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

<b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>										
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization OKLAHOMA STATE UNIVERSITY FOUNDATION					<b>D</b> Employer identification number 73-6097060		
			Doing Business As					<b>E</b> Telephone number (405) 385-5100		
			Number and street (or P O box if mail is not delivered to street address) PO BOX 1749				Room/suite	<b>G</b> Gross receipts \$ 268,426,247		
			City or town, state or country, and ZIP + 4 STILLWATER, OK 74076							
			<b>F</b> Name and address of principal officer KIRK JEWELL PO BOX 1749 STILLWATER, OK 74076					<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
								<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
								<b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
<b>J Website:</b> ▶ WWW.OSUGIVING.COM										
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						<b>L</b> Year of formation 1961		<b>M</b> State of legal domicile OK		

Part I Summary				
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities UNITING DONOR AND UNIVERSITY PASSIONS AND PRIORITIES TO ACHIEVE EXCELLENCE		
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 21	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 21	
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> 29	
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 10	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 0	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> 11,694	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> 73,555,878	<b>Current Year</b> 114,051,677
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	21,290,081	3,732,692
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	-64,728,865	43,131,137
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,178,406	1,237,358
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	31,295,500	162,152,864
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	8,800,527	7,620,270
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,053,078	7,247,244
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	351,496	521,983
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>7,949,828</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	82,169,153	71,570,130
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	98,374,254	86,959,627
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	-67,078,754	75,193,237
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16) . . . . .	653,733,743	505,200,066
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	271,770,373	48,043,464
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	381,963,370	457,156,602

<b>Part II</b>		<b>Signature Block</b>			
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2011-05-13 Date		
	DONNA KOEPPE VP & TREASURER Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	405-239-6411	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 210 Park Ave Suite 2850 Oklahoma City, OK 73102			EIN
					Phone no (405) 239-6411

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

UNITING DONOR AND UNIVERSITY PASSIONS AND PRIORITIES TO ACHIEVE EXCELLENCE

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

If “Yes,” describe these new services on Schedule O

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

If “Yes,” describe these changes on Schedule O

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

4a	(Code ) (Expenses \$ 29,260,050 including grants of \$ 9,475 ) (Revenue \$ )
	INTERCOLLEGIATE ATHLETICS INCLUDES THE EXPENDITURES OF FUNDS DONATED FOR THE BENEFIT OF MEN'S AND WOMEN'S ATHLETIC PROGRAMS AT OKLAHOMA STATE UNIVERSITY, INCLUDING ACADEMIC ENRICHMENT FOR STUDENT ATHLETES, BUDGET SUPPORT FOR SPECIFIC TEAM SPORTS AND GENERAL BUDGET SUPPORT FOR THE INTERCOLLEGIATE ATHLETIC DEPARTMENT

4b	(Code ) (Expenses \$ 7,087,140 including grants of \$ ) (Revenue \$ )
	FACILITIES AND EQUIPMENT INCLUDED THE EXPENDITURES OF FUNDS DONATED FOR CAPITAL AND EQUIPMENT ON THE OKLAHOMA STATE UNIVERSITY CAMPUS, INCLUDING THE REIMBURSEMENT TO OSU FOR FUNDS EXPENDED TO CONSTRUCT NEW FACILITIES, RENOVATE EXISTING FACILITIES, FURNISH FACILITIES AND PURCHASE NECESSARY CLASSROOM EQUIPMENT SUCH AS LAB EQUIPMENT AND COMPUTERS














4c	(Code ) (Expenses \$ 25,973,644 including grants of \$ 1,043,913 ) (Revenue \$ )
	GENERAL UNIVERSITY SUPPORT INCLUDES THE EXPENDITURE OF FUNDS DONATED FOT STUDENT SCHOLARSHIPS AND THE TRANSFER OF ALL GOODS-IN-KIND DONATED TO THE UNIVERSITY. THESE FUNDS ALSO SUPPORT PROGRAMS THAT SUSTAIN OVERALL UNIVERSITY PURPOSES AND OBJECTIVES AND IMPROVE QUALITY OF STUDENT LIFE SUCH AS ACADEMIC AFFAIRS, INTERNATIONAL AND DIVERSITY STUDIES, RESIDENTIAL LIFE, STUDENTS AFFAIRS, AND OTHER INSTRUCTIVE PROGRAMS

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 13,323,448 including grants of \$ 6,566,882 ) (Revenue \$ )

4e	Total program service expenses	\$ 75,644,282
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Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	185	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	297	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	Yes
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	2
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	25	
b	Enter the number of voting members that are independent . . . . .	1b	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OK
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ OKLAHOMA STATE UNIVERSITY FDN PO BOX 1749 STILLWATER,OK 74076 (405) 385-5100





1b	Total	1,698,534	0	242,334
----	-------	-----------	---	---------

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 10

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O GENERAL STATEMENT 8		1,122,635

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 5

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c	351,219					
	d	Related organizations . . . .	1d						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	113,700,458					
	g	Noncash contributions included in lines 1a-1f \$ 50,456,890							
	h	Total. Add lines 1a-1f . . . . .		114,051,677					
Program Service Revenue			Business Code						
	2a	HOUSING RENTAL INCOME	532,000	2,125,570	2,125,570				
	b	ADMIN & LLC MGMT FEES	561,000	1,607,122	1,607,122				
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f . . . . .		3,732,692					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		4,781,416		0	4,781,416		
	4	Income from investment of tax-exempt bond proceeds . . .		15,970,707			15,970,707		
	5	Royalties . . . . .		281,330			281,330		
	6a	Gross Rents	(i) Real	(ii) Personal	50,295			50,295	
		b	Less rental expenses	172,125					
		c	Rental income or (loss)	121,830					
		d	Net rental income or (loss) . . . . .	50,295					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	22,379,014			22,379,014	
		b	Less cost or other basis and sales expenses	106,738,294					21,556,604
		c	Gain or (loss)	105,825,658					90,226
		d	Net gain or (loss) . . . . .	912,636					21,466,378
	8a	Gross income from fundraising events (not including \$ 351,219 of contributions reported on line 1c) See Part IV, line 18 . . . . .			-149,418	-149,418			
		a	86,251						
		b	Less direct expenses . . . . .	235,669					
	c	Net income or (loss) from fundraising events . . .							
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .			0				
		a							
		b	Less direct expenses . . . . .						
	c	Net income or (loss) from gaming activities . . .							
	10a	Gross sales of inventory, less returns and allowances . . . . .			0				
a									
b		Less cost of goods sold . . . . .							
c	Net income or (loss) from sales of inventory . . .								
Miscellaneous Revenue		Business Code							
11a	MISCELLANEOUS INCOME	900,099	1,055,151	1,055,151					
b									
c									
d	All other revenue . . . . .								
e	Total. Add lines 11a-11d . . . . .		1,055,151						
12	Total revenue. See Instructions . . . . .		162,152,864	4,638,425	0	43,462,762			

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,620,270	7,620,270		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	973,440		243,360	730,080
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	5,066,670		1,434,222	3,632,448
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	398,062		118,223	279,839
9	Other employee benefits . . . . .	464,967		144,240	320,727
10	Payroll taxes . . . . .	344,105		96,922	247,183
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	32,164		21,979	10,185
c	Accounting . . . . .	148,947		146,989	1,958
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	521,983			521,983
f	Investment management fees . . . . .	0			
g	Other . . . . .	251,108		208,136	42,972
12	Advertising and promotion . . . . .	602,799		137,270	465,529
13	Office expenses . . . . .	150,407		74,235	76,172
14	Information technology . . . . .	257,594		92,345	165,249
15	Royalties . . . . .	0			
16	Occupancy . . . . .	278,311		141,563	136,748
17	Travel . . . . .	682,547		40,170	642,377
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	212,787		78,933	133,854
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	847,693		305,169	542,524
23	Insurance . . . . .	78,223		78,223	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 )				
a	INTERCOLLEGIATE ATHLETICS	29,250,575	29,250,575		
b	GENERAL UNIVERSITY SUPPORT	24,929,731	24,929,731		
c	FACILITIES AND EQUIPMENT	7,087,140	7,087,140		
d	ENDOWED FACULTY & LECTURES	2,245,743	2,245,743		
e	ACCRUED UBI TAXES	3,538		3,538	
f	All other expenses	4,510,823	4,510,823		
25	Total functional expenses. Add lines 1 through 24f	86,959,627	75,644,282	3,365,517	7,949,828
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			4,886,052	1	1,990,689
	2	Savings and temporary cash investments . . . . .			37,380	2	37,734
	3	Pledges and grants receivable, net . . . . .			38,434,924	3	44,647,360
	4	Accounts receivable, net . . . . .			4,921,138	4	3,951,066
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			28,807,323	7	21,155,947
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			22,854	9	22,840
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	23,384,021			
	b	Less accumulated depreciation . . . . .	10b	7,635,867	169,984,357	10c	15,748,154
	11	Investments—publicly traded securities . . . . .			347,076,891	11	394,080,291
	12	Investments—other securities. See Part IV, line 11 . . . . .			33,284,942	12	5,633,963
	13	Investments—program-related. See Part IV, line 11 . . . . .			5,217,583	13	6,243,522
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			21,060,299	15	11,688,500
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			653,733,743	16	505,200,066
Liabilities	17	Accounts payable and accrued expenses . . . . .			6,693,530	17	8,423,203
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			10,073,360	19	9,893,662
	20	Tax-exempt bond liabilities . . . . .			211,095,000	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			1,408,736	21	2,915,000
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			13,640,572	23	13,290,091
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			28,859,175	25	13,521,508
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			271,770,373	26	48,043,464
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			22,754,688	27	85,312,386
	28	Temporarily restricted net assets . . . . .			63,168,071	28	60,315,067
	29	Permanently restricted net assets . . . . .			296,040,611	29	311,529,149
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	<b>Total net assets or fund balances</b> . . . . .			381,963,370	33	457,156,602
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			653,733,743	34	505,200,066

**Part XI Financial Statements and Reporting**

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization OKLAHOMA STATE UNIVERSITY FOUNDATION	Employer identification number 73-6097060
--	--

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	120,811,389	103,924,756	270,182,859	73,555,878	114,051,677	682,526,559
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	120,811,389	103,924,756	270,182,859	73,555,878	114,051,677	682,526,559
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)						163,404,906
6 Public Support. Subtract line 5 from line 4						519,121,653

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	120,811,389	6,936,190	270,182,859	73,555,878	114,051,677	682,526,559
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,249,331	6,936,190	4,148,310	5,424,323	21,205,578	48,963,732
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	1,525,355	1,575,936	2,139,434	21,956,099	4,787,843	31,984,667
11 Total support (Add lines 7 through 10)						763,474,958

12

Gross receipts from related activities, etc (See instructions )

12

13

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	67 995 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	67 812 %

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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



Part IV

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

Explanation
OTHER INCOME INCLUDES GROSS PROFIT ON SALE OF INVENTORY AND RECOVERY ALLOWANCE ON UNCOLLECTED PLEDGES

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number  
73-6097060

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	10
2	Aggregate contributions to (during year)	69,600
3	Aggregate grants from (during year)	504,344
4	Aggregate value at end of year	1,432,210
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>Yes No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div>Yes No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

Yes No

6

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

7

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

8

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

Yes No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$

b

Assets included in Form 990, Part X ▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐

Yes

☐

No

Part IV

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

1a

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

☐

Yes

☒

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	346,359,077	459,430,797			
b Contributions . . . . .	10,887,934	18,340,364			
c Investment earnings or losses . . . . .	-22,948,639	-113,014,420			
d Grants or scholarships . . . . .	3,052,700	5,545,444			
e Other expenditures for facilities and programs . . . . .	3,560,664	7,195,441			
f Administrative expenses . . . . .	5,100,263	5,656,779			
g End of year balance . . . . .	322,584,745	346,359,077			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 14.000 %

b

Permanent endowment ▶ 86.000 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations . . . . .

3a(i)

☐

Yes

☐

No

(ii) related organizations . . . . .

3a(ii)

☐

Yes

☐

No

b

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

3b

☐

Yes

☐

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		18,658,275	5,224,311	13,433,964
c Leasehold improvements . . . . .		1,113,757	222,053	891,704
d Equipment . . . . .		3,611,989	2,189,503	1,422,486
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				15,748,154



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	162,152,864
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	86,959,627
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	75,193,237
4	Net unrealized gains (losses) on investments	4	28,469,143
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-36,379,040
9	Total adjustments (net) Add lines 4 - 8	9	-7,909,897
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	67,283,340

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	151,540,489
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	28,469,143
b	Donated services and use of facilities . . . . .	2b	304,411
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	28,773,554
3	Subtract line 2e from line 1 . . . . .	3	122,766,935
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	39,385,929
c	Add lines 4a and 4b . . . . .	4c	39,385,929
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	162,152,864

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	84,257,149
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	304,412
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	447,725
e	Add lines 2a through 2d . . . . .	2e	752,137
3	Subtract line 2e from line 1 . . . . .	3	83,505,012
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	3,454,615
c	Add lines 4a and 4b . . . . .	4c	3,454,615
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	86,959,627

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1 EXPLANATION OF ESCROW ARRANGEMENT	PART IV, LINE 2B	FUNDS HELD IN ESCROW REPRESENT PREPAID INTEREST ON LOAN RECEIVABLE
SUPPLEMENTAL INFORMATION 2 INTENDED USES OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENTS PRIMARILY SUPPORT OKLAHOMA STATE UNIVERSITY PROGRAMS THROUGH ANNUAL SPENDING ALLOCATION AND LONG TERM GROWTH
SUPPLEMENTAL INFORMATION 3 FIN 48 FOOTNOTE	PART X, ACCOUNTING FOR CERTAIN TAX POSITIONS	THE FASB ISSUED GUIDANCE ON THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION ADOPTED THIS NEW GUIDANCE FOR THE YEAR ENDED JUNE 30, 2010. THIS GUIDANCE REQUIRED AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2006.
SUPPLEMENTAL INFORMATION 4	SCHEDULE D, PART XI, LINE 8	DESCRIPTION AMOUNT ----- NET INCOME FROM SUPPORTING <\$36,379,040> ORGANIZATION, OSUF OKMULGEE, LLC, & OSUF PHASE III HOUSING, LLC
INCLUDED ON FORM 990 PART VIII, LINE 12, BUT NOT ON AUDIT	SCHEDULE D, PART XII, LINE 4B	DESCRIPTION AMOUNT ----- OTHER REVENUE FROM SINGLE \$38,938,204 MEMBER LLC'S RECLASSIFICATION OF COST OF \$ 447,725 GOODS SOLD, SPECIAL EVENT EXPENSES, CROP INCOME/EXPENSES ----- TOTAL \$39,385,929
INCLUDED ON FORM 990 PART IX, LINE 25, BUT NOT ON AUDIT	SCHEDULE D, PART XIII, LINE 2D	DESCRIPTION AMOUNT ----- RECLASSIFICATION OF COST OF \$ 447,725 GOODS SOLD, SPECIAL EVENT EXPENSES, CROP INCOME/EXPENSES
INCLUDED ON FORM 990 PART IX, LINE 25, BUT NOT ON AUDIT	SCHEDULE D, PART XIII, LINE 4B	DESCRIPTION AMOUNT ----- RECLASSIFICATION OF EXPENSES \$3,454,615

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number  
73-6097060

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

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

e☒ Solicitation of non-government grants

b☒ Internet and e-mail solicitations

f☐ Solicitation of government grants

c☒ Phone solicitations

g☒ Special fundraising events

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BENTZ WHALEY FLESSNER	CAMPAIGN FEASIBILITY		No	0	86,517	0
GRENZEBACH GLIER AND ASSOCIATES	WEALTH SCREENING		No	0	8,000	0
BOBBY CURTIS HAMM	CONSULTING		No	0	66,000	0
DEB ENGLE CONSULTING	CONSULTING		No	0	187,500	0
GOODEN GROUP	PUBLIC RELATIONS		No	0	163,348	0
WINTON SMITH AND ASSOCIATIONS	PLANNED GIVING		No	0	10,618	0
Total . . . . . ▶				0	521,983	0

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.

AZ,AR,CA,CO,FL,KS,MO,NM,OK,TN,TX

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>DISTINGUISHE</u> (event type)	<u>DFW BRIGHTER</u> (event type)	<u>5</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	112,619	95,070	229,781
	2	Less Charitable contributions . . . .	84,613	70,368	196,238
	3	Gross income (line 1 minus line 2) . . . .	28,006	24,702	33,543
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	481	0	8,883
	7	Food and beverages . . . .	46,249	0	69,262
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	13,849	6,901	90,044
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			235,669
	11	Net income summary Combine lines 3, column d, and line 10. . . . .			-149,418

Part III Gaming.

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

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

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

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



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number  
73-6097060

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA STATE UNIVERSITY207A WHITEHURST HALL STILLWATER,OK 73078	736017987	115	7,620,270				SCHOLARSHIPS

2

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

1

3

Enter total number of other organizations . . . . .

0

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

[illegible]

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

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number

73-6097060

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KIRK JEWELL	(i)	232,014	0	15,907	28,750	17,825	294,496	0
	(ii)	0	0	0	0	0	0	0
BRANDON MEYER	(i)	136,352	0	17,179	1,600	15,408	170,539	0
	(ii)	0	0	0	0	0	0	0
PAT MOLINE	(i)	189,086	10,080	2,297	2,000	16,292	219,755	0
	(ii)	0	0	0	0	0	0	0
MARLO DUFFY TURNER	(i)	117,922	16,380	4,040	14,634	7,541	160,517	0
	(ii)	0	0	0	0	0	0	0
JASON CANIGLIA	(i)	121,335	18,280	4,040	14,839	6,834	165,328	0
	(ii)	0	0	0	0	0	0	0
CRAIG CLEMONS	(i)	159,764	50,000	7,650	19,785	15,412	252,611	0
	(ii)	0	0	0	0	0	0	0
DEB ENGLE	(i)	233,054	0	18,330	4,950	4,865	261,199	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
COMPANION TRAVEL & SOCIAL CLUB DUES	PART 1, LINE 1A	TRAVEL FOR COMPANIONS IS AUTHORIZED FOR OFFICERS AND DEVELOPMENT PERSONNEL FOR FUNDRAISING AND DONOR CULTIVATION PURPOSES. ALL RELATED TRAVEL OF COMPANIONS IS INCLUDED IN TAXABLE COMPENSATION. SOCIAL CLUB DUES AND EXPENSES ARE ALLOWED FOR QUALIFIED ENTERTAINMENT FOR DONOR CULTIVATION PURPOSES. ANY PERSONAL USE IS INCLUDED IN TAXABLE COMPENSATION.

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number  
73-6097060

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEB ENGLE CONSULTING	SEE SCH O , GEN STMT 9	123,920	CONSULTING		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number  
73-6097060

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .	X	6	111,248	APPRAISAL
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		38,615	COST
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	11	295,247	FAIR MARKET VALUE
7 Boats and planes . . . . .	X	3	14,300	FAIR MARKET VALUE
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	135	5,150,842	HIGH/LOW
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .	X	6	1,283,858	APPRAISAL
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( CATTLE )	X	4	11,910	APPRAISAL
26 Other ► ( EQUIPMENT )	X	28	333,685	COST
27 Other ► ( HORSES )	X	13	232,500	APPRAISAL
28 Other ► ( EVENT TICKETS )	X	11	10,385	COST
Other ► ( NOTE REC- COWBOY ATHLETICS )	X	1	26,162,000	COST
80 LICENSES - Other ► ( SOFTWARE )	X	1	16,705,100	COST

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

29

38

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

Yes

b If "Yes," describe in Part II

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

Part II

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

Identifier	Return Reference	Explanation
USE OF THIRD PARTIES TO ADMINISTER NONCASH CONTRIBUTIONS	PART I, LINE 32B	THE OSU FOUNDATION UTILIZED JP MORGAN/CHASE TO ACT AS AN AGENT WITH REGARD TO THE ADMINISTRATION OF MINERAL INTERESTS DONATED TO THE FOUNDATION



Additional Data

Software ID:  
Software Version:  
EIN: 73-6097060  
Name: OKLAHOMA STATE UNIVERSITY FOUNDATION

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493133025741
SCHEDULE O (Form 990)  Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
			Open to Public Inspection
Name of the organization OKLAHOMA STATE UNIVERSITY FOUNDATION			Employer identification number 73-6097060

Identifier	Return Reference	Explanation
GENERAL STATEMENT 1	PART III, LINE 4D	OTHER PROGRAM EXPENSES INCLUDE EXPENDITURES FOR SUPPORT, MAINTENANCE, AWARDS FOR THE LIBRARY, RESEARCH, ENDOWED FACULTY AND LECTURESHIP POSITIONS AND OSUF PHASE III HOUSING

Identifier	Return Reference	Explanation
GENERAL STATEMENT 2	PART IV, LINE 12 & PART XI, LINE 2B	AN OUTSIDE ACCOUNTING FIRM PERFORMS AN ANNUAL AUDIT OVER THE CONSOLIDATED FINANCIAL STATEMENTS OF OSU FOUNDATION AND THE FOUNDATION FOR ENGINEERING AT OSU

Identifier	Return Reference	Explanation
GENERAL STATEMENT 3	PART VI, LINE 7A	THE OSU FOUNDATION HAS MEMBERS THAT ARE REFERRED TO IN THE ORGANIZATION'S BYLAWS AS GOVERNORS ANY INDIVIDUAL PAST OR CURRENT DONOR TO THE OSU FOUNDATION MAY BE ELECTED AS A GOVERNOR OF THE OSU FOUNDATION SUGGESTIONS FOR NOMINATIONS OF A GOVERNOR CANDIDATE SHALL BE SUBMITTED BY THE GOVERNANCE COMMITTEE TO THE FULL BOARD OF TRUSTEES, A MAJORITY VOTE OF THE TRUSTEES SHALL BE REQUIRED FOR A NOMINEE TO BE ELECTED AS GOVERNOR AN ANNUAL MEETING OF THE GOVERNORS SHALL BE HELD IN THE FALL OF EACH YEAR ON A DATE TO BE FIXED BY THE BOARD OF TRUSTEES AT EACH MEETING, TRUSTEES SHALL BE ELECTED BY THE GOVERNORS, REPORTS OF AFFAIRS OF THE CORPORATION SHALL BE CONSIDERED, AND ANY OTHER BUSINESS MAY BE TRANSACTED WHICH IS WITHIN THE POWERS OF THE GOVERNORS TO TRANSACT

Identifier	Return Reference	Explanation
GENERAL STATEMENT 4	PART VI, LINE 11A	THE OSU FOUNDATION PROVIDES AN ELECTRONIC COPY OF THE FORM 990 TO EACH MEMBER OF ITS GOVERNING BODY VIA EMAIL PRIOR TO A REGULARLY SCHEDULED AUDIT COMMITTEE MEETING A PRINCIPAL PURPOSE OF THE MEETING IS A REVIEW AND DISCUSSION OF THE FORM 990 AND ATTACHMENTS BEFORE THE FORM 990 IS DISTRIBUTED TO THE GOVERNING BODY A FINAL COPY OF FORM 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO FILING FORM 990 ADDITIONALLY, THE FOUNDATION'S FORM 990 IS REVIEWED BY AN OUTSIDE ACCOUNTING FIRM PRIOR TO FILING

Identifier	Return Reference	Explanation
GENERAL STATEMENT 5	PART VI, LINE 12C	ANNUALLY, ALL MEMBERS OF THE BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A QUESTIONNAIRE THAT IS USED TO IDENTIFY RELATIONSHIPS AND CIRCUMSTANCES THAT COULD GIVE RISE TO A CONFLICT OF INTEREST THE AUDIT COMMITTEE HAS THE RESPONSIBILITY FOR OVERSIGHT OF THE PROCESS SET OUT IN THE CONFLICT OF INTEREST POLICY, INCLUDING (I) ANNUALLY MONITORING RESPONSES TO THE CONFLICT OF INTEREST QUESTIONNAIRE (II) COMMUNICATING POTENTIAL CONFLICTS OF INTEREST TO THE MANAGEMENT OF THE GOVERNING BODY AS APPROPRIATE AND (III) COMMUNICATING TO THE ORGANIZATION'S GOVERNANCE COMMITTEE ANY SUGGESTED CHANGES TO THE CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
GENERAL STATEMENT 6	PART VI, LINE 15A & 15B	THE COMPENSATION COMMITTEE (COMMITTEE) IS RESPONSIBLE FOR ENGAGING AN OUTSIDE COMPENSATION AND BENEFITS CONSULTANT TO DETERMINE THE COMPENSATION OF THE ORGANIZATION'S CEO, OTHER OFFICERS, AND EMPLOYEES THE COMMITTEE RECEIVES THE COMPENSATION REPORTS DIRECTLY THE COMMITTEE RELIES PRIMARILY ON MARKET DATA PROVIDED BY ITS CONSULTANTS IN ASSESSING COMPENSATION FOR SENIOR OFFICERS THE REVIEW BEGINS IN EARLY SPRING BY HOLDING A MEETING TO ENGAGE A CONSULTANT TO GATHER COMPARABLE COMPENSATION DATA THE COMMITTEE IS AUTHORIZED TO ENGAGE AND TERMINATE ANY LEGAL, COMPENSATION, OR OTHER ADVISORS NECESSARY TO PROVIDE ADVICE AND INFORMATION IN CONNECTION WITH CARRYING OUT ITS RESPONSIBILITIES AND HAS SOLE AUTHORITY TO APPROVE SUCH ADVISOR'S FEES THE COMMITTEE SHALL ALSO ASSURE THAT THE CONSULTANT IS INDEPENDENT (I.E. DOES NOT WORK FOR MANAGEMENT OR THE FOUNDATION IN ANY OTHER CAPACITY) THE COMMITTEE SHALL CONSIDER ALL ELEMENTS OF COMPENSATION, INCLUDING CONTRACTUAL BENEFITS THAT ARE NOT PART OF THE COMPENSATION PROCESS, DEFERRED COMPENSATION PLANS AND OTHER BENEFITS TO ENSURE THAT COMPENSATION IS REASONABLE AND DOES NOT CONSTITUTE "EXCESS BENEFITS" THE COMMITTEE ALSO REVIEWS AND APPROVES OTHER TYPES OF BENEFITS PROVIDED TO SENIOR OFFICERS IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE SANCTIONS RULES THE COMMITTEE REVIEWS THE GOALS AND OBJECTIVES THAT MAY BE RELEVANT TO THE COMPENSATION OF THE FOUNDATION'S CEO AND ASSURES THE FORMAL AND TIMELY EVALUATION OF THE CEO'S COMPENSATION BASED ON THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE THE COMMITTEE ALSO REVIEWS AND APPROVES THE RECOMMENDATIONS OF THE CEO WITH REGARD TO THE COMPENSATION OF THE VICE PRESIDENTS OF THE FOUNDATION, OTHER THAN THE CEO THE COMMITTEE MEETS IN JUNE OF EACH CALENDAR YEAR TO MAKE DECISIONS REGARDING COMPENSATION THE ACTIONS OF THE COMMITTEE ARE RECORDED IN WRITTEN MINUTES THAT ARE CIRCULATED TO ALL MEMBERS OF THE COMMITTEE THE MINUTES CONTAIN ANY DELIBERATION AND THE FINAL DECISION MADE BY THE COMMITTEE

Identifier	Return Reference	Explanation
GENERAL STATEMENT 7	PART VI, LINE 19	ALL GOVERNING DOCUMENTS INCLUDING THE ORGANIZATION'S BY-LAWS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON ITS WEBSITE

Identifier	Return Reference	Explanation
GENERAL STATEMENT 8	PART VII SECTION B INDEPENDENT CONTRACTORS	LAMBERT CONSTRUCTION COMPANY CONSTRUCTION \$411,164 P O BOX 1868 STILLWATER, OK 74076 BLACKBAUD INC SOFTWARE & CONSULTING \$333,009 2000 DANIEL ISLAND DR CHARLESTON, SC 29492 OSU COWBOY GOLF CATERING \$139,062 1800 S MEMORIAL DRIVE STILLWATER, OK 74074 RUFFALO CODY SOFTWARE & CONSULTING \$138,600 65 KIRKWOOD NO RD SW CEDAR RAPIDS, IA 52406 COLE & REED P C ACCOUNTING \$100,800 531 COUCH DR , SUITE #200 OKLAHOMA CITY, OK 73102

Identifier	Return Reference	Explanation
GENERAL STATEMENT 9	SCHEDULE L, PART IV BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	DEB ENGLE WAS AN OFFICER OF THE ORGANIZATION THROUGH SEPTEMBER 30, 2009 AND IS CORRECTLY REPORTED AS SUCH IN PART VII SHE RECEIVED EMPLOYEE COMPENSATION THROUGH SUCH DATE EFFECTIVE OCTOBER 1, 2009, SHE PROVIDED SERVICES TO THE ORGANIZATION AS AN INDEPENDENT CONTRACTOR THE 2009 CALENDAR YEAR COMPENSATION SHE RECEIVED AS A CONTRACTOR, REPORTED ON FORM 1099-MISC, IS INCLUDED IN FORM 990, PART VII, WITH HER REPORTABLE COMPENSATION AS AN EMPLOYEE THE COMPENSATION REPORTED IN SCHEDULE L, PART IV IS THE COMPENSATION PAID FROM JANUARY 1, 2010 THROUGH THE ORGANIZATION'S TAX YEAR END OF JUNE 30, 2010 THIS COMPENSATION WILL ALSO BE INCLUDED IN PART VII OF THE 2010 FORM 990 AS REPORTABLE COMPENSATION EARNED DURING CALENDAR YEAR 2010

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number

73-6097060

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OSUF OKMULGEE STUDENT HOUSING LLC PO BOX 1749 STILLWATER, OK 74076 73-6097060	STDNT HOUSING	OK	2,131,864	15,070,676	NONE
OSUF PHASE III STUDENT HOUSING LLC PO BOX 1749 STILLWATER, OK 74076 73-6097060	STDNT HOUSING	OK	3,760,897	0	NONE
RANCHERS DINING LLC H103 SU STILLWATER, OK 74078 73-6097060	DINING SVCS	OK	90,226	39,393	NONE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
FOUNDATION FOR ENGINEERING AT OSU  PO BOX 1749  STILLWATER, OK 74076 26-1124834	PROG SUPPORT	OK	501(C)(3)	LINE 11 - I	NA

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
INTERCOLLEGIATE ATHLETICS	29,250,575	29,250,575		
GENERAL UNIVERSITY SUPPORT	24,929,731	24,929,731		
FACILITIES AND EQUIPMENT	7,087,140	7,087,140		
ENDOWED FACULTY & LECTURES	2,245,743	2,245,743		
ACCRUED UBI TAXES	3,538		3,538	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIRK JEWELL PRESIDENT AND CEO	50 0	X		X				247,921	0	46,575
DONNA KOEPPE VP ADMINISTRATION & TREASURER	50 0			X				115,674	0	24,301
BRANDON MEYER VP AND GENERAL COUNSEL	50 0			X				153,531	0	17,008
PAT MOLINE SENIOR VP DEVELOPMENT	50 0			X				201,463	0	18,292
DEB ENGLE SENIOR VP DEVELOPMENT	50 0			X				251,384	0	9,815
MARLO DUFFY TURNER ASST VP - DEVELOPMENT	50 0					X		138,342	0	22,175
JASON CANIGLIA ASST VP - DEVELOPMENT	50 0					X		143,655	0	21,673
CRAIG CLEMONS ASSOC VP - DEVELOPMENT	50 0					X		217,414	0	35,197
JOE HANEY ASSOC VP - DEVELOPMENT	50 0					X		110,703	0	24,152
GEORGE WENDT ASSOC VP - DEVELOPMENT	50 0					X		118,447	0	23,146

Additional Data

Software ID:

Software Version:

EIN: 73-6097060

Name: OKLAHOMA STATE UNIVERSITY FOUNDATION

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MONTY BUTTS INTERMEDIATE PAST CHAIR	10	X						0	0	0	
DR BARRY POLLARD CHAIRMAN	10	X						0	0	0	
GENE BATCHELDER TRUSTEE	10	X						0	0	0	
BRYAN CLOSE TRUSTEE	10	X						0	0	0	
CHARLIE EITEL TRUSTEE	10	X						0	0	0	
ELLEN FLEMMING TRUSTEE	10	X						0	0	0	
MICHAEL GREENWOOD TRUSTEE	10	X						0	0	0	
JENNIFER GRIBSBY TRUSTEE	10	X						0	0	0	
DAVID HOLSTED TRUSTEE	10	X						0	0	0	
REX HORNING TRUSTEE	10	X						0	0	0	
DON HUMPHREYS TRUSTEE	10	X						0	0	0	
GRIFFIN JONES TRUSTEE	10	X						0	0	0	
JOHN LINEHAN TRUSTEE	10	X						0	0	0	
ROSS MCKNIGHT TRUSTEE	10	X						0	0	0	
BOND PAYNE JR TRUSTEE	10	X						0	0	0	
SCOTT SEWELL TRUSTEE	10	X						0	0	0	
LARRY SHELL TRUSTEE	10	X						0	0	0	
WILLIAM S SPEARS TRUSTEE	10	X						0	0	0	
JACK STUTEVILLE TRUSTEE	10	X						0	0	0	
KIM WATSON TRUSTEE	10	X						0	0	0	
DENNIS WHITE TRUSTEE	10	X						0	0	0	
DAVID KYLE VICE-CHAIR	10	X						0	0	0	
JERRY CLACK TRUSTEE	10	X						0	0	0	
STEVEN JORNS TRUSTEE	10	X						0	0	0	
BILL PATTERSON TRUSTEE	10	X						0	0	0	