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ □ **33**⅓ % **support tests – 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ □ **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (Fo																			Pag	
Part IV	Supplem Part II, lin			orma 17b;	tion. and	Con Part	nplete III, Iir	e this	par	t to povide	orovio any	de the	e exp	lanati tional	ions r	equire	d by f	Part II, instru		
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SCHEDULE C (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number The University of Akron Foundation 6575496 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures 3 Volunteer hours Part 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 > 2 Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? **∐ Y**es Enter 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) Address (d) Amount paid from (e) Amount of political contributions received and filing organization's funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-

Page	2

scrie	dule C (Form 990 or 990-EZ) 2009					Page ∠				
Pa	rt II-A Complete if the organize under section 501(h)).	zation is exem	pt under section	on 501(c)(3) and	filed Form 5768	3 (election *				
A (Check ► ☐ if the filing organization Check ► ☐ if the filing organization	on belongs to a	n affiliated grou	ip. control" provision	ons apply.					
		obbying Expend	litures		(a) Filing organization's totals	(b) Affiliated group totals				
b	Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:								
_	Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a. If zero Subtract line 1f from line 1c. If zero If there is an amount other than zero section 4911 tax for this year? 4 (Some organizations that	s over \$500,000 s over \$1,000,000 over \$1,500,000	mplete all of the	☐ Yes ☐ No						
	Lobby	ing Expenditure	s During 4-Year	Averaging Period	<u> </u>					
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column (e))									
С	Total lobbying expenditures		, , , , , - 							
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount (150% of line 2d, column (e))		, , , , , , , , , , , , , , , , , , ,							
f	Grassroots lobbying expenditures									

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	(a	1)	(b)
	Yes	No	Amount
legislation, including any attempt to influence public opinion on a legislative matter or	,		
referendum, through the use of.	ļ		, ,
a Volunteers?	\vdash	√	•
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	\vdash	V	
c Media advertisements?		*	
d Mailings to members, legislators, or the public?	\vdash	 	
e Publications, or published or broadcast statements?			20,00
g Direct contact with legislators, their staffs, government officials, or a legislative body?		√	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		1	
i Other activities? If "Yes," describe in Part IV		√	
j Total. Add lines 1c through 1i	, Ç	ð	20,00
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	\$ 24 4 × 4
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?	<u> </u>		<u> </u>
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6).)1(c)(5), oı	r section
			Yes No
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
B Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III "Yes."			
Dues, assessments and similar amounts from members	.	1	
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical		
expenses for which the section 527(f) tax was paid).		2a	
a Current year	.	2b	
b Carryover from last year	•	2c	
c Total		3	
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	· +ba	-	
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb		\$	
and political expenditure next year?	,,g	4	
	.	5	
5 Taxable amount of lobbying and political expenditures (see instructions)			
	ine 5	and	Part II-B line 1
Part IV Supplemental Information	,		
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I			
Part IV Supplemental Information			
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I			
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I			
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I			
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I			
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I			
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I		-	
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I			
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I			
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I			

Schedule C (Fo	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information (continued)	
		
	······································	
		· · · · · · · · · · · · · · · · · · ·

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.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

6575496 The University of Akron Foundation 34 : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) . 3 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements. 2b **b** Total acreage restricted by conservation easements . . . 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X . . .

E	o _a	a	e	2

Par	t III Organizations Maintain	ing Collections	of Art, H	istorica	l Treasures,	or C	Other Similar	Assets (continue	ed)	
3	Using the organization's acquisition collection items (check all that appl		ther reco	ords, che	ck any of the	follo	wing that are a	significant use of	fits	
а	Public exhibition		d		oan or excha					
b	Scholarly research		е	\sqcup c	other				-	
С	Preservation for future general									
4	Provide a description of the organize Part XIV.	zation's collections	and exp	olain how	they further	the c	organization's e	xempt purpose II	1	
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	uned as p	art of the	e organization'	s coll	ection?	. Yes	No	
Par	Escrow and Custodial A IV, line 9, or reported an					nswe	red "Yes" to F	orm 990, Part		
	Is the organization an agent, trusted included on Form 990, Part X?						r other assets i	not Yes 🗹	No	
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	following	ng table:		T	Amount		
	_					4.	<u> </u>	Amount		
С	Beginning balance					10				
d	Additions during the year									
е	Distributions during the year					16 1f				
f	Ending balance							✓ Yes 🗌		
b	b If "Yes," explain the arrangement in Part XIV.									
Par	Endowment Funds. Co				(c) Two years		(d) Three years ba			
		(a) Current year	(b) Pro		(c) Two years	Dack	(d) Three years ba		ack [
1a	Beginning of year balance	88,672,686 1,943,836		127,565 139,914	ž				\dashv	
	Contributions	1,545,656	<u> </u>	139,914	E kasi					
С	Net investment earnings, gains, and losses	10,415,795		57,920)						
d	Grants or scholarships	(1,809,696)	(2,8	96,752)	100	5 e e e e e e e e e e e e e e e e e e e		7 2.230		
е	Other expenditures for facilities	//			17.	₹ ³ €				
	and programs	(1,986,493)		50,119)	vs 2. s. o.	* ;	11.11.64.3		### ###	
	Administrative expenses	(1,421,431)		90,002)	*	•	* 7 \$ (700) \$ (400)	** ***		
g	End of year balance	95,814,697		672,686	<u>l</u>		<u> </u>			
2	Provide the estimated percentage of	•		a as:						
a	Board designated or quasi-endown Permanent endowment ▶86		1. %							
b	Term endowment ►							,		
C							ماله سما المستام المسالم	_		
За	Are there endowment funds not in the	ie possession of tr	ne organiz	ation tha	it are neid and	a adn	ninistered for th	Yes	No	
	organization by: (i) unrelated organizations .							3a(i)	√	
	(ii) related organizations					•		3a(ii)	<u> </u>	
b	if "Yes" to 3a(II), are the related org	anizations listed a	 Is reauire	d on Sch	nedule R?			3b	<u> </u>	
4	Describe in Part XIV the intended u					•				
Par	t VI Investments—Land, Bu	uildings, and Eq	uipmen	t. See F	orm 990, Pa	rt X,	line 10.			
	Description of investment	(a) Cost or ot			st or other s (other)		Accumulated lepreciation	(d) Book value		
12	Land	4.	650,000		810,961	A1	* * *	5,460,9	961	
b	Buildings		· · · · · · · · · · · · · · · · · · ·		242,966		162,077		889	
	Leasehold improvements									
d	Equipment									
	Other									
Tota	I. Add lines 1a through 1e (Column (d)	must equal Form 9	90, Part X	, column	(B), line 10(c).,		<u> ▶ </u>	5,541,8	<u>850</u>	

Schedule D (1 01111 930) 2009			raye O
Part VII Investments—Other Securities	<u>. See Form 990, Part X,</u>	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			
Fund of Hedge Funds	6,934,806	End-of-year market value	
Private Equity Funds		End-of-year market value	
Term Asset-Backed Securities Loan Facility		End-of-year market value	
	·	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	14,199,673		
Part VIII Investments—Program Related			
	··· - · · · · · · · · · · · · · · · · · · ·		
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
,			
		. , , , , , , , , , , , , , , , , , , ,	8.7 > 1
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		, , , , ,	* ′ '
Part IX Other Assets. See Form 990, Par	-		
	(a) Description		(b) Book value
	<u>-</u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount	ľ.	
Federal income taxes			
Actuarial Liability for annuity/trust agreements	10,775,28	<u></u>	
Refundable advances	76,09	 1	
		┪	
		Ⅎ	
		\dashv	
		\dashv	
		-	
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	40.054.03	_	
Total (Column (b) must equal rount 990, Part X, COI (b) line 25)	10,851,37	<i>I</i>	J

Page	4
raye	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	State	m	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		9,950,528
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	Т.	15,006,500
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		(5,055,972)
4	Net unrealized gains (losses) on investments	4	Т.	12,913,705
5	Donated services and use of facilities	5		
6	Investment expenses	6	Т	
7	Prior period adjustments	7	Т	
8	Other (Describe in Part XIV.)	8		2,283,822
9	Total adjustments (net). Add lines 4 through 8	9	\mathbf{I}	15,197,527
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	\prod	10,141,555
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue	ие ре	er	Return
1	Total revenue, gains, and other support per audited financial statements	. L	1	23,206,509
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	12	r i	
а	Net unrealized gains on investments	05	1	t i
b	Donated services and use of facilities	0	2	!
С	Recoveries of prior year grants	0	(章) di (章) di	,
ď	Other (Describe in Part XIV.)	91	1	
е	Add lines 2a through 2d	2	2e	13,151,896
3	Subtract line 2e from line 1	· [3	10,054,613
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	gir.	*14	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIV.)	35)		
c	Add lines 4a and 4b		4c	(104,085)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,950,528
Pai	Reconciliation of Expenses per Audited Financial Statements With Exper		₽€	
1	Total expenses and losses per audited financial statements		1	13,064,954
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	₩	* 4	
a		0		' •}
_	Deliated services and deep of identified	0		2
b	The year adjustments	0		
C	104			
d			ъж. 2е	104,085
е 3	Subtract line 2e from line 1		3	12,960,869
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· .	i Gerti	12,000,000
4		Ω est	en.	
a	The state of the s	21	(*)	
D			• 4с	2,045,631
ن ج	Add lines 4a and 4b	• -	5	15,006,500
Par	rt XIV Supplemental Information	•	<u> </u>	13,000,300
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 1		Part IV lines 1h
	2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d			
	part to provide any additional information.	una ¬	ю.	Also complete
	·			
Pai	rt IV, line 2b: The Foundation is acting as fiscal agent for two entities. Under the fiscal age	nt ag	ree	ements, the
Fo	undation is obligated to maintain the funds received on behalf of these entities in segregate	ed res	stri	cted funds. The
Fo	undation is further obligated to invest the funds as directed by the entities and to disburse	funds	s o	nly as approved by
			• • •	
the	entities under procedures established in the fiscal agent agreements.			
			•••	
Pa	rt V, line 4: The distributions from the true endowments are used as the donors have stipul	ated.	. Т	his includes but is
not	t limited to scholarships, fellowships, lectureships, chairs, professorships, equipment fund	s, as:	sis	tance to University
col	lleges and departments, and support of the Performing Arts Hall. The quasi-endowments a	re a t	ble	nd of accounts

Part XIV Supplemental Information (continued)
created from unrestricted (29%) and purpose restricted (71%) gifts. The distributions from the purpose restricted quasi-
endowments are used as the donors have stipulated. This includes scholarships, a lectureship and assistance to
University colleges and departments. The distributions from the unrestricted quasi-endowments are used to support the
operations of the Foundation and to provide funding for chairs, professorships and University departments.
Part XI, line 8: The Foundation has chosen not to report contributions in accordance with SFAS 116 for Form 990
purposes. This amount reverses out the effects of SFAS 116 on the contribution total.
Part XII, line 2d: This amount is the total of three separate items as follows:
\$2,283,822 - Removes effects of SFAS 116 on contributions
(1,166,562) - Moves annuity payment component of change in fair value of split-interest agreements to expenses
(879,069) - Moves investment management fee from being netted against revenue to expenses
\$ 238,191 - Total
Part XII, line 4b: This amount is the total of three separate items as follows:
\$ 74,180 - Form 990, Part VIII, line 8b
4,042 - Form 990, Part VIII, line 9b
25,863 - Expenses from a sale of real estate included in Form 990, Part VIII, line 7b
\$104,085 - Total
Part XIII, line 2d: This amount is the total of three separate items as follows:
\$ 74,180 - Form 990, Part VIII, line 8b
4,042 - Form 990, Part VIII, line 9b
25,863 - Expenses from a sale of real estate included in Form 990, Part VIII, line 7b
\$104,085 - Total
Part XIII, line 4b: This amount is the total of two separate items as follows:
\$1,166,562 - Moves annuity payment component of change in fair value of split-interest agreements to expenses
879,069 - Moves investment management fee from being netted against revenue to expenses
\$2,045,631 - Total

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.

OMB No 1545-0047

Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ.▶ See separate instructions Name of the organization Employer identification number 6575496 The University of Akron Foundation Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Phone solicitations **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? U Yes U No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (ii) Activity (iii) Did fundraiser have (IV) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of contributions? from activity (or retained by) fundraiser listed in (or retained by) organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pa	art II	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza form 990-EZ, line 6a. L	ition answered "Yes" t List events with gross r	o Form 990, Part IV, li eceipts greater than \$	ne 18, or reported 5,000.
A			(a) Event #1 Trip to Shaw Fest. (event type)	(b) Event #2 Dance Inst Dinner (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	24,153	14,029	43,054	81,236
æ	2	Less: Charitable contributions	0	8,016	0	8,016
	3	Gross income (line 1 minus line 2)	24,153	6,013	43,054	73,220
	4	Cash prizes	0	0	1,000	1,000
	5	Noncash prizes	0	0	0	0
ses	6	Rent/facility costs	8,470	3,142	0	11,612
Direct Expenses	7	Food and beverages	1,912	5,012	22,600	29,524
)irect	8	Entertainment	4,950	. 0	0	4,950
_	9	Other direct expenses .	2,727	2,806	12,154	17,687
	10 11	Direct expense summary. Ad Net income summary. Comb				(64,773) 8,447
Pa	rt II		he organization ansv			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1	Gross revenue				
Direct Expenses	2	Cash prizes	···			
	3	Noncash prizes				
Jirect	4	Rent/facility costs				
	5	Other direct expenses .			0/	, , , , , , , , , , , , , , , , , , ,
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summary	y. Combine line 1, colur	nn d, and line 7		
9		ter the state(s) in which the o				Yes No
b		the organization licensed to c	perate gaming activitie	s in each of these state	es?	. 9a
10a	 We	ere any of the organization's of	gaming licenses revoke	d, suspended or termin	ated during the tax yea	ar? 10a
		Yes," explain:	-			
11		es the organization operate g	jaming activities with no	onmembers?		11
12	ls t	the organization a grantor, be med to administer charitable	eneficiary or trustee of			entity 12

P	age	3
;	No	,

Schedule G (Form 990 or 990-FZ) 2009					
	Schodula	G /Form	agn or	990-E71	2000

OCHE	Suite G (Form 990 or 990-EZ) 2009			age J
			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 ▶	*	,	. 8
	Address ▶	* *	* /	×
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∗ 15a		"
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		* * * .	** <u>\</u>
С	If "Yes," enter name and address of the third party:		» ×	**************************************
	Name ▶	~	, ····	* .
	Address ▶	77." ~- A.	4) <10	Å.
16	Gaming manager information:	,		1 1 2 1
	Name ▶		. i.	
	Gaming manager compensation ▶ \$		(4)	
	Description of services provided ▶	/* · ·	,	
	☐ Director/officer ☐ Employee ☐ Independent contractor		* ;	
17	Mandatory distributions:	^		~%~
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	, ~;'		
	retain the state gaming license?	17a	y48 0 ≥	ļ ,
ь 	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	# ** # **	. 1984 Ngjin .s	

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2009
Open to Public Inspection
Employer identification number

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

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Name of the organization						Employer Ident	Employer identification number
The University of Akron Foundation	ion					34	6575496
Part General Information on Grants and Assistance	on Grants and /	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	in records to subst	tantiate the amou	int of the grants or as	ssistance, the grantee:	s' eligibility for the gra	ants or assistance, a	nd Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedure:	s for monitoring t	he use of grant funds	in the United States.			- 1
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	sistance to Gov 3 21, for any recil I-1 (Form 990) if	ernments and pient that received additional space	Organizations in the ved more than \$5,010 is is needed	he United States. (complete if the orgaif no one recipient if	inization answered received more than	"Yes" to : \$5,000. Use : · · · · · ▶ □
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Univ. of Akron, 302 Buchtel Common, Akron, OH 44325	34-6002924	501(c)(3)	12,027,914	0	N/A	N/A	See Part IV
						,	
				-			
2 Enter total number of section 501(c)(3) and government organizations 3 Fnter total number of other organizations	01(c)(3) and governr ganizations	ment organizations					1 0
۱ 🗜	uction Act Notice, se	ee the Instructions	s for Form 990.)	Cat No 50055P		Schedule I (Form 990) 2009

Schedule I (Fc	Schedule I (Form 990) 2009					Page
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	dividuals in the 990) if additional	United States. Cor space is needed.	nplete if the organi	zation answered "Yes"	to Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
:						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pr	ovide the information	on required in Part	I, line 2, and any other	additional information.
Part I, line	Part I, line 2: The University of Akron is the sole beneficia	beneficiary of gra	nts from the Founda	tion. The restriction	s donors place on their	ry of grants from the Foundation. The restrictions donors place on their contributions determine how the
funds car	funds can be used by the University. The Foundation requires that a University restricted account be set up for each donor restriction. A database is used to attach	tion requires that	a University restrict	ed account be set up	o for each donor restricti	on. A database is used to attach
the Unive	the University account number to the Foundation account	account number.	The database inforr	nation is then used I	by the Foundation to ens	number. The database information is then used by the Foundation to ensure that the funds it transfers to
the Unive	the University end up in the matching accounts with the same donor restrictions. The Controller's Office in the University are supplied with copies of the donor	ith the same donc	or restrictions. The C	ontroller's Office in	the University are suppl	ied with copies of the donor
agreemer	agreements which list the gift restrictions. They use these	ise these agreeme	ents to ensure the fu	nds are used by the	agreements to ensure the funds are used by the University as the donors have designated.	s have designated.

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

6575496

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The University of Akron Foundation

Part I Questions Regarding Compensation

Employer identification number

				T
4.		<u> </u>	Yes	No
Id	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		* ;	
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		; ;	
	☐ Travel for companions ☐ Payments for business use of personal residence		, ,,	ľ
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
		1		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	<u>``</u>	,	ļ
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		,	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .	2	√	
			*	200 000
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	4	"4 "2"	
	organization's CEO/Executive Director Check all that apply.	1		34 ·
	Compensation committee	*		۱"
	☐ Independent compensation consultant ☐ Compensation survey or study	1		_
	Form 990 of other organizations Approval by the board or compensation committee	,		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1		
4	organization or a related organization:		,	
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		√
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	, ág á	ir. Ki.	× ×
		, .		 }
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	* .		· 2 · 3/-
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		* *	3 04
	compensation contingent on the revenues of:			
	The organization?	5a		✓
b	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	6a		1
	The organization?	6b		7
D	Any related organization?			-
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	<u> </u>		ļ ·
J	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe]
	ın Part III	8		1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

Regulations section 53.4958-6(c)? .

9

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2009

Part II Officers, 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.

		(B) Breakdown of W-2	f W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)+(i)(a)	reported in prior Form 990 or Form 990-EZ
Decorate	(i)	÷	Ġ	Ģ	÷	¢	÷	¢
Luis M. Ploeliza	€	344,988	85,000	23,847	94,171	21,054	269,060	Ġ
David B Baker	Θ	¢	φ	Ġ	¢	¢	φ	Ģ
David D. Dave	(E)	153,663	-0	418	23,353	17,396	194,830	¢
ibro. Oc.	(9)	Ġ		Ġ	Ģ	φ	¢	
Soill A. Laguardia	Ξ	223,442	¢	3,262	26,540	11,933	265,177	Ġ
Timothy B Duffore	(3)	Ġ		Ċ	Ġ	¢	ф	Ģ
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	€	171,003	ٻ	948	57,361	13,297	242,609	Ġ
Clinchoth A Stroklo	Θ	¢	φ	¢	Ģ	φ	-0-	¢
Elizabetii A. Suoble	E	117,561		4,042	16,652	12,839	151,094	¢
مؤدي مطح	9	ф		-0-	φ	φ	φ	¢
r. Join Case	E	237,625	-0	490	33,968	10,681	282,764	Ġ
	ε							
	€							
	Θ							
	Ξ							
	(i)							
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					-		Sche	Schedule J (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

Employees

Employer identification number

The University of Akron Foundation 34 6575496

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A)	(B)	l			C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Joseph M. Gingo		ĺ				ŀ				
Director	0.2	✓		<u> </u>				-0-	-0-	-0-
Paul G. Hoogenboom		j								
Director	0.1	✓		ļ	ļ		<u> </u>	-0-	-0-	-0-
Dean E. Smith										
Director	0.1	✓	L		<u> </u>	ļ		-0-	-0-	-0-
W. Mack Webner							1			
Director	0.1	✓	L	_	<u> </u>	<u>.</u>	<u> </u>	-0-	-0-	-0-
Pamela S. Williams					İ					
Director	0.2	✓	L			<u> </u>	ļ	-0-	-0-	-0-
Virginia E. Wilson										
Director	0.2	✓	_			<u> </u>	ļ	-0-	-0-	-0-
Michael C. Arnold										
Director	0.1	✓	L.			ļ		-0-	-0-	-0-
Patricia Ballard										
Director	0.1	✓	L				<u> </u>	-0-	-0-	-0-
Mark R. Belgya										
Director	0.1	✓						-0-	-0-	-0-
Frances Y. Bittle										
Director	0.4	✓						-0-	-0-	-0-
R. Cary Blair									l	
Director	0.2	✓		<u> </u>	┖		<u> </u>	-0-	-0-	-0-
Frances Buchholzer			ļ]				
Director	0.1	/						-0-	-0-	-0-
May J. Chen										
Director	0.1	✓		<u> </u>	<u> </u>			-0-	-0-	-0-
Kathryn W. Dindo										
Director	0.5	✓						-0-	-0-	-0-
Edward T. Eliopoulos		İ			1					
Director	0.1	✓			L			-0-	-0-	-0-
Thomas E. Gedelian										
Director	0.3	✓		L				-0-	-0-	-0-
Samir G. Gibara								:		
Director	0.3	✓	_			<u> </u>		-0-	-0-	-0-
Martin P. Hauser			1	1						
Director	0.1	✓	L.					-0-	-0-	-0-
Robert J. Keegan										
Director	0.1	/		$oxed{oxed}$		<u> </u>		-0-	-0-	-0-
Thomas G. Knoll				_			1		1	
Director	0.1	1		L	L		\perp	-0-	-0-	-0-
Robert L. Leibensperger										
Director	0.2	✓			L			-0-	-0-	-0-
-						_				

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

The University of Akron Foundation

Employer identification number

he University of Akron Foundation 34 6575496

art I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees				_		-	-	_	-	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	Posit	ion (d	chec	k all	that ap	oply)	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Walter N. Mirapaul		 	H							
Director	0.1	1						-0-	-0-	-0-
George P. Paidas										
Director	0.5	1	<u>L</u> .					-0-	-0-	-0-
Frank C. Steininger										
Director	0.0	✓			Ĺ.			-0-	-0-	-0-
Donald T. Misheff								:		
Director	0.0	✓						-0-	-0-	-0-
Philip L. Rice										
Director	0.0	✓						-0-	-0-	-0-
Thomas A. Waltermire										
Director	0.0	✓						-0-	-0-	-0-
Zouhair C. Yassine										
Director	0.2	✓						-0-	-0-	-0-
Luis M. Proenza										
Director	0.5	✓						-0-	453,835	115,225
David B. Baker			1				1			
Director	0.5	✓						-0-	154,081	40,749
John A. Laguardia			ļ	l						
Director	0.5	✓	L	<u> </u>	L	<u> </u>		-0-	226,704	38,473
Philip S. Kaufmann										
Director	0.3	✓			_			-0-	-0-	-0-
James S. Ray		ŀ			1			ļ		
Assistant Treasurer	39.5	<u> </u>		1	<u> </u>	ļ	ļ	-0-	53,808	21,342
Timothy R. DuFore						1				
Director	8.0		<u> </u>	✓	<u> </u>	ļ	<u> </u>	-0-	171,951	70,658
F. John Case										
Former Director and Treasurer	0.0	ļ	<u> </u>		_	<u> </u>	✓	-0-	238,115	44,649
Elizabeth J. Stroble										
Former Director	0.0		<u> </u>				✓	-0-	121,603	29,491
							+-			
-			<u> </u>				-		-	
			<u> </u>	_	-		-			
			<u> </u>		<u> </u>		-			
					<u> </u>	<u> </u>		<u></u>		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Inspection

Employer identification number

Th€	University of Akron Foundation	n		34	65	75490	j .	
Pai	t I Types of Property		-		•			
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method o	(d) of dete venues		9
1	Art-Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	1						
5	Clothing and household							
	goods	,	< <					
6	Cars and other vehicles .				 			
7	Boats and planes							
8	Intellectual property		25	295,253	Gift date n	narko	t auo	
9	Securities—Publicly traded .		1	253,255	Balance sh			
10	Securities—Closely held stock .	V	<u> </u>		Dalatice sti	eet e	vaiua	LIOII
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	i .						
16	Real estate—Commercial	1						
17	Real estate-Other	1 1						
18	Collectibles	1 1						
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts				<u> </u>			
23	Scientific specimens		· · · · · · · · · · · · · · · · · · ·					
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()				 			
29	Number of Forms 8283 receive	-	-	-		_		
	which the organization complet	ed Form 82	83, Part IV, Donee Acknow	wledgement	29	0	· ·	
							Yes	No
30a	During the year, did the organiz						1	
	it must hold for at least three ye			oution, and which is not re	quired to be			
	used for exempt purposes for t					30a		✓
b	If "Yes," describe the arrangem							
31	Does the organization have a	a gift acce	ptance policy that requir	res the review of any n	on-standard	<u> </u>		
						31		✓
		•	ties or related organizatio	•	sell noncash	32a	✓	
b	If "Yes," describe in Part II.							
33	If the organization did not report describe in Part II.	revenues in	column (c) for a type of pr	operty for which column (a) is checked,			

Schedule M (990) 2009	Page 2
Part II	upplemental Information. Complete this part to provide the 2b, and 33. Also complete this part for any additional inform	e information required by Part I, lines 30b, ation.
Part I, line	a: The Foundation used stock brokers to sell the gifts of public	ly traded securities
Part 1, Li	3: Line 10(c) is 0. The balance sheet of this company showed t	hat this company's liabilities exceeded the
assets. E	d upon this fact, the value of the stock was determined to be 0.0	00.
. .		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

The University of Akron Foundation 6575496 Part III, line 3: Due to funding limitations, the Foundation decided to not provide assistance to the University for its marketing campaign in FY 09/10. Part III, line 4d: (1) The Foundation provided donor-directed assistance to the athletic program and the Performing Arts Hall of The University of Akron. (2) The Foundation assisted The University of Akron with funding for the improvement of the educational opportunities in the University Park neighborhood. Part VI, line 1a: The Executive Committee of the Foundation, between meetings of the Board of Directors, has all the authority of the Board of Directors in the management of the Foundation except as such authority is limited by statute or by resolution of the Board of Directors. According to the Foundation's Code of Regulations, the Board of Directors shall appoint an Executive Committe consisting of the President of The University of Akron (UA), the senior development officer of UA, the chief academic officer of UA, the chief financial officer of UA, the President, Vice President, Secretary, Treasurer, and Executive Director of the Foundation, and not less than two other voting Directors who are members of the community at large, and who are not full-time employees of UA or its Governing Board. All members of the Executive Committee are voting members except for the Executive Director, who is a non-voting member. Each voting member of the Executive Committee is also a voting member of the Foundation's Board of Directors. Part VI, line 2: Business Relationship: Gary L. Taylor & Steven R. Brubaker; Business Relationship: Philip A. Lloyd, John C. Blickle & R. Cary Blair Part VI, line 11A: Each year, the Foundation's Executive Director, Treasurer and Assistant Treasurer meet to review the Form 990 before it is filed. Before filing, a copy of the Form 990 is provided to members of the Foundation's **Executive Committee for their review.** Part VI, line 12c: Annually, the directors and officers of the Foundation complete a conflict of interest questionnaire. The questionnaire is designed to bring to light any interests that could give rise to conflicts. The Executive Director of the Foundation reviews the questionnaires and is charged with alerting the Board to any conflicts. Part VI, line 13: The Foundation has no employees; thus eliminating the need for a whistleblower policy. Part VI, line 14: The Foundation's records are currently maintained by University of Akron employees who follow the University's document retention and destruction policy.

Schedule O (Form 990) 2009			Page 2
Name of the organization		Employer identification number	•
The University of Akron Foundation		34 6575496	
Part VI, line 15 a & b: The Foundation does not compensate	its Executive Director, other	er officers or key employees.	Thus,
no process is required.			
Part VI, line 19: They are available for inspection upon writte	en request.		
Part VII, line 1a: Estimate of average hours per week devote	d to related organization, T	he University of Akron (UA)	
Luis M. Proenza, President of UA	40.0		
David B. Baker, Senior Academic Officer of UA	40.0		
Scott P. Borgemenke, Senior Financial Officer of UA	40.0		
John A. LaGuardia, Senior Development Officer of UA	40.0		
Timothy R. DuFore	32.0		
James S. Ray	0.5		
Philip S. Kaufmann	1.0		
All Others	0.0		
			•
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	<u></u>		
			
			

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. \blacktriangle Attach to Form 990.

OMB No. 1545-0047

Inspection

Employer Identification number

(f) Direct controlling (f) Direct controlling 6575496 entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it ۲ ٨ 0 Line 2 Public chanty status (if section 501(c)(3)) (e) End-of-year assets 34 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) 0 (d)
Exempt Code section 501(c)(3) (d) Total income (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) ত Ohio Real Estate Acquistion Ohio (b)
Primary activity Primary activity had one or more related tax-exempt organizations during the tax year.) Education The University of Akron, 302 Buchtel Common, Akron, OH 44325 Nash Street LLC, 105 Fir Hill, Akron, OH 44325, 20-8245091 Name, address, and EIN of related organization (a)
Name, address, and EIN of disregarded entity The University of Akron Foundation 34-6002924 Part I Part II

Schedule R (Form 990) 2009										Page 2
Part III Identification because it had	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	ı nizations ated orgar	Taxable as a Finite in Taxable as I Finite	Partnership (Co I as a partnersh	implete if the c ip during the t	organization a ax year.)	nswered "Yes	" to Forr	n 990, Part IV, lin	e 34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income		(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
				sections 512-514)				Yes No	10	Yes No
								:		
Part IV Identification Ine 34 because	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	inizations	Taxable as a (Sorporation or treated as a co	Trust (Comple	te if the orga	nization answertax year.)	ered "Ye	s" to Form 990, F	art IV,
Name, address, and El	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	соте	(g) Share of end-of-year assets	(h) Percentage ownership
										_
						1				

Schedule R (Form 990) 2009

	4, 35, or 36.)
	Form 990, Part IV, line 34, 35, or 36.)
	ed Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)
	n answered "Ye
	he organizatior
	s (Complete If 1
	Organization
	With Related
·m 990) 2009	Transactions
Schedule R (For	Part V

Schedule R (Form 990) 2009	Sch	
		(9)
		(5)
		(4)
		(2)
		(2)
		(1)
(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
ansaction thresholds.	d relationships and ti	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
1q		 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s)
1p		p Reimbursement paid by other organization for expenses
<u> </u>		o Reimbursement paid to other organization for expenses
· · · · · · · · · · · · · · · · · · ·		n Sharing of paid employees
/ II		m Sharing of facilities, equipment, mailing lists, or other assets
> =	· · · · · · · · · · · · · · · · · · ·	Performance of services or membership or fundraising solicitations by other organization(s)
· - +		j Lease of facilities, equipment, or other assets from other organization(s)
		i Lease of facilities, equipment, or other assets to other organization(s)
- 1h		
1g /		g Purchase of assets from other organization(s)
11		f Sale of assets to other organization(s)
1e /		e Loans or loan guarantees by other organization(s)
/ pl		d Loans or loan guarantees to or for other organization(s)
10 /		
- 1p		A necessary of (1) interest (ii) annuties (iii) toyantes of (14) felt monta controlled annut
1.0	d in Parts II–IV?	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No		Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule.

Part VI Unrelate

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.)

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

	1		1			9		Ĺ	
(a) Name, address, and EIN of entity	(b) Primary activity		(o) Are all part			(r) Disproportionate		Gene	(n) neral or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets ns?		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	man	managing partner?
			Yes No	0	. 1	Yes No		Yes	Š
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							Schedule R (Form 990) 2009	066 w.) 2009