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SCANNED DEC 0 7 2010

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

		f the Treasury		assets less than ► The organization may have	n \$1,250,000 at the end one to use a copy of this ret			ments		Inspec	tion
_		nue Service e 2009 calenda	ar vear	or tax year beginning	July 1		and ending		une 30		20 10
_		applicable	Please	C Name of organization	- July 1	,,,,,,,,				ification nui	mber
_	Address		use IRS	Oakland University Foun	edation				-	078765	
=	Name ch	-	label or print or	Number and street (or P O bo		to street address)	Room/suite	E Telep	hone numl		
_	Initial ret		type.	C/O Oakland University 2						70-2440	
	Termina	ted	See Specific	City or town, state or country		<u>, </u>	_l	 			
=	Amende		Instruc-	' '					p Exemp	tion	
ப		ion pending	tions.	Rochester, Michigan 483					ber ▶	7	1
	• Sec	ction 501(c)(3)	•	zations and 4947(a)(1) non	•	usts must attacl		unting M		Cash 🗸	Accrual
			a cor	mpleted Schedule A (Form	1 990 or 990-E2).			r (specify			
									_	anization is	
	Nebsi		.oaklan							dule B (Fo	rm 990,
<u>J]</u>	Гах-ех			nly one) — 🗸 501(c) (3)		· · · · · —		EZ, or 99			
	Check		-	ization is not a section 509(a		-					000 A
				turn is not required, but if t					ete returr	1	
		es 5b, 6b, and 7	b, to line	e 9 to determine gross receip	ts, if \$500,000 or more,	file Form 990 inst	ead of Form 99	0-EZ <u>▶</u>	<u> \$ </u>	- B- 413	9,913
Р	art I			penses, and Changes		r Fund Baland	ces (See th	e instru		or Part I.,	
	1	Contribution	ons, gif	ts, grants, and sımılar an	nounts received .				1		371
	2	Program s	ervice i	revenue including goverr	nment fees and con	tracts			2		
	3	Membersh	p dues	s and assessments					3		
	4	Investment	t incom	ne					4		4,413
	5a	Gross amo	ount fro	m sale of assets other th	nan inventory .	5a	Sch 1	5,129	eren c		
	b	Less: cost	or othe	er basis and sales expen	ses	5b					
	С	Gain or (lo	ss) fron	n sale of assets other tha	an inventory (Subtra	act line 5b from	line 5a) .		5c	_	5,129
Ē	6						e ▶ 🔲	2			
ē	а				of cont						
Revenue		reported o									
	b	Less: direc	t expe	, nses other than fundraisi		6b					
	C			ss) from special events a		act line 6b from	line 6a)		6c		
	7a			ventory, less returns and		7а	1		327		
	b			•		7b		•			
	c			ess) from sales of invento		from line 7a)			7c		
	8	Other reve			, (2000000)	8		
	9			dd lines 1, 2, 3, 4, 5c, 6c	7c. and 8			. •	9		9,913
	10			r amounts paid (attach s					10		
	11			or for members / /	ECENT				11		
s		Salaries o	ther co	ompensation, and employ	vee henefits			•	12		
Se	13	Drofession	al fooe	and other payments to	ndependent contra	ctore			13		
ē	144	Occupance	u ront	utilities and mointenan	ndependent contra	0.019		•	14		
Expenses	14	Drinting	y, rent,	and other payments for utilities, and/maintenant ions, postage, and shipp	~~ 20in /	 න	 		15		
	16	Other eve	ublicati	describe Program \$	ing	Schodule 3)			16		4,793
	17			Add lines 10 through 16					17		4,793
_	10) for the year (Subtract III			_		18	-	5,120
ets.	18			nd balances at beginning							0,120
28	19			e reported on prior year's					19		139,707
Net Assets	-00	•	_		•					ch 2	10,201
ž	20		•	net assets or fund balar		-			21	(11 2	155,028
	21 art	Net assets	or tun	d balances at end of yea ets. If Total assets on lin	ur. Combine lines 18	41 250 000 a	more file E	orm gan		of Form 9	
نگ	CII(A)	Balanc	e Silet	(See the instructions		σ φ ι ,2 συ,000 Οι		eginning of		(B) End o	
_		Saab a	ا - سم	•	·		(4)	<u> </u>	9,707 22	, ` ` -	155,028
2:		_		nvestments			. —			_	133,020
2:							· :		23		
2	4 (otner assets (aescrit	pe ▶)	4.0	0.707.05		455 000
2							· · ·	13	9,707 25	1	155,028
2	6 T	otal liabilitie	s (des	cribe >	(D)	th. 1: 04\)		26		455.000
2	7 N	vet assets or	r tund l	balances (line 27 of colu	ımın (B) must agree	with line 21)		13	9,707 27	1	155,028

	Statement of Program Service Accom		uctions for Part II	l.)		Expenses		
What		ired for section (3) and 501(c)(4)						
Desc	escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise							
	nanner, describe the services provided, the number of persons benefited, and other relevant information for							
each	program title.				for ot	ners)		
28								
	See Schedule	3 Attached						
		includes foreign grants, chi	eck here	▶ □	28a	4,793		
29								
	(Grants \$) If this amount	includes foreign grants, chi	eck here	. ▶ 🗆	29a			
30								
	(Grants \$) If this amount	includes foreign grants, chi	eck here	▶ □	30a			
31	Other program services (attach schedule)							
	(Grants \$) If this amount				31a			
32	Total program service expenses (add lines 28a	through 31a)		<u> Þ</u>	32	4,793		
Par	List of Officers, Directors, Trustees, and Ke							
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	ns to plans &	(e) Expense account and		
	(a) Name and address	devoted to position	enter -0)	deferred comper	sation	other allowances		
	See Schedule 4 Attached]						
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			()
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved		,	
39	Section 501(c)(7) organizations. Enter:	* * * *	3.	3.77
а	Initiation fees and capital contributions included on line 9	* *	* * *	"
b	Gross receipts, included on line 9, for public use of club facilities	* 1	\$1.7c.	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	\$ 15°		3 %
	section 4911 ▶ None ; section 4912 ▶ None ; section 4955 ▶ None	1 2 02	X 3	7 m
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	V-2-3		Janah Merte
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		<u> </u>	
	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	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1.3	5,	E, 1
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	772	. Y.	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
_	reimbursed by the organization	\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	1973	1
41	List the states with which a copy of this return is filed. ▶			
42a		248-37	0-244	0
	Located at ► 2200 N Squirrel Road 121 E Vandenberg Hall Rochester, MI ZIP + 4 ►	48309	-4401	
b	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		Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶	W \$2. A	10.0	1.00
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1.7.3	
	and Financial Accounts.			8 8 8 4 9
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
-	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	· · ·		`
	Form 990-EZ	44		√
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		×	
_	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Part VI

Part VI	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) no 47(a)(1) nonexempt ch nd 51.	nexemp aritable	t charitab trusts mus	le trusts only. A t answer questio	II sec ns 40	tion 5-49l	ɔ
46 D	oid the organization engage in direct or indirect	political campaign acti	vities on	behalf of or	in opposition to		Yes	No
Ca	andidates for public office? If "Yes," complete	Schedule C, Part I				46		✓
47 D	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							✓
	old the organization make any transfers to an ex	**	-			49a		✓
	"Yes," was the related organization a section 5					49b		
	Complete this table for the organization's five himployees) who each received more than \$100,							
		(b) Title and average		Compensation	(d) Contributions to		Expen	
(a	a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		•	employee benefit plans & deferred compensation	àc	count a	and
	παι φτου,σσο	devoted to position				Oute	anova	11000
	NONE	NOT APPLICABLE	-	0	o			0
								
f To	otal number of other employees paid over \$100	0.000	NC	NE				
	(a) Name and address of each independent contractor	paid more than \$100,000			PPLICABLE	(c) Co	mpens	ation 0
d To	otal number of other independent contractors of	each receiving over \$100	0,000 .		NONE			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accom of preparer (other than officer)	panying scl	nedules and sta n all information	tements, and to the best of which preparer has	any kn	knowl	edge e
Sign Here	Signature of officer				// ////O			
	John W. Beaghan, Chief Financial Office Type or print name and title	er					 -	
Paid Preparer	Preparer's signature	Date	l s	Check if elf- mployed ▶ ☐	Preparer's identifying nur	nber (Se	e instruc	tions)
Use Only	vours if self-employed).			EIN	\ ▶			
	address, and ZIP + 4			Ph	one no 🕨			
May the	IRS discuss this return with the preparer show	n above? See instruction	ns	• •	▶ [Yes rm 99		No (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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 38 6078765 **Oakland University Foundation** 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33\% 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 331/2 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** 🗹 Type II **c** Type III–Functionally integrated **d** Type III-Other e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (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). h (i) Name of supported (II) EIN (iii) Type of organization (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 (i) organized in the above or IRC section col (i) of your governing document? (see instructions)) support? Yes No Yes No Yes No **Oakland University** 38-1714400 4,793 18 P Total 4,793

	Support Schedule for Org (Complete only if you check	anizations Code 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)
	tion A. Public Support					r 	
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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		" " " " " " " " " " " " " " " " " " "		> ° ° ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	\$ " * " * " * " * " * " * " * " * * " *	
6	Public support. Subtract line 5 from line 4.		,	*	3 * 9 * 2 1 2	3x 27 x 27 x 3x	
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	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	* 4. 12 4 5 Y	Serve Servers on	, n	45 - <u>C</u> ************************************	**************************************	
11	Total support. Add lines 7 through 10 .	**************************************		* , -		XXXXXX	
12	Gross receipts from related activities, etc	. (see instructio	ons)			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	<u> </u>	id, third, fourth	-		n 501(c)(3) ▶ □
360 14	Public support percentage for 2009 (line			1 column (f)		14	
	.,	• • • • • • • • • • • • • • • • • • • •	•			15	
15 16a	Public support percentage from 2008 Sch 33% % support test—2009. If the organization qualifies	zation did not d	check the box of			% or more, ched	
b	33% % support test—2008. If the organization quality box and stop here. The organization quality						_
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-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
ь 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did organizati	acts-and-circum inces" test. The	istances" test, o organization qua	check this box a alifies as a public	and stop here cly supported or	Explain in Part ganization	V how the

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

<u></u>	tion A. Public Support	ed the box o	ii iiile 9 01 Fa	rt 1.)			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca	iendar year (or riscar year beginning in)	(a) 2005	(b) 2000	(6) 2007	(u) 2008	(e) 200 3	(i) 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	**************************************	100 W 578 - 4/1/4 4246	and the same of th	*	W7 - 2 - 3 W Z	
8	Public support (Subtract line 7c from line 6.)						
_	tion B. Total Support	1		r	(1) 2000		-
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						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 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	here	<u> </u>			ear as a section	
	tion C. Computation of Public Su	 -			(0)	dr	
15 16	Public support percentage for 2009 (li Public support percentage from 2008	Schedule A, P	art III, line 15			15 16	<u>%</u> %
Sec	tion D. Computation of Investme					T .= T	
17 18	Investment income percentage for 200 Investment income percentage from 2	008 Schedule	A, Part III, line	17		17	<u>%</u> %
19a b	33\% % support tests - 2009. If the org 17 is not more than 33\% %, check this is 33\% % support tests - 2008. If the orga line 18 is not more than 33\% %, check th	oox and stop h nization did not	ere. The organ check a box or	ization qualifie: n line 14 or line	s as a publicly 19a, and line 1	supported orga 6 is more than	ınızatıon ► ☐ 33½ %, and _
20	Private foundation If the organization	•	-				

Schedule A (F	Form 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information	red by Part II, line 10; on. See instructions.
		•
		•
·		

Oakland University Foundation 38-6078765 Schedule 1 2009-2010

Form 990-EZ, Part 1, line 5c, Gain or (loss) from sale of assets other than inventory:

Gain on Sale of Investments - Oakland University Foundation Endowment Fund	\$ 5,129
	\$ 5,129

Oakland University Foundation 38-6078765 Schedule 2 2009-2010

Form 990-EZ, Part I, Line 20, Other Changes in net assets or fund balances:

Unrealized gains on investments carried at market value	\$ 10,201
	\$ 10,201

Oakland University Foundation 38-6078765 Schedule 3 2009-2010

Form 990-EZ, Part III, Line 28, What is the organization's primary exempt purpose:

The Oakland University Foundation is a private nonprofit corporation organized for the purpose of receiving and administering funds for the support of Oakland University.

Form 990-EZ, Part III, Line 28a, Program Service Expenses (Grants):

Milo Cross Memorial Scholarship	\$	1,168
Seifert Merit Scholarship Endowment		3,091
Oakland Press Endowed Scholarship for Journalism Excellence		534
	-	
	\$	4,793

Oakland University Foundation 38-6078765 Schedule 4 2009-2010

Form 990-EZ, Part IV, List of Officers, Trustees, and Key Employees:

(A) Name and address	(B) Title Avg Hrs. per week	(C) Comp.	(D) Contributions to employee benefit plans	(E) Expense account allowance
John W. Beaghan VP Finance & Administration Oakland University 202 Wilson Hall Rochester, MI 48309	Director	-0-	-0-	-0-
Gary W. Laidlaw 28880 Mıllbrook Farmington Hills, MI 48334	Director	-0-	-0-	-0-
John F. Mills Williams Williams Rattner & Plunkett, P.C. 380 N. Woodward Ave, Suite 300 Birmingham, MI 48009	Director	-0-	-0-	-0-
Susan Davies Goepp Executive Director, OUF VP University Relations Oakland University John Dodge House Rochester, MI 48309	Executive Director	-0-	-0-	-0-