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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2010</b>
		<b>Open to Public Inspection</b>

<b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE UNIVERSITY OF FINDLAY	<b>D Employer identification number</b>  34-4431169
	Doing Business As	<b>E Telephone number</b>  (419) 434-4524
	Number and street (or P O box if mail is not delivered to street address) 1000 North Main Street	Room/suite
	<b>G</b> Gross receipts \$ 128,447,138	
	City or town, state or country, and ZIP + 4 Findlay, OH 45840	
	<b>F</b> Name and address of principal officer C RICHARD BECKETT 1000 N Main St Findlay, OH 45840	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.FINDLAY.EDU		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1882
		<b>M</b> State of legal domicile OH

Part I	Summary
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE MISSION OF THE UNIVERSITY OF FINDLAY IS TO EQUIP OUR STUDENTS FOR MEANINGFUL LIVES AND PRODUCTIVE CAREERS
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .
Revenue	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .
Expenses	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶773,445
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .
	<b>20</b> Total assets (Part X, line 16) . . . . .
	<b>21</b> Total liabilities (Part X, line 26) . . . . .
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .

<b>Part II</b>	<b>Signature Block</b>
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	

<b>Sign Here</b>		*****	2012-02-23
		Signature of officer	Date
<b>Paid Preparer Use Only</b>		MARTIN TERRY TREASURER/VP FOR BUSINESS AFFAIRS	
		Type or print name and title	
	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶ CROWE HORWATH LLP	Firm's EIN ▶	
	Firm's address ▶ 10 West Broad Street Suite 1700 Columbus, OH 432153713	Phone no ▶ (614) 469-0001	
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

2

Did the organization 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 \$ 80,525,998 including grants of \$ 41,210,360 ) (Revenue \$ 80,850,387 )

UNIVERSITY OF FINDLAY IS A COMPREHENSIVE, PRIVATE UNIVERSITY THAT OFFERS BOTH UNDERGRADUATE AND GRADUATE STUDIES AND IS ACCREDITED BY THE HIGHER LEARNING COMMISSION UNIVERSITY OF FINDLAY OFFERS MORE THAN 60 AREAS OF UNDERGRADUATE STUDY AND HAS A CURRENT UNDERGRADUATE ENROLLMENT OF NEARLY 2,886 STUDENTS SOME OF THE MORE POPULAR UNDERGRADUATE PROGRAMS INCLUDE BUSINESS (364 STUDENTS), EDUCATION (208 STUDENTS), HEALTH PROFESSIONS (552 STUDENTS), PHARMACY (250 STUDENTS), LIBERAL ARTS (356 STUDENTS), NATURAL SCIENCE (960 STUDENTS) AND OTHER (196 STUDENTS) MANY OF THE UNIVERSITY'S PROGRAMS HAVE A NATIONAL REPUTATION INCLUDING PRE-VETERINARY MEDICINE AND EQUESTRIAN STUDIES

4b

(Code ) (Expenses \$ 13,151,602 including grants of \$ 33,000 ) (Revenue \$ 18,134,836 )

UNIVERSITY OF FINDLAY OFFERS A VARIETY OF GRADUATE PROGRAMS INCLUDING MASTERS OF BUSINESS (270 STUDENTS), EDUCATION (314 STUDENTS), HEALTH PROFESSIONS SUCH AS PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND ATHLETIC TRAINING (242 STUDENTS), PHARMACY (118 STUDENTS), LIBERAL STUDIES (31 STUDENTS) AND SCIENCE (71 STUDENTS) TOTAL GRADUATE STUDENTS CURRENTLY ENROLLED ARE MORE THAN 1,046

4c

(Code ) (Expenses \$ 10,846,922 including grants of \$ 0 ) (Revenue \$ 13,673,236 )

UNIVERSITY OF FINDLAY HAS MANY AUXILIARY DEPARTMENTS THAT PROVIDE SERVICES TO THEIR STUDENTS, THESE AUXILIARY DEPARTMENTS INCLUDE DORMITORIES FOR STUDENT LIVING, DINING HALLS, ATHLETIC DEPARTMENTS, CAMPUS STORES FOR STUDENTS AND THE UNIVERSITY'S ON-CAMPUS VETERINARY CLINIC

4d

Other program services (Describe in Schedule O )

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

4e














Total program service expenses

\$ 104,524,522

Form 990 (2010)

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	Yes
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	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <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	No
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	Yes
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	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	13	Yes
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	No
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
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	Yes	
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	Yes	
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	Yes	
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		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
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 type="checkbox"/> Yes <input checked="" 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	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		<div>YesNo</div>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<div>1a7,934</div>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<div>1b0</div>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<div>1cYes</div>
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<div>2a2,172</div>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<div>2bYes</div>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<div>3aYes</div>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<div>3bYes</div>
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)?	<div>4aNo</div>
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?	<div>5aNo</div>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<div>5bNo</div>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<div>5c</div>
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?	<div>6aNo</div>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<div>6b</div>
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?	<div>7aYes</div>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<div>7bYes</div>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<div>7cNo</div>
d	If "Yes," indicate the number of Forms 8282 filed during the year.	<div>7d</div>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<div>7eNo</div>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<div>7fNo</div>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<div>7g</div>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<div>7h</div>
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?		<div>8</div>
9 Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	<div>9a</div>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<div>9b</div>
10 Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	<div>10a</div>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<div>10b</div>
11 Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	<div>11a</div>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<div>11b</div>
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		<div>12a</div>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<div>12b</div>
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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<div>13a</div>
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.	<div>13b</div>
c	Enter the amount of reserves on hand.	<div>13c</div>
14a Did the organization receive any payments for indoor tanning services during the tax year?		<div>14aNo</div>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<div>14b</div>

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> 44		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 38		
<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>	Yes	
<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>		No
<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>		
<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"/> DANE ERFORD 1000 N MAIN ST FINDLAY, OH 45840 (419) 434-4524

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

(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										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,709,612	0	346,820

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶34

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
SODEXO 1000 N MAIN STREET FINDLAY, OH 45840	FOOD SERVICE	2,689,873
ACI CONSTRUCTION 2959 SOUTH US 23 ALVADA, OH 44802	CONSTRUCTION	2,623,308
CSI CONSTRUCTION 6851 S TOWNSHIP ROAD 54 TIFFIN, OH 44883	CONSTRUCTION	909,148
RCM ARCHITECTS 613 S MAIN STREET FINDLAY, OH 45840	ARCHITECTS	571,360
YATES & YOUNG HEATING 1501 LIMA AVENUE FINDLAY, OH 45840	PLUMBING & HEATING	461,266
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>17</b>		

Part VIII

Statement of Revenue

		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	94,550			
	d Related organizations . . . . . 1d				
	e Government grants (contributions) 1e	6,644,636			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	4,810,008			
	g Noncash contributions included in lines 1a-1f \$	1,726,445			
	h Total. Add lines 1a-1f . . . . . ▶	11,549,194			
	Program Service Revenue		Business Code		
2a TUITION AND FEES		93,383,000	93,383,000		
b DORMITORIES		6,654,328	6,654,328		
c DINING HALLS		4,316,604	4,316,604		
d MISCELLANEOUS AUXILLARY		2,316,499	2,316,499		
e CAMPUS STORE		2,152,771	2,152,771		
f All other program service revenue		549,533	549,533	0	0
g Total. Add lines 2a-2f . . . . . ▶		109,372,735			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2,312,836			2,312,836
	4 Income from investment of tax-exempt bond proceeds . . ▶	0			
	5 Royalties . . . . . ▶	0			
	6a Gross Rents	(i) Real 199,432	(ii) Personal		
	b Less rental expenses	239,891			
	c Rental income or (loss)	-40,459	0		
	d Net rental income or (loss) . . . . . ▶	-40,459			-40,459
	7a Gross amount from sales of assets other than inventory	(i) Securities 1,685,979	(ii) Other		
	b Less cost or other basis and sales expenses	1,162,142			
	c Gain or (loss)	523,837	0		
	d Net gain or (loss) . . . . . ▶	523,837		-1,726	525,563
	8a Gross income from fundraising events (not including \$ 94,550 of contributions reported on line 1c) See Part IV, line 18 . . . . . a	41,238			
	b Less direct expenses . . . . . b	94,608			
	c Net income or (loss) from fundraising events . . ▶	-53,370			-53,370
	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 MISC REVENUE		2,962,569	2,962,569		
b INTEREST ON STUDENT ACCOUNTS		232,768	232,768		
c THEATRE TICKETS		25,193	25,193		
d All other revenue . . . . .		65,194	65,194	0	0
e Total. Add lines 11a-11d . . . . . ▶	3,285,724				
12 Total revenue. See Instructions . . . . . ▶	126,950,497	112,658,459	-1,726	2,744,570	

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	41,243,360	41,243,360		
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 . . . . .	871,169		871,169	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	153,916	153,916		
7	Other salaries and wages	32,568,024	27,504,370	4,840,879	222,775
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,001,672	1,596,346	389,641	15,685
9	Other employee benefits . . . . .	5,866,924	4,527,949	1,161,195	177,780
10	Payroll taxes . . . . .	2,289,457	1,899,424	375,977	14,056
a	Fees for services (non-employees)				
	Management . . . . .	0			
b	Legal . . . . .	113,583	225	113,358	
c	Accounting . . . . .	109,000		109,000	
d	Lobbying . . . . .	15,178	15,178		
e	Professional fundraising services See Part IV, line 17 . . . . .	9,104			9,104
f	Investment management fees . . . . .	111,935		111,935	
g	Other . . . . .	6,207,841	5,527,408	657,837	22,596
12	Advertising and promotion . . . . .	508,279	484,031	24,248	
13	Office expenses . . . . .	2,707,610	2,495,361	202,278	9,971
14	Information technology . . . . .	725,990	618,515	107,475	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	2,753,183	2,753,183		
17	Travel . . . . .	1,892,902	1,664,349	205,877	22,676
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	321,832	252,654	68,886	292
20	Interest . . . . .	1,414,831	1,354,086		60,745
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	4,443,344	4,394,120	49,224	
23	Insurance . . . . .	514,603	463,509	46,834	4,260
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	PURCHASE FOR RESALE	1,779,946	1,779,946		
b	EQUIPMENT LEASES	291,742	135,006	156,736	
c					
d					
e					
f	All other expenses	7,540,155	5,661,586	1,665,064	213,505
25	Total functional expenses. Add lines 1 through 24f	116,455,580	104,524,522	11,157,613	773,445
26	Joint costs. Check here <input checked="" 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 . . . . .				319,988	1	429,874
	2	Savings and temporary cash investments . . . . .				12,195,149	2	11,209,982
	3	Pledges and grants receivable, net . . . . .				591,311	3	1,870,613
	4	Accounts receivable, net . . . . .				3,317,535	4	2,534,940
	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 . . . . .				1,509,491	7	1,410,440
	8	Inventories for sale or use . . . . .				838,182	8	686,727
	9	Prepaid expenses and deferred charges . . . . .				431,034	9	407,187
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	137,321,786				
	b	Less: accumulated depreciation . . . . .	10b	43,623,624		88,305,285	10c	93,698,162
	11	Investments—publicly traded securities . . . . .				19,673,692	11	22,635,200
	12	Investments—other securities. See Part IV, line 11 . . . . .				12,036,786	12	14,570,087
	13	Investments—program-related. See Part IV, line 11 . . . . .				0	13	0
	14	Intangible assets . . . . .					14	
	15	Other assets. See Part IV, line 11 . . . . .				1,593,302	15	1,282,080
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				140,811,755	16	150,735,292
Liabilities	17	Accounts payable and accrued expenses . . . . .				16,722,143	17	14,940,281
	18	Grants payable . . . . .					18	
	19	Deferred revenue . . . . .				2,526,955	19	2,634,194
	20	Tax-exempt bond liabilities . . . . .				25,945,458	20	23,919,564
	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 . . . . .				3,607,365	23	4,167,239
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .				6,739,752	25	5,019,373
	26	Total liabilities. Add lines 17 through 25 . . . . .				55,541,673	26	50,680,651
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 . . . . .				59,432,256	27	67,750,845
	28	Temporarily restricted net assets . . . . .				6,252,180	28	12,018,468
	29	Permanently restricted net assets . . . . .				19,585,646	29	20,285,328
	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 . . . . .				85,270,082	33	100,054,641
	34	Total liabilities and net assets/fund balances . . . . .				140,811,755	34	150,735,292

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	126,950,497
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,455,580
3	Revenue less expenses Subtract line 2 from line 1	3	10,494,917
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,270,082
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,289,642
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	100,054,641

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 checked="" type="checkbox"/> Separate basis <input 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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 UNIVERSITY OF FINDLAY	Employer identification number 34-4431169
---	--

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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
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 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

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

**If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE UNIVERSITY OF FINDLAY	Employer identification number 34-4431169
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1

Provide a description of the organization’s direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$ \_\_\_\_\_
- 3

Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$ \_\_\_\_\_
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_ 0
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		15,178
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				15,178
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
DIRECT CONTACT WITH LEGISLATORS	FORM 990, SCHEDULE C, PART II-B, LINE 1G	THE UNIVERSITY OF FINDLAY PAID A RETAINER TO A LOBBYIST FOR ASSISTANCE IN RECEIVING GRANTS FOR THE UNIVERSITY. WITH THE ASSISTANCE OF THE LOBBYIST, THE UNIVERSITY WAS ABLE TO RECEIVE SEVERAL \$100,000 IN GRANTS IN PRIOR YEARS.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
THE UNIVERSITY OF FINDLAY

Employer identification number  
34-4431169

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	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ 116,650

(ii)

Assets included in Form 990, Part X

► \$ 3,111,224

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2010

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

d

☒

Loan or exchange programs

b

☒

Scholarly research

e

☐

Other

c

☒

Preservation for future generations

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 . . . . .	21,972,992	18,034,477	24,023,302		
b Contributions . . . . .	699,682	2,798,763	735,936		
c Investment earnings or losses . . . . .	4,800,068	1,979,042	-6,724,761		
d Grants or scholarships . . . . .		781,688	0		
e Other expenditures for facilities and programs . . . . .	872,930	57,602	0		
f Administrative expenses . . . . .			0		
g End of year balance . . . . .	26,599,812	21,972,992	18,034,477		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

No

(ii)

related organizations . . . . .

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 . . . . .		7,313,231		7,313,231
b Buildings . . . . .		93,100,073	23,434,861	69,665,212
c Leasehold improvements . . . . .				0
d Equipment . . . . .		20,843,371	15,379,662	5,463,709
e Other . . . . .	3,111,224	12,953,887	4,809,101	11,256,010
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				93,698,162



<b>Part XI    Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>				
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	126,950,497	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	116,455,080	
<b>3</b>	Excess or (deficit) for the year   Subtract line 2 from line 1	<b>3</b>	10,495,417	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	4,194,595	
<b>5</b>	Donated services and use of facilities	<b>5</b>		
<b>6</b>	Investment expenses	<b>6</b>		
<b>7</b>	Prior period adjustments	<b>7</b>		
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	95,047	
<b>9</b>	Total adjustments (net)   Add lines 4 - 8	<b>9</b>	4,289,642	
<b>10</b>	Excess or (deficit) for the year per financial statements   Combine lines 3 and 9	<b>10</b>	14,785,059	
<b>Part XII    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>				
<b>1</b>	Total revenue, gains, and other support per audited financial statements   . . . . .	<b>1</b>	90,219,343	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments   . . . . .	<b>2a</b>	4,194,595	
<b>b</b>	Donated services and use of facilities   . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants   . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV)   . . . . .	<b>2d</b>	429,546	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,624,141	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	85,595,202	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b   . . . . .	<b>4a</b>	111,935	
<b>b</b>	Other (Describe in Part XIV)   . . . . .	<b>4b</b>	41,243,360	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	41,355,295	
<b>5</b>	Total Revenue   Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )   . . . . .	<b>5</b>	126,950,497	
<b>Part XIII    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>				
<b>1</b>	Total expenses and losses per audited financial statements   . . . . .	<b>1</b>	75,434,784	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities   . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments   . . . . .	<b>2b</b>		
<b>c</b>	Other losses   . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV)   . . . . .	<b>2d</b>	334,499	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	334,499	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	75,100,285	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b   . . . . .	<b>4a</b>	111,935	
<b>b</b>	Other (Describe in Part XIV)   . . . . .	<b>4b</b>	41,243,360	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	41,355,295	
<b>5</b>	Total expenses   Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )   . . . . .	<b>5</b>	116,455,580	
<b>Part XIV    Supplemental Information</b>				
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	Explanat ion
Collections of art - description of collections	Schedule D, Part III, Line 4	THE MAZZA MUSEUM IS DEDICATED TO COLLECTING, EXHIBITING AND PRESERVING ORIGINAL ART FROM CHILDREN'S PICTURE BOOKS. THE MUSEUM IS THE WORLD'S FIRST AND LARGEST TEACHING MUSEUM DEVOTED TO LITERACY AND THE ART OF CHILDREN'S PICTURE BOOKS. FOUNDED IN 1982, THE MUSEUM CONTAINS MORE THAN 3,000 ORIGINAL ARTWORKS.
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE INTENDED USE OF THE ENDOWMENT FUND IS FOR SCHOLARSHIPS.
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE UNIVERSITY HAS BEEN APPROVED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL TAXES ON ITS NORMAL ACTIVITIES. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBES RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TAX BENEFITS WILL BE RECOGNIZED ONLY IF A TAX POSITION IS MORE-LIKELY-THAN-NOT SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED. MANAGEMENT HAS CONCLUDED THAT THEY ARE UNAWARE OF ANY TAX BENEFITS OR LIABILITIES TO BE RECOGNIZED AT JUNE 30, 2011 OR 2010, RESPECTIVELY. THE UNIVERSITY WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. THE UNIVERSITY HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES FOR THE YEAR ENDED JUNE 30, 2011 OR 2010, RESPECTIVELY. THE UNIVERSITY IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2008. THE UNIVERSITY DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.
Other changes in net assets	Schedule D, Part XI, Line 8	CHANGE IN VALUE OF INTEREST RATE SWAP - 95047,
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	CHANGE IN VALUE OF INTEREST RATE SWAP - 95047, RENTAL EXPENSE - 239891, FUNDRAISING EXPENSE - 94608,
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	SCHOLARSHIP EXPENSE - 41243360,
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	RENTAL EXPENSE - 239891, FUNDRAISING EXPENSE - 94608,
Other expenses in form 990 not in audited financial statements	Schedule D, Part XIII, Line 4b	SCHOLARSHIP EXPENSE - 41243360,



SCHEDULE E  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
THE UNIVERSITY OF FINDLAY

Employer identification number  
34-4431169

Part I		YES	NO
<div>1</div> <div>Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?</div>	1	Yes	
	2	Yes	
	3	Yes	
<div>4</div> <div>Does the organization maintain the following?</div> <div>a Records indicating the racial composition of the student body, faculty, and administrative staff?</div> <div>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</div> <div>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</div> <div>d Copies of all material used by the organization or on its behalf to solicit contributions?</div> <div>If you answered "No" to any of the above, please explain If you need more space, use Part II</div>	4a	Yes	
	4b	Yes	
	4c	Yes	
	4d	Yes	
<div>5</div> <div>Does the organization discriminate by race in any way with respect to</div> <div>a Students' rights or privileges?</div> <div>b Admissions policies?</div> <div>c Employment of faculty or administrative staff?</div> <div>d Scholarships or other financial assistance?</div> <div>e Educational policies?</div> <div>f Use of facilities?</div> <div>g Athletic programs?</div> <div>h Other extracurricular activities?</div> <div>If you answered "Yes" to any of the above, please explain If you need more space, use Part II</div>	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
	5f		No
	5g		No
	5h		No
<div>6a</div> <div>Does the organization receive any financial aid or assistance from a governmental agency?</div> <div>b Has the organization's right to such aid ever been revoked or suspended?</div> <div>If you answered "Yes" to either line 6a or line 6b, explain on Part II</div> <div>7</div> <div>Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II</div>	6a	Yes	
	6b		No
	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	U S DEPARTMENT OF LABOR OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION, OCCUPATIONAL SAFETY AND HEALTH - SUSAN HARWOOD TRAINING U S DEPARTMENT OF EDUCATION BYRD HONORS SCHOLARSHIPS, STUDENT FINANCIAL AID CLUSTER FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, FEDERAL WORK-STUDY PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL PELL GRANT PROGRAM, FEDERAL DIRECT LOAN PROGRAM, ACADEMIC COMPETITIVENESS GRANTS, NATIONAL SCIENCE AND MATHEMATICS ACCESS TO RETAIN TALENT (SMART) GRANTS, TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION (TEACH) GRANTS U S DEPARTMENT OF HEALTH AND HUMAN SERVICES PASSED THROUGH THE GREATER CINCINNATI OCCUPATIONAL HEALTH CENTER NIEHS HAZARDOUS WASTE WORKER HEALTH AND SAFETY TRAINING U S DEPARTMENT OF STATE BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS GRANT DIVISION PROFESSIONAL AND CULTURAL EXCHANGE PROGRAMS - CITIZEN EXCHANGES U S DEPARTMENT OF VETERANS AFFAIRS POST-9/11 VETERANS EDUCATIONAL ASSISTANCE U S DEPARTMENT OF TRANSPORTATION PASSED THROUGH FRANKLIN COUNTY, OHIO INTERAGENCY HAZARDOUS MATERIALS PUBLIC SECTOR TRAINING AND PLANNING GRANTS U S DEPARTMENT OF HOMELAND SECURITY PASS THROUGH EASTERN KENTUCKY UNIVERSITY STATE AND LOCAL HOMELAND SECURITY TRAINING PROGRAM, PASS THROUGH WYANDOTT COUNTY, OHIO STATE AND LOCAL HOMELAND SECURITY, TRAINING PROGRAM, PASS THROUGH HANCOCK COUNTY, OHIO EMERGENCY MANAGEMENT PERFORMANCE GRANTS, PASS THROUGH THE OHIO EMERGENCY MANAGEMENT ASSOCIATION HOMELAND SECURITY GRANT PROGRAM, PASS THROUGH THE EASTERN KENTUCKY UNIVERSITY COMPETITIVE TRAINING GRANTS RESEARCH AND DEVELOPMENT CLUSTER U S DEPARTMENT OF HEALTH AND HUMAN SERVICES OCCUPATIONAL SAFETY AND HEALTH PROGRAM, PASS THROUGH THE OHIO STATE UNIVERSITY RESEARCH INSTITUTE CENTERS FOR DISEASE CONTROL AND PREVENTION - INVESTIGATIONS AND TECHNICAL ASSISTANCE

OMB No 1545-0047

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

## Open to Public Inspection

34-4431169

**3** Activities per Region (Use Part V if additional space is needed)

Schedule F (Form 990) 2010

**1**

(i) Method of valuation (book, FMV, appraisal, other)

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

## Supplemental Information

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

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding  
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization  
THE UNIVERSITY OF FINDLAY

Employer identification number  
34-4431169

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			
Total . . . . . ▶						

- 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.



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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GOLF OUTING</u> (event type)	 (event type)	 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	135,788	0	135,788
	2	Less Charitable contributions . . . .	94,550	0	94,550
	3	Gross income (line 1 minus line 2) . . . .	41,238	0	41,238
Direct Expenses	4	Cash prizes . . . .	0	0	0
	5	Non-cash prizes . . . .	69,445	0	69,445
	6	Rent/facility costs . . . .	11,305	0	11,305
	7	Food and beverages . . . .	8,224	0	8,224
	8	Entertainment . . . .	0	0	0
	9	Other direct expenses . . . .	5,634	0	5,634
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			94,608
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			-53,370

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</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
NONCASH PRIZES FOR GOLF OUTING	SCHEDULE G, PART II, LINE 5	THE NONCASH PRIZES REPORTED IN SCHEDULE G CONSIST OF NONCASH PRIZES FOR THE 2010 AND 2011 GOLF OUTING OF THE TOTAL NONCASH PRIZES BEING EXPENSED ON LINE 5, \$44,756 IS ATTRIBUTABLE TO THE 2010 GOLF OUTING AND \$24,689 IS ATTRIBUTABLE TO THE 2011 GOLF OUTING ALL EXPENSES WERE INCURRED DURING THE CURRENT FISCAL YEAR, THEREFORE, CAUSING A TIMING DIFFERENCE OF THE EXPENSES IN THE CURRENT YEAR REPORTING FOR THE GOLF OUTING

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE UNIVERSITY OF FINDLAY

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

Employer identification number

34-4431169

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

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
See Additional Data Table					

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 FINANCIAL AID OFFICE NOTIFIES STUDENTS IF THEY ARE ELIGIBLE FOR SPECIFIC ENDOWMENT SCHOLARSHIPS. ONCE NOTIFIED, STUDENTS FILL OUT AN APPLICATION TO APPLY FOR THE RESPECTIVE SCHOLARSHIP. IF THE SCHOLARSHIP IS FOR A SPECIFIC PROGRAM, THE DEAN OR OTHER FACULTY MEMBER FOR THAT PROGRAM WILL REVIEW THE APPLICATIONS AND MAKE RECOMMENDATIONS TO THE FINANCIAL AID OFFICE AND WHO SHOULD RECEIVE THE AWARD. FINANCIAL AID VERIFIES AGAIN IF THE STUDENT IS STILL ELIGIBLE FOR THE AWARD AND ISSUES THE FUNDS TO THE RECOMMENDED STUDENTS. THE FINANCIAL AID OFFICE MONITORS THE USE OF THE FUNDS TO ENSURE THAT THEY ARE USED FOR THEIR INTENDED PURPOSE.

**Software ID:** 10000128  
**Software Version:** v2010.1.0  
**EIN:** 34-4431169  
**Name:** THE UNIVERSITY OF FINDLAY

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)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
ENDOWMENT SCHOLARSHIPS	594	587,169			
MEN'S ATHLETIC SCHOLARSHIPS	190	1,864,307			
WOMEN'S ATHLETIC SCHOLARSHIPS	119	1,135,629			
INTERNATIONAL SCHOLARSHIPS	206	555,513			
OTHER SCHOLARSHIPS	2405	23,193,311			
FEDERAL GRANTS	1737	4,312,983			
OHIO GRANTS	570	1,078,152			
O/S PENNSYLVANIA GRANT	34	13,146			
UF BUSINESS AFFILIATES	8	17,904			
UF BUSINESS DAY AWARD	12	11,250			
UF CH OF GOD TUITION ADJ	9	17,000			
UF COMPETITOR AWARD	261	429,125			
UF F/A SCHOLAR--CHORAL	103	58,860			
UF F/A SCHOLAR--INSTRUM	114	135,736			
UF F/A SCHOLAR--THEATRE	22	33,550			
UF FINDLAY AWARD	335	2,546,683			
UF GRAD TUITION ADJUST	162	55,280			
UF INSTITUTIONAL AWARD	1456	3,647,593			
UF INTERN TUITION WAIVER	27	309,198			
UF PARTICIPATING TEACHER	16	38,063			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
UF ROOM GRANT	52	213,338			
UF SUPPLEMENTAL GRANT	342	565,250			
UF TUITION EXCHANGE	23	309,842			
UF VET YELLO RIBBON UNDG	25	95,342			
UF WINEBRENNER F/S GRANT	1	15,778			
VET YELLOW RIBBON MBA	1	485			
VET YELLOW RIBBON PHYSTH	1	1,822			
VETERAN BENEFIT-ENV SCI	1	1,051			

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 UNIVERSITY OF FINDLAY

Employer identification number  
34-4431169

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment 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) DONALD STANSLOSKI	(i) (ii)	160,920 0	0 0	1,198 0	10,068 0	15,002 0	187,188 0	0 0
(2) RANDALL VAN DYNE	(i) (ii)	130,563 0	0 0	162 0	13,610 0	13,412 0	157,747 0	0 0
(3) PARTICK MALONE	(i) (ii)	137,110 0	0 0	649 0	7,489 0	16,347 0	161,595 0	0 0
(4) PAUL SEARS	(i) (ii)	139,854 0	0 0	954 0	7,471 0	19,383 0	167,662 0	0 0
(5) MARTIN TERRY	(i) (ii)	140,546 0	0 0	5,330 0	14,508 0	12,409 0	172,793 0	0 0
(6) KATHERINE R FELL	(i) (ii)	112,604 0	0 0	692 0	11,598 0	40,792 0	165,686 0	0 0
(7) DANIEL MAY	(i) (ii)	140,866 0	0 0	426 0	14,600 0	14,952 0	170,844 0	0 0
(8) DAVID FERGUSON	(i) (ii)	215,661 0	0 0	1,686 0	18,462 0	1,158 0	236,967 0	0 0
(9) DAVID EMSWELLER	(i) (ii)	114,136 0	0 0	342 0	12,300 0	45,997 0	172,775 0	0 0
(10) AHMED EL-ZAYATY	(i) (ii)	122,758 0	0 0	1,629 0	10,460 0	18,568 0	153,415 0	0 0
(11) DEBOW FREED	(i) (ii)	162,697 0	0 0	781 0	15,433 0	2,556 0	181,467 0	0 0
( 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
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS. THIS BENEFIT IS CONSIDERED NONTAXABLE PURSUANT TO IRC SECTION 119.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization THE UNIVERSITY OF FINDLAY										Employer identification number 34-4431169		

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756BKE9	11-13-2003	5,095,000	REFINANCE - SEE SCHEDULE O		X		X	X	
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AWQ1	06-29-2006	18,260,000	REFINANCE, RENOVATION, PROPERTY - SEE SCHEDULE O		X		X	X	

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,820,000		3,165,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	5,095,000		18,274,731					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrow	0		0					
7	Issuance costs from proceeds	155,089		275,651					
8	Credit enhancement from proceeds	0		287,663					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		7,640,000					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2004		2007					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?	X		X					

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF PURPOSE	FORM 990, SCHEDULE K, PART I, LINE A, COLUMN F	THE UNIVERSITY OF FINDLAY (THE UNIVERSITY) IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) EXEMPT EDUCATIONAL ORGANIZATION THAT WAS ONE OF TWO SUCH BENEFICIARIES OF THE FOLLOWING OHIO HIGHER EDUCATIONAL FACILITY COMMISSION (THE "COMMISSION") POOLED FINANCING \$15,715,000 STATE OF OHIO HIGHER EDUCATIONAL FACILITY VARIABLE RATE DEMAND REVENUE BONDS (POOLED FINANCING 2003 PROGRAM) SERIES B ISSUED NOVEMBER 13, 2003 AS INDICATED IN COLUMN (E), \$5,080,150 OF THE POOLED FINANCING BENEFITTED THE UNIVERSITY THE OTHER BENEFICIARY OF THE POOLED FINANCING WAS OHIO DOMINICAN UNIVERSITY THE UNIVERSITY USED THE POOLED FINANCING PROCEEDS TO ASSIST IN REFUNDING AND RETIRING THE FOLLOWING BANK DEBTS FIFTH THIRD BANK LOAN NO 0101983296-000000109 DATED 1/1/2000 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$661,156 93 FIFTH THIRD BANK LOAN NO 09019982296-000000125 DATED 1/1/2002 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$227,651 71 FIFTH THIRD BANK LOAN NO 0901983296-000000117 DATED 1/1/2001 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$510,237 73 SKY BANK NOTE NO 1300360836 DATED 1/1/2000 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$218,834 00 SKY BANK NOTE NO 6000250505 DATED 1/1/2002 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$1,500,827 56 FIRST FEDERAL BANK OF THE MIDWEST ACCOUNT NO 34-4431169/66110843 DATED 1/1/2003 PRINCIPAL AMOUNT PAID WITH ISSUE PROCEEDS \$1,813,646 97 THE PROCEEDS FROM THESE LOANS HAD BEEN USED FOR CAPITAL IMPROVEMENTS CONSISTING OF THE ACQUISITION OF REAL PROPERTY THAT WAS CONVERTED TO USE AS STUDENT HOUSING AND THE RENOVATION OF STUDENT DINING FACILITIES
DESCRIPTION OF PURPOSE	FORM 990, SCHEDULE K, PART I, LINE B, COLUMN F	THE UNIVERSITY OF FINDLAY (THE UNIVERSITY) WAS ONE OF FOUR INTERNAL REVENUE CODE SECTION 501(C)(3) EXEMPT EDUCATION ORGANIZATIONS THAT WERE THE BENEFICIARIES OF THE FOLLOWING COMMISSION POOLED FINANCING \$36,080,000 STATE OF OHIO HIGHER EDUCATIONAL FACILITY VARIABLE RATE REVENUE BONDS (POOLED FINANCING 2006 PROGRAM) SERIES A ISSUED JUNE 29, 2006 AS INDICATED IN COLUMN (E), \$18,260,000 OF THE POOLED FINANCING BENEFITTED THE UNIVERSITY THE OTHER BENEFICIARIES OF THE POOLED FINANCING WERE THE OHIO COLLEGE OF PODIATRIC MEDICINE, URBANA UNIVERSITY AND WALSH UNIVERSITY \$10,056,686 OF THE POOLED FINANCING PROCEEDS BENEFITTING THE UNIVERSITY WAS USED TO REFUND OHIO HIGHER EDUCATIONAL FACILITY COMMISSION REVENUE BONDS ISSUED NOVEMBER 1, 1996 FOR THE BENEFIT OF THE UNIVERSITY THOSE BONDS WERE ISSUED TO FINANCE CAPITAL EXPENDITURES FOR THE ACQUISITION, CONSTRUCTION, RENOVATION, EQUIPPING AND FURNISHING OF VARIOUS EDUCATIONAL FACILITIES, CERTAIN COMPUTER AND EQUIPMENT SYSTEMS AND OTHER CAMPUS IMPROVEMENTS THE BALANCE OF THE POOLED FINANCING PROCEEDS BENEFITTING THE UNIVERSITY WAS USED FOR CAPITAL EXPENDITURES CONSISTING OF THE PURCHASE AND RENOVATION OF CLASSROOM FACILITIES AND OTHER REAL PROPERTY USED IN CONNECTION WITH VARIOUS DEGREE PROGRAMS

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
THE UNIVERSITY OF FINDLAY

Employer identification number  
  
34-4431169

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

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

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

2

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

3

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) SEE STATEMENT		23,500
(2) SEE STATEMENT		40,324
(3) SEE STATEMENT		17,825

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHARLES NORRIS	FAMILY MEMBER OF MARY LEHMAN	64,082	COMPENSATION		No
(2) CHERYL CAPE	FAMILY MEMBER OF DANIEL MAY	44,366	COMPENSATION		No
(3) CINDY FRY	FAMILY MEMBER OF ROBERT FRY	26,064	COMPENSATION		No
(4) MICHAEL FRY	FAMILY MEMBER OF ROBERT FRY	21,172	COMPENSATION		No
(5) KATHY CRATES	FAMILY MEMBER OF LYNN CHILD	15,900	COMPENSATION		No
(6) FIVE UNIVERSITY INVESTORS	FRANK COSIANO, TRUSTEE, IS A PART OWNER OF FIVE UNIVERSITY INVESTORS	399,242	PURCHASE OF PROPERTY		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
AMOUNT OF GRANT AND TYPE OF ASSISTANCE	SCHEDULE L, PART III, COLUMN C	\$40,324 DISCOUNTED TUITION \$23,500 SCHOLARSHIPS \$17,825 FINANCIAL AID

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
THE UNIVERSITY OF FINDLAY

Employer identification number  
34-4431169

Part I Types 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 . . . .	X	3	116,650	APPRAISED VALUE
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	8	489,896	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 .	X	2	136,978	MARKET VALUE
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 ► ( <u>APPLIANCE</u> )	X	1	7,421	COST
LIVESTOCK				
26 Other ► ( <u>- HORSE</u> )	X	26	975,500	APPRAISED VALUE
27 Other ► ( <u>          </u> )				
28 Other ► ( <u>          </u> )				
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	28		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	Yes	No	
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a		No	
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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2010

Open to Public  
Inspection

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.

Name of the organization

THE UNIVERSITY OF FINDLAY

Employer identification number

34-4431169

Identifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	C RICHARD BECKETT AND RICHARD WHITE - BUSINESS RELATIONSHIP



Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	A FINAL DRAFT OF THE FULL FORM 990, INCLUDING ALL APPLICABLE SCHEDULES, WAS PRESENTED BY OUR TAX ADVISORS TO THE AUDIT COMMITTEE. THE PRESENTATION ALLOWS THE COMMITTEE AND MANAGEMENT TO REVIEW AND PROVIDE COMMENTS AND EXPLANATIONS REGARDING CHANGES TO THE REDESIGNED FORM. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE FORM 990 ON BEHALF OF THE ENTIRE GOVERNING BODY. THIS PRESENTATION WAS DONE ON FEBRUARY 9, 2012. THE FULL GOVERNING BODY RECEIVED A COPY OF THE FULL FORM 990 ELECTRONICALLY PRIOR TO THE FORM BEING SUBMITTED ELECTRONICALLY TO THE IRS.

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTERESTS THEY MAY HAVE WITH THE ORGANIZATION THE VICE PRESIDENT OF BUSINESS AFFAIRS REVIEWS EACH POLICY STATEMENT SIGNED BY THESE INDIVIDUALS TO DETERMINE IF ANY CONFLICTS HAVE OCCURRED AND NEED TO BE BROUGHT TO THE ATTENTION OF THE BOARD IF A CONFLICT ARISES, THE RESPECTIVE BOARD MEMBER WILL ABSTAIN FROM ANY RELATED DISCUSSION, VOTE OR SIMILAR ACTION ON THE MATTER

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPENSATION COMMITTEE HAS BEEN GIVEN AUTHORITY FROM THE BOARD TO REVIEW AND APPROVE THE COMPENSATION OF THE PRESIDENT AND THE TREASURER (VP OF BUSINESS AFFAIRS) OF THE UNIVERSITY THE COMPENSATION COMMITTEE USES COMPARABILITY DATA FROM HIGHER EDUCATION SALARY SURVEYS, NOTABLE FROM THE INFORMATION PUBLISHED BY COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) ONCE THE COMPENSATION HAS BEEN REVIEWED AND APPROVED THE DECISION IS DOCUMENTED WITHIN THE COMPENSATION COMMITTEE'S MINUTES THE LAST REVIEW WAS PERFORMED IN FYE 2011

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. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS OF OTHER OFFICERS OR KEY EMPLOYEES	FORM 990, PART VI, SECTION B, LINE 15B	THE COMPENSATION OF THE OFFICERS IS DETERMINED BY THE PRESIDENT HOWEVER, THE PRESIDENT DOES NOT USE COMPARABILITY DATA THIS PROCESS WAS LAST UNDERTAKEN IN 2009

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 4194595, CHANGE IN VALUE OF INTEREST RATE SWAP - 95047,

Additional Data

Software ID: 10000128

Software Version: v2010.1.0

EIN: 34-4431169

Name: THE UNIVERSITY OF FINDLAY

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

(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				
DONALD STANSLOSKI DEAN OF PHARMACY	40					X		162,118	0	25,070	
RANDALL VAN DYNE ASSISTANT VICE PRESIDENT/EXECUTIVE DIRECTOR OF THE ALL HAZARDS TRAINING CENTER	40					X		130,725	0	27,022	
PARTICK MALONE ASSOCIATE DEAN OF PHARMACY	40					X		137,759	0	23,836	
PAUL SEARS DEAN, COLLEGE OF BUSINESS	40					X		140,808	0	26,854	
MARTIN TERRY VICE PRESIDENT FOR BUSINESS AFFAIRS	40			X				145,876	0	26,917	
KATHERINE R FELL PRESIDENT	40			X				113,296	0	52,390	
DANIEL MAY VICE PRESIDENT FOR ACADEMIC AFFAIRS	40			X				141,292	0	29,552	
DAVID FERGUSON VICE PRESIDENT FOR INSTITUTIONAL ADVANCEMENT	40			X				217,347	0	19,620	
DAVID EMSWELLER VICE PRESIDENT FOR STUDENT SERVICES	40			X				114,478	0	58,297	
DANE ERFORD CONTROLLER/ASSISTANT TREASURER	40			X				93,868	0	10,245	
EDWARD ROSENBERRY TRUSTEE	1	X						0	0	0	
CHARLES YOUNGER TRUSTEE	1	X						0	0	0	
DWIGHT MILLER TRUSTEE	1	X						0	0	0	
CLIFFORD COOK TRUSTEE	1	X						0	0	0	
DENNIS BISHOP TRUSTEE	1	X						0	0	0	
JAMES APPOLD TRUSTEE	1	X						0	0	0	
L JACK RUSCILLI TRUSTEE	1	X						0	0	0	
BRIAN WASHINGTON TRUSTEE	1	X						0	0	0	
GARY HARPST TRUSTEE	1	X						0	0	0	
THOMAS WEISSLING TRUSTEE	1	X						0	0	0	
L DON MANLEY TRUSTEE	1	X						0	0	0	
WILLIAM REIST TRUSTEE	1	X						0	0	0	
ROBERT FRY TRUSTEE	1	X						0	0	0	
KARL HEMINGER TRUSTEE	1	X						0	0	0	
MARY LEHMAN 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				
JAMES W WALPOLE TRUSTEE	1	X						0	0	0	
MICHAEL OXLEY 102010 - 62011 TRUSTEE	1	X						0	0	0	
JOHN HAYWOOD TRUSTEE	1	X						0	0	0	
CRAIG CROTTEAU TRUSTEE	1	X						0	0	0	
C RICHARD BECKETT CHAIR	1	X		X				0	0	0	
DAVID YATES TRUSTEE	1	X						0	0	0	
GEORGE SHOWERS TRUSTEE	1	X						0	0	0	
THOMAS LUCAS TRUSTEE	1	X						0	0	0	
RICHARD WHITE VICE CHAIR	1	X		X				0	0	0	
BRIAN YOUNG TRUSTEE	1	X						0	0	0	
DONALD CARTER TRUSTEE	1	X						0	0	0	
JOHN BODART TRUSTEE	1	X						0	0	0	
EDWARD J URBANIAK JR 22011 - 62011 TRUSTEE	1	X						0	0	0	
JERALD CLARK 72010 - 102010 TRUSTEE	1	X						0	0	0	
PENNY MOSHER TRUSTEE	1	X						0	0	0	
RICHARD LONGSDERFF TRUSTEE	1	X						0	0	0	
HAROLD WOLFE TRUSTEE	1	X						0	0	0	
RICHARD HOLLINGTON JR TRUSTEE	1	X						0	0	0	
KOTARO KAKE TRUSTEE	1	X						0	0	0	
MARK CASSIN TRUSTEE	1	X						0	0	0	
AR CHARNES TRUSTEE	1	X						0	0	0	
TIM NESLER TRUSTEE	1	X						0	0	0	
MARY ETTER DISSINGER TRUSTEE	1	X						0	0	0	
C PAUL PALMER IV TRUSTEE	1	X						0	0	0	
LYNN CHILD TRUSTEE	1	X						0	0	0	



**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			
PAMELA BEALL TRUSTEE	1	X						0	0	0
JOANN DAVIDSON TRUSTEE	1	X						0	0	0
FRANK COSIANO TRUSTEE	1	X						0	0	0
D RICHARD STEPHENS 72010 - 52011 ADJUNCT PROFESSOR/TRUSTEE	1	X						0	0	0
WILLIAM RUSE ADJUNCT PROFESSOR/TRUSTEE	1	X						24,180	0	0
JEREMY PEMBERTON 22011 - 62011 TRUSTEE	1	X						0	0	0
AHMED EL-ZAYATY PROFESSOR OF ACCOUNTING	40					X		124,387	0	29,028
DEBOW FREED FORMER PRESIDENT	0						X	163,478	0	17,989