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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

➤ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Α	Fo	or the 2	2011 calenda	r year, or ta	ax year beginr	ning	July 1		, 2011, a	nd ending	1	Ju	ıne 3	0 ,2	20 12
В	CH	neck if ap	plicable	C Name of c	organization			· · · · · · · · · · · · · · · · · · ·				Emplo	yer id	lentification nu	mber
] A	ddress cl	hange	Oakland Ur	niversity Foun	dation					ŀ		3	8-6078765	
] N	lame chai	nge	Number and	street (or P.O be	ox, if mail is not de	elivered to str	eet address)	I	Room/suite	Ε	Teleph	one n	umber	
] In	nitial retur	m (c/o Oaklan	d University 2	200 N Squirrel	Road		ļ		ŀ		24	18-370-2440	
⊢	₹ °	erminated	_	City or town,	state or country	, and ZIP + 4			<u> </u>		ĪF	Grou	э Ехе	mption	
누	Ξ.	mended :		Rochester,	MI 48309-440	1						Numl		•	
_			ting Method:	Cash	✓ Accrual	Other (specify	v\ ▶				H CI	neck Þ	· 🔽	if the organiza	tion is not
ĭ		/ebsit	•			Other (open)	,,,			'				ach Schedule	
J				ck only one)	- √ 501(c)(3)	501(c) () d (inse	rt no.)	(a)(1) or	527		-		0-EZ, or 990-P	
_		heck ►				on 509(a)(3) supp				27 organiza	ation	and its	gros	s receipts are	normally
						990 return is no									
			-			to file a comple	-			,	,				,
L						s receipts. If gros		re \$200,000 o	r more, c	or if total ass	sets (F	Part II,			
						Form 990 instea							▶ \$	3	7,702
	Рa	irt I	Revenue	e. Expens	es, and Ch	anges in Ne	t Assets	or Fund B	alance	es (see th	ne in	struc			
						Schedule O to									
_		1				nilar amounts							1		575
		2				government f							2		
		3				ts							3		
		4	Investment	="								. [4		3,845
		5a	Gross amou	unt from sa	ale of assets	other than inve	entory .		5a		:	3,282			
		b	Less: cost o	or other ba	sis and sales	expenses .			5b						
		С				ther than inve			from li	ne 5a) .		. [5c	Statement 1	3,282
		6	Gaming and	•			• ,								
<u> </u>		а	Gross inco	me from	gaming (att	ach Schedule	e G if g	reater than							
	e e		\$15,000) .						6a						
•	len	b	Gross incor	ne from fu	ndraising eve	ents (not includ	ding \$		of	contributi	ons				
- 2	ě		from fundra	aising even	its reported	on line 1) (atta	ch Sched	ule G if the							
ֿ רָ	_		sum of such	h gross inc	ome and cor	ntributions exc	eeds \$15,	000)	6b						
ă		C				and fundraisi			_6c				!		
		d		or (loss)	from gaming	and fundraisi	ing events	(add lines	6a and	6b and s	subti	ract			
1			line 6c) .						· . · · .			· [6d		
Z		7a	Gross sales	of invento	ory, less retur	ns and allowa	nces		7a				ļ		
SCANNED		þ	Less: cost of						7b						
3	- 1	C				inventory (Sub						·	7c		
C)	-	8		•		le O)						· -	8		
_	_	9				, 5c, 6d, 7c, ar		DEOF					9		7,702
	-	10				ist in Schedule		RECE	INF			·	10		
	.	11	Benefits pai	id to or for	members .		4		• •	2 250-51		·	11		
3	Š	12	Salaries, oth	ner compe	nsation, and	employee ber	Tetits 1.4	NUN. 3.	1 20	12 9		·	12		
į	Expenses	13					naenticont	ractors . & .	1.20	. iš		·	13		
	<u>~</u>	14			ties, and mail			ÖĞDE	VIII			. -	14 15		
	-	15	• • •		postage, and		٠ ٠ اــــــــــــــــــــــــــــــــــ	<u> </u>				·	16	Statement 2	7,399
		16	•	•	ribe in Sched	ugh 16						•	17	Statement 2	7,399
_	-+	17 18				otract line 17 fr					<u> </u>		18		303
	ets	19				eginning of ye									
į	SS					r year's return						-	19		179,007
•	Net Assets	20	•		•	d balances (ex	-					<u> </u>	20	Statement 3	(10,766)
ž	ž	21				of year. Com						•	21		168,544

Pa	Balance Sheets. (see the instructions			Dowll		
	Check if the organization used Schedule	O to respond to ar	ny question in this	(A) Beginning of year		(B) End of year
	Ocal contract and broadmants		}	179,007		168,544
22 23	Cash, savings, and investments		• • • • • • •	179,007	23	100,344
24	Other assets (describe in Schedule O)				24	-
25	Total assets			179,007	-	168,544
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	179,007	27	168,544
Par	t III Statement of Program Service Accom					Expenses
	Check if the organization used Schedule			Part III 🗸		uired for section
	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
Desc	cribe the organization's program service accomplis	shments for each of	fits three largest p	rogram services,	4947	(a)(1) trusts; optional
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	services provide	d, the number of	for of	thers)
28						<u> </u>
20	See Schedule O Statement 2					
	oco donodano d'autorione 2					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	28a	7,399
29		-				
				<u></u> -		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 📙	29a	
30			•••••			

	(Grants \$) If this amount	includes foreign gra	nte check here	▶ □	30a	
31	Other program services (describe in Schedule O)				-	
0.						
	• •			_	31a	
32	• •	includes foreign gra	nts, check here .	▶ □	31a 32	7,399
	(Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a)	nts, check here	npensated. (see the i	32	
	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra hrough 31a)	nts, check here h one even if not cor	npensated. (see the i	32 nstruc	tions for Part IV.)
	(Grants \$) If this amount Total program service expenses (add lines 28a to total program service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign gra hrough 31a) . Employees. List eac O to respond to ar (b) Title and average	nts, check here	npensated. (see the i	32 nstruc	ctions for Part IV.)
	(Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) Employees. List ead O to respond to ar	nts, check here h one even if not cor y question in this (c) Reportable compensation (Forms W-2/1099-MISC	npensated. (see the i	32 nstruc 	ctions for Part IV.)
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Part,				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Fait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	\ <u>\</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		→
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a None	2.7		
b 38a	Did the organization file Form 1120-POL for this year?	37b		√
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<u> </u>
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ None ; section 4912 ▶ None ; section 4955 ▶ None	- Profession		is
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
ө	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Gerriann Reimann Telephone no. ▶	248-37	0-2440	0
	Located at ► 2200 N Squirrel Road, 121 E Vandenberg Hall, Rochester, MI ZIP + 4 ►	48309		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	33.4		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		v V
С	Did the organization receive any payments for indoor tanning services during the year?	44c		V
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		\
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		1 400		

Pa	ge	4
_		_

,								Yes	s No	
		ne organization engage, directly or in								
		indidates for public office? If "Yes," of						46	1	
Part \		Section 501(c)(3) organizations								
		501(c)(3) organizations and sections			trusts m	nust answer o	questic	ns 47-4	90	
		and 52, and complete the tables			a Abia Da					
		Check if the organization used Sch	nedule O to respond	to any question i	n this Pa	art VI	• •	· · ·	<u>. </u>	
4=	D: 1 1	and the second section of the second section is a second section of the section of		naction EO1/h) aloc	stion in o	ffaat during th	o tov	Ye	s No	
		ne organization engage in lobbying If "Yes," complete Schedule C, Part						4-	1 /	
	•	· · · · · · · · · · · · · · · · · · ·		201604			•	47	 	
	48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								+	
		ne organization make any transfers to						49a	- ✓ -	
		s," was the related organization a se plete this table for the organization's				n officers dire		49b	nd key	
50	Comp	piete this table for the organization's byees) who each received more than	tive nignest compen	saleu employees (seation from the or	oiter ino,	on If there is no	nne en	ter "None	пи к е у , "	
	empi	Jyees) wild each received more than		1		Health benefits,	1	140770	•	
	(a) Na	ame and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contri	butions to employe		stimated am		
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS	S()	t plans, and deferri compensation	ed oth	er compens	ation	
							+			
Marie			Not Applicable			N			None	
None				INC	one	Nor	ie i		None	
							-			
					-		+-			
							+			
							+			
		•								
f	Total	number of other employees paid over	or \$100 000	No.	one					
						antoro who or	oh roo	nived mo	ra than	
		plete this table for the organization's ,000 of compensation from the orga			ant contr	actors who ea	CITTEC	siveu iiio	ie iliali	
	-									
(a) N	vame a	nd address of each independent contractor pai	id more than \$100,000	(b) Type of:	service		(c) Comp	pensation		
			·							
None				Not Applicable					None	
			· · · -							
					•					
••••				1						
				1						
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶_		None			
		ne organization complete Schedule A			ons and 4	1947(a)(1)				
		kempt charitable trusts must attach a					▶ [Yes 🗆	No	
Under pe	nalties	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and stat	ements, an	d to the best of my	knowled	lge and beli	ef, it is	
true, corr	ect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any	knowledge.				
		Mend				(///Y//				
Sign		Signature of officer				Date				
Here		John W. Beaghan, Chief Financial	Officer							
		Type or print name and title								
Paid	1	Print/Type preparer's name	Preparer's signature		Check	Check if PTIN				
Prepa	arer						self-employed			
Use C		Firm's name				Firm's EIN ▶				
		Firm's address ▶				Phone no				
Movethe	a IRS	discuss this return with the preparer	shown above? See i	nstructions			▶ □	Yes 🗆	No	

SCHEDULE A (Form .990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 20**1**1 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

38-6078765 **Oakland University Foundation** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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. **b** ✓ Type II c Type III-Functionally integrated e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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 No Yes 11g(i) 11g(ii) 11g(iii) Provide the following information about the supported organization(s). (iv) is the organization (v) Did you notify (I) Name of supported (ii) EIN (iii) Type of organization (vI) is the (vil) Amount of the organization in col (i) of your organization in col (I) listed in your organization in col. (described on lines 1-9 governing document? (i) organized in the above or IRC section support? (see instructions)) Yes Yes Yes (A) Oakland University 38-1714400 7,399 (B) (C) (D) (E)

Total

7,399

Part	Support Schedule for Organiza						
	(Complete only if you checked the Part III. If the organization fails to						ality under
Secti	on A. Public Support	7		.,,,-'-1			1. a
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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				1 Em 1		
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)	e Openson and some		The state of the s			
6	Public support. Subtract line 5 from line 4.		FALL 2	Section			
	on B. Total Support	4-3.0007	(t-) 0000	(-) 0000	(4) 0010	(-) 0011	(O Total
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, secon		•		
Secti	on C. Computation of Public Suppor	•					
14	Public support percentage for 2011 (line			1, column (f))		14	%
15	Public support percentage from 2010 Scl	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2011. If the organi box and stop here. The organization qua	lifies as a publ	icly supported	organization			▶ 🗆
b	331/3% support test—2010. If the organ check this box and stop here. The organ					9 15 is 33¹a% 	
17a	10%-facts-and-circumstances test—2010% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta ımstances" tes 	nces" test, chest. The organiz	eck this box ar ation qualifies	nd stop here. i as a publicly s	Explain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the leets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th The organizatio	nis box and st n qualifies as a	op here. a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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.)

Secti	on A. Public Support					···	
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
	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		1				
С	Add lines 7a and 7b		· ·				
8	Public support (Subtract line 7c from		188481				
	line 6.)						
Secti	on B. Total Support	·					
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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				ļ		
	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.)				ļ		
13	Total support. (Add lines 9, 10c, 11,			İ			
	and 12.)	L	<u> </u>	1 41 2 2 2 2			- F04/-\/0\
14	First five years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop he			· · · · · ·	· · · · ·		· · · ·
	on C. Computation of Public Support Public support percentage for 2011 (line)			(f)		15	%
15 16	Public support percentage for 2011 (line of Public support percentage from 2010 Sci		=				
16 Secti	on D. Computation of Investment In			· · · · · · ·			
17	Investment income percentage for 2011 (v line 13 colu	mn (f))	17	%
18	Investment income percentage from 2010						
19a	331/3% support tests—2011. If the organ	ization did not	check the ho	x on line 14. a	nd line 15 is m	nore than 331/a9	
134	17 is not more than 331/2%, check this box						
b	331/3% support tests—2010. If the organiz						
U	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization de						

Schedule A (I	Form 990 or 990-EZ) 2011	Page 4
Part _' IV	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).	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization

Oakland University Foundation

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number 38-6078765

Statement 1 - Form 990-EZ, Part I, line 5c, Gain or (loss) from sale of assets other than inventory:	
Gain on Sale of Investments -	
Oakland University Foundation Endowment Fund \$ 3,282	
Statement 2 - Form 990-EZ, Part I, line 16, Other expenses and Part III line 28, Statement of Program Service Accomplishments	
Milo Cross Memorial Scholarship \$ 1,345	
Seifert Merit Scholarship Endowment 3,602	
Oakland Press Endowed Scholarship for Journalism Excellence 2,452	
Total Program Service Accomplishments \$ 7,399	
Statement 3 - Form 990-EZ, Part I, line 20, Other changes in net assets or fund balances	
Unrealized losses on investments carried at market value (\$ 10,766)	
Statement 4 - Form 990-EZ, Part III, Statement of Program Service Accomplishments	
What is the organization's primary exempt purpose?	
The Oakland University Foundation is a private nonprofit corporation organized for the purpose of receiving and	
administering funds for the support of Oakland University.	
Statement 5 - Form 990-EZ, Part IV, List of Officers, Trustees, and Key Employees:	
(A) Name and Address (B) Title (C) Comp. (D) Cont. to employee benefit plans (E) Expense A/C Allowance	:е
John W. Beaghan Director None None None	
VP Finance & Administration	
Oakland University	
202 Wilson Hall	
Rochester, MI 48309	
Gary W. Laidlaw Director None None None	
28880 Millbrook	
Farmington Hills, MI 48334	

Schedule O (Form 990 or 990-EZ) (2011)							Page 2
Name of the organization					Employer identific	cation number	
Oakland University Foundation					38-6	078765	
Statement 5 - Form 990-EZ, Part IV, List of Officers, 1	Trustees, and K	ey Employe	ees (continued)				
(A) Name and Address (B)	Title (C	C) Comp. (D)) Cont. to empl	oyee benefit	plans (E) Expe	nse A/C Allo	wance
John F. Mills	Director	None	None		Non	e	
Williams Williams Rattner & Plunkett, P.C.							
380 N. Woodward Ave, Suite 300							
Birmingham, MI 48009	•••••	•					
Eric D. Barritt	Executive	None	None		None	·····	
VP Development, Alumni & Community Engagement	Director						
John Dodge House	•••••						
Rochester, MI 48309							
				••••••••••	•••••••••••		
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