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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

THE OHIO UNIVERSITY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

PO Box 869

Room/suite

City or town, state or country, and ZIP + 4

Athens, OH 45701

F Name and address of principal officer

J BRYAN BENCHOFF

Ohio University McGuffey Hall

Athens, OH 45701

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW OHIO EDU/FOUNDATION

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1945

M State of legal domicile

OH

Part I	Summary																																				
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>THE OHIO UNIVERSITY FOUNDATION IS AN ACTIVE PARTNER IN OHIO UNIVERSITY'S MISSION OF EDUCATION, RESEARCH, AND SERVICE THE FOUNDATION PROVIDES SUPPORT FOR FINANCIAL AID, RESEARCH, CAPITAL EXPANSION, AND OTHER ACADEMIC INITIATIVES, SECURING FOR OHIO UNIVERSITY A MARGIN OF EXCELLENCE THAT OTHERWISE WOULD NOT BE POSSIBLE</div></div>																																				
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																				
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>40</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>37</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>96</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>525</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>82,029</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	40	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	96	6	Total number of volunteers (estimate if necessary)	6	525	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	82,029	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0												
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Revenue	<table><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>19,380,546</td><td>32,475,602</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>0</td><td>0</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>31,778,748</td><td>13,350,516</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>932,390</td><td>1,178,438</td></tr><tr><td></td><td></td><td>52,091,684</td><td>47,004,556</td></tr></table>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9	Program service revenue (Part VIII, line 2g)	19,380,546	32,475,602	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,778,748	13,350,516	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	932,390	1,178,438			52,091,684	47,004,556												
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Part II

Signature Block

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.

Sign Here

Signature of officer

STEVE GOLDING TREASURER

Date

2012-05-07

Print/Type preparer's name

Firm's name

Firm's address

Preparer's signature

Date

Check if self-employed

PTIN

Firm's EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐ Yes ☒ No

1

Briefly describe the organization’s mission

THE OHIO UNIVERSITY FOUNDATION WAS ESTABLISHED IN 1945 TO SUPPORT THE MISSION OF OHIO UNIVERSITY, THE FIRST INSTITUTEION OF HIGHER EDUCATION IN THE NORTHWEST TERRITORY (CONTINUED IN SCHEDULE O)

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 \$ 14,136,126 including grants of \$ 13,330,414 ) (Revenue \$ 797,788 )

THE OHIO UNIVERSITY FOUNDATION PROVIDES FUNDING FOR MANY UNIVERSITY NEEDS INCLUDING ACADEMIC AND INSTRUCTIONAL SUPPORT, STUDENT AID, RESEARCH, FACILITIES, ATHLETICS AND MUCH MORE DURING FISCAL YEAR 2011, THE OHIO UNIVERSITY FOUNDATION PROVIDED MORE THAN \$5.8 MILLION IN SUPPORT FOR INSTRUCTION AND RESEARCH, MORE THAN \$1.5 MILLION IN STUDENT AID, AND MORE THAN \$5.6 MILLION IN SUPPORT FOR OTHER ACADEMIC INITIATIVES OHIO’S PREMIER SCHOLARSHIP PROGRAMS INCLUDE THE APPALACHIAN SCHOLAR PROGRAM, THE URBAN SCHOLARS PROGRAM, THE CUTLER SCHOLARS PROGRAM, AND MANY MORE NEED AND MERIT-BASED SCHOLARSHIPS SIGNIFICANT GIFTS WERE RECEIVED DURING FISCAL YEAR 2011 FOR THE COLLEGES OF ENGINEERING, COMMUNICATION, AND BUSINESS, AS WELL AS FOR THE CENTER FOR INTERNATIONAL STUDIES, STUDENT FINANCIAL AID, UNIVERSITY LIBRARIES, AND MANY OTHER AREAS

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )














(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 14,136,126

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part IV.</i>	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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 lines 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		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div> <div>Check if Schedule O contains a response to any question in this Part V</div>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a140		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
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, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a96		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: _____ See instructions for 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?	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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		No
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 40		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 37		
<b>2</b>	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? . . . . .	<b>2</b>		No
<b>3</b>	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? . . . . .	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	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 . . . . .	<b>9</b>		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	Yes	
<b>b</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? . . . . .	<b>10b</b>	Yes	
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b>	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? . . . . .			
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .	<b>15b</b>		No
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</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? . . . . .	<b>16b</b>		

Section C. Disclosure	
<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> _____
<b>18</b>	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
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> Candice Casto West Union St Office Center Ste 168 Athens, OH 45701 (740) 593-1901

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)



Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								624,880	660,688	403,305

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUFFALOCODY LLC 65 KIRKWOOD NORTH RD SW CEDAR RAPIDS, IA 54206	FUNDRAISING	596,260
HIRTLE CALLAGHAN & CO 300 BARR HARBOR DR STE 500 WEST CONSHOHOCKEN, PA 19428	INVESTMENT MANAGEMENT	446,367
MARINER INVESTMENT GROUP LLC 500 MAMARONECK AVENUE 4TH FLOOR HARRISON, NY 10528	INVESTMENT MANAGEMENT	404,891
ARDEN ASSET MANAGEMENT LLC 375 PARK AVENUE 32ND FLOOR NEW YORK, NY 10152	INVESTMENT MANAGEMENT	364,046
COMMUNITY COUNSELING SERVICE CO LLC 461 FIFTH AVENUE 3RD FLOOR NEW YORK, NY 10017	FUNDRAISING	355,000
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 12		

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	38,224			
	d	Related organizations . . . .	1d	4,817,433			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	27,619,945			
	g	Noncash contributions included in lines 1a-1f \$		251,570			
	h	Total. Add lines 1a-1f . . . . .		32,475,602			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f . . . . .		0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		6,893,786		19,782
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties . . . . .		20,787			20,787
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses	1,634,784				
c		Rental income or (loss)	1,330,777				
d		Net rental income or (loss) . . . . .	304,007	0	304,007		304,007
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses	94,872,691	2,833,902			
c		Gain or (loss)	88,240,863	3,009,000			
d		Net gain or (loss) . . . . .	6,631,828	-175,098	6,456,730		6,456,730
8a		Gross income from fundraising events (not including \$ 38,224 of contributions reported on line 1c) See Part IV, line 18 . . . .	a	37,020			
b		Less direct expenses . . . .	b	43,411			
c		Net income or (loss) from fundraising events . . .		-6,391			-6,391
9a		Gross income from gaming activities See Part IV, line 19 . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . .		0			
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b	Less cost of goods sold . . . .	b					
c	Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue		Business Code					
11a	REVENUES FROM SALES, SERVICES, AND EVENTS	453220	242,236	179,989	62,247		
b	MISCELLANEOUS REVENUE		617,799	617,799			
c							
d	All other revenue . . . . .		0	0	0	0	
e	Total. Add lines 11a-11d . . . . .		860,035				
12	Total revenue. See Instructions . . . . .		47,004,556	797,788	82,029	13,649,137	

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	13,330,414	13,330,414		
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 . . . . .	496,686		41,532	455,154
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	3,784,580	85,210	344,270	3,355,100
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	565,435	11,322	50,790	503,323
9	Other employee benefits . . . . .	253,321	5,788	22,423	225,110
10	Payroll taxes . . . . .	60,948	1,224	5,491	54,233
a	Fees for services (non-employees) Management . . . . .	0			
b	Legal . . . . .	1,936		1,273	663
c	Accounting . . . . .	112,521		112,521	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	611,156			611,156
f	Investment management fees . . . . .	3,611,295		3,611,295	
g	Other . . . . .	682,356	100,811	41,183	540,362
12	Advertising and promotion . . . . .	89,907	54,849		35,058
13	Office expenses . . . . .	696,496	313,785	13,432	369,279
14	Information technology . . . . .	124,070	4,750	2,592	116,728
15	Royalties . . . . .	0			
16	Occupancy . . . . .	55,783		44,877	10,906
17	Travel . . . . .	349,099	55,675	4,280	289,144
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	406,443	84,089		322,354
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	0			
23	Insurance . . . . .	1,185	395		790
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a					
b					
c					
d					
e					
f	All other expenses	315,319	87,814	48,627	178,878
25	Total functional expenses. Add lines 1 through 24f	25,548,950	14,136,126	4,344,586	7,068,238
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			18,181,508	2	21,088,169
	3	Pledges and grants receivable, net . . . . .			13,244,196	3	15,975,769
	4	Accounts receivable, net . . . . .			1,303,990	4	581,516
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			23,439	9	2,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	7,838,359	10,252,396	10c	6,701,676
	b	Less: accumulated depreciation . . . . .	10b	1,136,683			
	11	Investments—publicly traded securities . . . . .			166,323,061	11	200,446,141
	12	Investments—other securities. See Part IV, line 11 . . . . .			102,786,497	12	125,507,496
	13	Investments—program-related. See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			20,703,271	15	21,339,662
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			332,818,358	16	391,642,429	
Liabilities	17	Accounts payable and accrued expenses . . . . .			1,376,814	17	690,673
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	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 . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			9,554,193	25	8,819,869
	26	Total liabilities. Add lines 17 through 25 . . . . .			10,931,007	26	9,510,542
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			4,737,427	27	15,660,901
	28	Temporarily restricted net assets . . . . .			167,944,051	28	217,936,073
	29	Permanently restricted net assets . . . . .			149,205,873	29	148,534,913
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				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	Total net assets or fund balances . . . . .			321,887,351	33	382,131,887
34	Total liabilities and net assets/fund balances . . . . .			332,818,358	34	391,642,429	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,004,556
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,548,950
3	Revenue less expenses Subtract line 2 from line 1	3	21,455,606
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	321,887,351
5	Other changes in net assets or fund balances (explain in Schedule O)	5	38,788,930
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	382,131,887

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
THE OHIO UNIVERSITY FOUNDATION

Employer identification number  
31-6402269

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **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)		
11g(ii)		
11g(iii)		

(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 Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,452,446	94,205,312	23,444,708	14,594,287	27,658,169	162,354,922
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	2,452,446	94,205,312	23,444,708	14,594,287	27,658,169	162,354,922
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)						12,009,383
6 Public Support. Subtract line 5 from line 4						150,345,539

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,452,446	94,205,312	23,444,708	14,594,287	27,658,169	162,354,922
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,446,702	4,191,333	7,922,700	7,454,287	8,549,357	31,564,379
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	144,289	15,113		30,856	37,020	227,278
11 Total support (Add lines 7 through 10)						194,146,579
12 Gross receipts from related activities, etc (See instructions )					12	5,714,233
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 2010 (line 6 column (f) divided by line 11 column (f))	14	77 440 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	74 700 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 ▶		
b 33 1/3% support tests—2009. 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 ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		



Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
OTHER INCOME, FORM 990, SCHEDULE A, PART II, SECTION B, LINE 10, 2006 - \$144,289 2007 - \$ 15,133 2008 - NONE 2009 - \$ 30,856 2010 - \$37,020 TOTAL - \$227,278,

Additional Data

Software ID: 10000128

Software Version: v2010.1.0

EIN: 31-6402269

Name: THE OHIO UNIVERSITY FOUNDATION

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLI BELL UNIV ADVANCEMENT DEVELOPMENT	40					X		114,259	0	29,257
JUAN CUETO VP UNIVERSITY DEVELOPMENT	40					X		147,711	0	33,447
MICHAEL ANGELINI LIAISON TO OUF BOARD	20					X		0	162,754	35,156
LARRY S LAFFERTY UNIV ADVANCEMENT DEVELOPMENT	65					X		146,486	0	31,730
BYRON L WARD TRUSTEE	1	X						0	0	0
CHARLES L PATTON JR TRUSTEE	1	X						0	0	0
JOSEPH HAMROCK TRUSTEE	1	X						0	0	0
PATRICIA A ACKERMAN TRUSTEE	1	X						0	0	0
E JOHN WOLFZORN TRUSTEE	1	X						0	0	0
HARRY W WHITE TRUSTEE	1	X						0	0	0
JOHN P SUSANY TRUSTEE	1	X						0	0	0
JEFFREY A STANLEY TRUSTEE	1	X						0	0	0
PERRY A SOOK VICE CHAIR	4	X		X				0	0	0
JANICE L SCITES TRUSTEE	1	X						0	0	0
STEVEN L SCHOONOVER SECRETARY	4	X		X				0	0	0
RAYMOND E SCHILDERINK TRUSTEE	1	X						0	0	0
MELANIE R SABELHAUS TRUSTEE	1	X						0	0	0
I ROBERT RUDY TRUSTEE	1	X						0	0	0
DAVID W PIDWELL TRUSTEE	1	X						0	0	0
WILLIAM T NEWMAN JR TRUSTEE	1	X						0	0	0
GARY G NAKAMOTO TRUSTEE	1	X						0	0	0
LAWRENCE E MCHALE TRUSTEE	1	X						0	0	0
FRANK P KRASOVEC TRUSTEE	1	X						0	0	0
WILFRED R KONNEKER TRUSTEE	1	X						0	0	0
ALEX J GARCIA JR TRUSTEE	1	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
RAYMON B FOGG SR TRUSTEE	1	X						0	0	0	
ROBERT E FALLON TRUSTEE	1	X						0	0	0	
CHARLOTTE C EUFINGER TRUSTEE	1	X						0	0	0	
MCCLELLAND A DUBOIS TRUSTEE	1	X						0	0	0	
JEFFERY D CHADDOCK TRUSTEE	1	X						0	0	0	
GEORGE A CARROLL JR TRUSTEE	1	X						0	0	0	
J PATRICK CAMPBELL VICE CHAIR	4	X		X				0	0	0	
LAURA A BREGE CHAIRPERSON	4	X		X				0	0	0	
R EMMETT BOYLE TRUSTEE	1	X						0	0	0	
CHARLES W BECK JR TRUSTEE	1	X						0	0	0	
DR RODERICK MCDAVIS INTERIM PRESIDENT/CEO	20	X		X				0	392,392	208,012	
HOWARD R LIPMAN PRESIDENT & CEO OUF (PARTIAL YEAR)	40	X		X				216,424	0	41,581	
SUSAN J ACKERMAN TRUSTEE	1	X						0	0	0	
NED DEWIRE TRUSTEE	1	X						0	0	0	
WILLIAM D HILYARD TRUSTEE	1	X						0	0	0	
DAVE SCHOLL TRUSTEE	1	X						0	0	0	
PEGGY VIEHWEGER TRUSTEE	1	X						0	0	0	
STEPHEN T GOLDING TREASURER & CFO	20	X		X				0	105,542	24,122	
TY VOTAW TRUSTEE	1	X						0	0	0	
JOSEPH W SUTTON TRUSTEE (PARTIAL YEAR)	1	X						0	0	0	
CHARLES R STUCKEY JR TRUSTEE (PARTIAL YEAR)	1	X						0	0	0	
ARLENE GREENFIELD TRUSTEE (PARTIAL YEAR)	1	X						0	0	0	
N VICTOR GOODMAN TRUSTEE (PARTIAL YEAR)	1	X						0	0	0	
LARRY A GATES TRUSTEE (PARTIAL YEAR)	1	X						0	0	0	
LARRY F CONRATH TRUSTEE (PARTIAL YEAR)	1	X						0	0	0	

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

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE OHIO UNIVERSITY FOUNDATION

Employer identification number  
31-6402269

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	0
2	Aggregate contributions to (during year)	332
3	Aggregate grants from (during year)	10,000
4	Aggregate value at end of year	1,113,273

5

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

☒ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

☒ Yes ☐ No

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	251,810,824	212,066,309	260,313,920		
b Contributions . . . . .	17,015,587	3,397,970	8,959,430		
c Investment earnings or losses . . . . .	46,465,741	41,753,339	-54,294,862		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	9,174,342	4,645,477	1,490,728		
f Administrative expenses . . . . .	879,560	761,317	1,421,451		
g End of year balance . . . . .	305,238,250	251,810,824	212,066,309		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 33 910 %

b

Permanent endowment ▶ 66 090 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,258,541		2,258,541
b Buildings . . . . .		5,579,818	1,136,683	4,443,135
c Leasehold improvements . . . . .				0
d Equipment . . . . .				0
e Other . . . . .				0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				6,701,676



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	47,004,556
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,548,950
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	21,455,606
4	Net unrealized gains (losses) on investments	4	38,312,840
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	476,090
9	Total adjustments (net) Add lines 4 - 8	9	38,788,930
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	60,244,536

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	83,556,379
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	38,312,840
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	1,850,278
e	Add lines 2a through 2d . . . . .	2e	40,163,118
3	Subtract line 2e from line 1 . . . . .	3	43,393,261
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	3,611,295
b	Other (Describe in Part XIV) . . . . .	4b	0
c	Add lines 4a and 4b . . . . .	4c	3,611,295
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	47,004,556

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	23,311,843
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	1,374,188
e	Add lines 2a through 2d . . . . .	2e	1,374,188
3	Subtract line 2e from line 1 . . . . .	3	21,937,655
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	3,611,295
b	Other (Describe in Part XIV) . . . . .	4b	0
c	Add lines 4a and 4b . . . . .	4c	3,611,295
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	25,548,950

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
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE FOUNDATION'S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES AS QUASI-ENDOWMENTS. THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE LONG-TERM PURCHASING POWER OF THE ENDOWMENT ASSETS.
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON UNRELATED INCOME. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND TO RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2011, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO JUNE 30, 2008.
Other changes in net assets	Schedule D, Part XI, Line 8	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - 476090,
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - 476090, RENTAL EXPENSES - 1330777, FUNDRAISING EXPENSES - 43411,
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	RENTAL EXPENSES - 1330777, FUNDRAISING EXPENSES - 43411,





**1**

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

## Part III

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

**Additional Data**

**Software ID:** 10000128  
**Software Version:** v2010.1.0  
**EIN:** 31-6402269  
**Name:** THE OHIO UNIVERSITY FOUNDATION

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**Part V**   **Supplemental Information**  
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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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

2010

Open to Public Inspection

Name of the organization  
THE OHIO UNIVERSITY FOUNDATION

Employer identification number  
31-6402269

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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 services?

☒ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALOCODY LLC 65 KIRKWOOD NORTH RD SW  CEDAR RAPIDS, IA 54206	FUNDRAISING		No	717,818	596,260	121,558
Total . . . . . ▶				717,818	596,260	121,558

3

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

NJ, OH

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

Revenue		(a) Event #1  <u>BOBCAT OPEN GOLF TOURNAMENT</u> (event type)	(b) Event #2  <u>EDWARDS MEMORIAL GOLF TOURNAMENT</u> (event type)	(c) Other Events  <u>2</u> (total number)	(d) Total Events (Add col (a) through col (c))	
	1	Gross receipts . . . .	25,621	17,665	20,805	64,091
	2	Less Charitable contributions . . . .	11,793	13,315	11,020	36,128
	3	Gross income (line 1 minus line 2) . . . .	13,828	4,350	9,785	27,963
Direct Expenses	4	Cash prizes . . . .				0
	5	Non-cash prizes . . . .	2,400	717	1,485	4,602
	6	Rent/facility costs . . . .	4,759	750	4,562	10,071
	7	Food and beverages . . . .	3,916	8,131	16	12,063
	8	Entertainment . . . .				0
	9	Other direct expenses . . . .	2,030	2,764	3,213	8,007
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				34,743
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶				-6,780

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.

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

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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 \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
PROFESSIONAL FUNDRAISER	PART I, LINE 2B	THE TELEMARKETING SERVICES AGREEMENT BETWEEN RUFFALOCODY, LLC AND OHIO UNIVERSITY PROVIDES FOR A TWELVE-MONTH-A-YEAR, ON-CAMPUS TELEPHONE FUNDRAISING PROGRAM THE PROGRAM IS DESIGNED TO COMPLETE A CERTAIN AMOUNT OF CALLS AT AN AGREED UPON RATE PER COMPLETED CALL THE AGREEMENT PROVIDES THAT RUFFALOCODY IS RESPONSIBLE FOR OFFICE SUPPLIES, RECRUITING EXPENSES, STAFF RELOCATION, AND TRAVEL EXPENSES REVENUE STREAMS AND COST FACTORS AS INDICATED IN SCHEDULE G, THE TELEPHONE FUNDRAISING PROGRAM GENERATED \$717,818 IN REVENUES DURING FISCAL YEAR 2011, AT A COST OF \$596,260, FOR A RETURN ON INVESTMENT OF \$121,558 OTHER CONSIDERATIONS AS PART OF THE TELEPHONE FUNDRAISING PROGRAM, THOUSANDS OF CALLS AND SOLICITATIONS ARE COMPLETED EACH FISCAL YEAR THERE IS A DISTINCT INTANGIBLE VALUE IN CONNECTING WITH ALUMNI IN A STUDY CONDUCTED BY AN INDEPENDENT GROUP, THE FOUNDATION ESTABLISHED THE FOLLOWING DATA AND TREND LINES FOR OHIO UNIVERSITY DONORS WHO EVENTUALLY GAVE \$10,000 I) BEFORE MAKING THEIR \$10,000 GIFT, THEY FIRST PARTICIPATED IN 9 TO 13 ANNUAL FUND YEARS, II) THEY MADE A GIFT IN 7 OUT OF 10 FISCAL YEARS JUST PRIOR TO MAKING THEIR \$10,000 GIFT, III) 61% OF ALL DONORS WHO MADE A \$10,000 GIFT MADE A FIRST GIFT OF \$50 OR LESS, IV) 38% OF ALL DONORS WHO MADE A \$10,000 GIFT MADE A FIRST GIFT OF LESS THAN \$25

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

2010

Open to Public  
Inspection

Name of the organization  
THE OHIO UNIVERSITY FOUNDATION

Employer identification number  
31-6402269

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

1 (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
(1) OHIO UNIVERSITY CUTLER HALL 108 ATHENS, OH 45701	31-6402113	501(C)(1)	13,330,414				INSTRUCTION, STUDENT AID, INSTITUTIONAL SUPPORT, ACADEMIC SUPPORT

2

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

▶

3

Enter total number of other organizations . . . . .

▶



**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.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Part IV**

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	THE FOUNDATION WAS ESTABLISHED TO SOLICIT AND RECEIVE GIFTS AND CONTRIBUTIONS FOR THE BENEFIT OF OHIO UNIVERSITY AND TO ENSURE THAT FUNDS AND PROPERTY RECEIVED ARE APPLIED TO THE USES SPECIFIED BY THE DONORS AS SUCH, AMOUNTS REPORTED IN SCHEDULE I, PART I, REFLECT FINANCIAL SUPPORT THAT THE FOUNDATION PROVIDES TO THE UNIVERSITY FOR SCHOLARSHIPS, ACADEMIC PROGRAMS, RESEARCH, FACILITIES, FACULTY AND OTHER INITIATIVES OF THE UNIVERSITY

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input type="checkbox"/> First-class or charter travel		
	<input checked="" type="checkbox"/> Travel for companions		
	<input type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Discretionary spending account		
	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
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		
	<input checked="" type="checkbox"/> Compensation committee		
	<input type="checkbox"/> Independent compensation consultant		
	<input type="checkbox"/> Form 990 of other organizations		
	<input type="checkbox"/> Written employment contract		
	<input type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	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 duplicate copies if additional space is 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				
(1) JUAN CUETO	(i)	139,751	0	7,960	20,072	13,375	181,158	0
	(ii)	0	0	0	0	0	0	0
(2) MICHAEL ANGELINI	(i)	0	0	0	0	0	0	0
	(ii)	162,754	0	0	23,102	12,054	197,910	0
(3) LARRY S LAFFERTY	(i)	146,336	0	150	20,683	11,047	178,216	0
	(ii)	0	0	0	0	0	0	0
(4) DR RODERICK MCDAVIS	(i)	0	0	0	0	0	0	0
	(ii)	353,330	0	39,062	127,290	80,722	600,404	0
(5) HOWARD R LIPMAN	(i)	207,624	0	8,800	29,404	12,177	258,005	0
	(ii)	0	0	0	0	0	0	0
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	THE FOUNDATION PROVIDES FOR REQUIRED TRAVEL FOR DONOR DEVELOPMENT AND ALUMNI FUNDRAISING ACTIVITY FOR CERTAIN INTERESTED PERSONS AND THEIR COMPANIONS. WHEN THE TRAVEL FOR COMPANIONS IS CONSIDERED PERSONAL IN NATURE, THE VALUE OF THE TRAVEL IS INCLUDED IN COMPENSATION TO THE INTERESTED PERSON.
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	THE UNIVERSITY PROVIDES A RESIDENCE FOR DR. RODERICK J. MCDAVIS, IN HIS CAPACITY AS PRESIDENT OF THE UNIVERSITY. PURSUANT TO IRC SECTION 119, THIS IS EXCLUDED FROM TAXABLE COMPENSATION.

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
THE OHIO UNIVERSITY FOUNDATION

Employer identification number  
31-6402269

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles .				
7 Boats and planes . . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	32	251,570	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies				
21 Taxidermy . . . . .				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . .	29			0
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	No
b If "Yes," describe the arrangement in Part II	31	Yes		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	32a		No	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .				
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

**Part II**

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
THE OHIO UNIVERSITY FOUNDATION

Employer identification number  
31-6402269

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) OHIO UNIVERSITY HOLDS AS ITS CENTRAL PURPOSE THE INTELLECTUAL AND PERSONAL DEVELOPMENT OF ITS STUDENTS AND IS WELL-KNOWN FOR ITS OUTSTANDING FACULTY OF ACCOMPLISHED TEACHERS WHOSE RESEARCH AND CREATIVE ACTIVITY ADVANCE KNOWLEDGE ACROSS MANY DISCIPLINES DURING FISCAL YEAR 2011 THE OHIO UNIVERSITY FOUNDATION RECEIVED MORE THAN 40,000 GIFTS TOTALING IN EXCESS OF \$32 MILLION

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11a	THE FORM 990 AND SUPPLEMENTAL SCHEDULES WERE REVIEWED BY THE ORGANIZATION'S MANAGEMENT, AND THEN PROVIDED TO EACH MEMBER OF THE GOVERNING BODY PRIOR TO FILING WITH THE IRS



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

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	UPON DEPARTURE OF THE PREVIOUS TOP OFFICIAL, HOWARD LIPMAN, OHIO UNIVERSITY'S PRESIDENT, RODERICK J. MCDAVIS, SERVED AS THE FOUNDATION'S INTERIM PRESIDENT AND CEO WHILE A SEARCH PERMANENT REPLACEMENT WAS UNDERWAY. THE UNIVERSITY'S PROCESS FOR ESTABLISHING THE COMPENSATION FOR PRESIDENT RODERICK J. MCDAVIS INCLUDED CONTRACTING WITH AN EXECUTIVE SEARCH FIRM THAT PROVIDED A COMPENSATION ANALYSIS BASED ON REVIEW OF SIMILAR SIZED ORGANIZATIONS AND POSITIONS. IN ADDITION, CUPA-HR DATA OF PUBLIC UNIVERSITY PRESIDENTS IN OHIO, UNIVERSITIES IN THE MID-AMERICA CONFERENCE, AND UNIVERSITIES IN THE ASPIRATIONAL PEER GROUP. MCDAVIS' COMPENSATION WAS SET AT A LEVEL COMMENSURATE WITH THOSE COMPARISONS, TAKING INTO CONSIDERATION OHIO UNIVERSITY'S SIZE AND COMPLEXITY. IN COMPARISON WITH THE OTHER INSTITUTIONS EXAMINED, MCDAVIS' EMPLOYMENT CONTRACT WAS REVIEWED AND APPROVED BY THE UNIVERSITY GENERAL COUNSEL, A REPRESENTATIVE OF THE OHIO ATTORNEY GENERAL.

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

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK	FORM 990, PART VII, SECTION A, LINE 1A	DR RODERICK MCDAVIS, PRESIDENT OF OHIO UNIVERSITY AND INTERIM PRESIDENT/CEO OF OHIO UNIVERSITY FOUNDATION, SPENDS APPROXIMATELY 15% OF HIS TIME ON FOUNDATION INITIATIVES STEPHEN T GOLDING, VP FOR FINANCE AND ADMINISTRATION OF OHIO UNIVERSITY AND TREASURER/CFO OF OHIO UNIVERSITY FOUNDATION, SPENDS APPROXIMATELY 15% OF HIS TIME ON FOUNDATION INITIATIVES MICHAEL ANGELINI, ASSOCIATE VP FOR FINANCE OF OHIO UNIVERSITY AND LIAISON TO OHIO UNIVERSITY FOUNDATION BOARD OF DIRECTORS, SPENDS APPROXIMATELY 15% OF HIS TIME ON FOUNDATION INITIATIVES HOWARD R LIPMAN, KELLI BELL, JUAN CUETO, AND LARRY S LAFFERTY SPEND 100% OF THEIR TIME ON FOUNDATION INITIATIVES

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 38312840, PRIOR PERIOD ADJUSTMENTS - 0, CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 476090,

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

2010

Open to Public Inspection

Name of the organization  
THE OHIO UNIVERSITY FOUNDATION

Employer identification number  
31-6402269

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
(1) FRITZ J AND DOLORES H RUSS HOLDINGS LLC 204 HDL CENTER ATHENS, OH 45701	REAL ESTATE	OH	-129,696	53,037	NA
(2) RUSS RESEARCH CENTER LLC 204 HDL CENTER ATHENS, OH 45701	R&D	OH	1,638,102	6,615,388	NA
(3) RUSS NORTH VALLEY ROAD LLC 204 HDL CENTER ATHENS, OH 45701	REAL ESTATE	OH	0	622,000	NA

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 chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) OHIO UNIVERSITY  CUTLER ROOM 108  ATHENS, OH 45701 31-6402113	UNIVERSITY	OH	501(C)(1)	N/A	NA		No
(2) HOUSING FOR OHIO INC  204 HDL CENTER  ATHENS, OH 45701 31-1691089	STUDENT HOUSING	OH	501(C)(3)	11 - Type I	NA	Yes	
(3) SUGARBUSH FOUNDATION  206 MCGUFFY HALL  ATHENS, OH 45701 20-4352434	SUPPORTING FOUNDATION	OH	501(C)(3)	11 - Type I	NA	Yes	
(4) JOHN H BRESTLE AND MARSHA K BRESTLE SCHOLARSHIP FUND TRUST  BNY MELLON NA - P O BOX 185  PITTSBURGH, PA 15230 20-6887884	PROVIDE SCHOLARSHIPS	OH	4947 (A)(1)	11 - Type I	NA	Yes	

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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
(1) INN-OHIO OF ATHENS INC 331 RICHLAND AVENUE ATHENS, OH45701 31-1190088	HOTEL/CONFERENCE	OH	NA	C CORPORATION	2,846,380	6,672,635	1 00 %
(2) CHARITABLE REMAINDER TRUST (CA -1)	PROVIDE SUPPORT TO UNIVERSITY	CA	NA	TRUST			
(3) CHARITABLE REMAINDER TRUST (FL-1)	PROVIDE SUPPORT TO UNIVERSITY	FL	NA	TRUST			
(4) CHARITABLE REMIANDER TRUST (GA-1)	PROVIDE SUPPORT TO UNIVERSITY	GA	NA	TRUST			
(5) CHARITABLE REMAINDER TRUST (MD-2)	PROVIDE SUPPORT TO UNIVERSITY	MD	NA	TRUST			
(6) CHARITABLE REMAINDER TRUST (OH-11)	PROVIDE SUPPORT TO UNIVERSITY	OH	NA	TRUST			

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

Yes

Yes

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SUGARBUSH FOUNDATION	C	105,221	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010



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]

**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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