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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
OKLAHOMA STATE UNIVERSITY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 1749

City or town, state or country, and ZIP + 4
STILLWATER, OK 74076

D Employer identification number
73-6097060

E Telephone number
(405) 385-5100

G Gross receipts $ 358,147,607

F Name and address of principal officer
KIRK JEWELL
PO BOX 1749
STILLWATER, OK 74076

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW OSUGIVING COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1961

M State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITING DONOR AND UNIVERSITY PASSIONS AND PRIORITIES TO ACHIEVE EXCELLENCE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	156
6	Total number of volunteers (estimate if necessary)	**6**	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	124,320
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	87,450

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	99,003,924	97,357,712
	9 Program service revenue (Part VIII, line 2g)	4,459,682	2,825,606
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,166,691	20,141,111
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,625,945	1,631,757
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,922,860	121,956,186
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,528,372	10,235,592
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,861,178	10,327,027
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,027,544	656,459
	b Total fundraising expenses (Part IX, column (D), line 25) ▶10,975,131		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	38,260,822	57,099,310
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	56,677,916	78,318,388
	19 Revenue less expenses Subtract line 18 from line 12	47,244,944	43,637,798

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	673,665,060	675,382,576
	21 Total liabilities (Part X, line 26)	40,479,509	43,333,962
	22 Net assets or fund balances Subtract line 21 from line 20	633,185,551	632,048,614

Part II Signature Block

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

Sign Here

****** 2013-05-13
Signature of officer Date

DONNA KOEPPE VP & TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, 210 Park Ave Suite 2850, Oklahoma City, OK 73102 | EIN ▶ | Phone no ▶ (405) 239-6411

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

UNITING DONOR AND UNIVERSITY PASSIONS AND PRIORITIES TO ACHIEVE EXCELLENCE

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 33,490,939 including grants of $ 15,076) (Revenue $)

INTERCOLLEGIATE ATHLETICS INCLUDES THE EXPENDITURES OF FUNDS DONATED FOR THE BENEFIT OF MEN'S AND WOMEN'S ATHLETIC PROGRAMS AT OKLAHOMA STATE UNIVERSITY, INCLUDING ACADEMIC ENRICHMENT FOR STUDENT ATHLETES, BUDGET SUPPORT FOR SPECIFIC TEAM SPORTS AND GENERAL BUDGET SUPPORT FOR THE INTERCOLLEGIATE ATHLETIC DEPARTMENT

4b (Code) (Expenses $ 13,070,699 including grants of $ 1,477,060) (Revenue $)

GENERAL UNIVERSITY SUPPORT INCLUDES THE EXPENDITURE OF FUNDS DONATED FOR STUDENT SCHOLARSHIPS AND THE TRANSFER OF ALL GIFTS-IN-KIND DONATED TO THE UNIVERSITY THESE FUNDS ALSO SUPPORT PROGRAMS THAT SUSTAIN OVERALL UNIVERSITY PURPOSES AND OBJECTIVES AND IMPROVE QUALITY OF STUDENT LIFE SUCH AS ACADEMIC AFFAIRS, INTERNATIONAL AND DIVERSITY STUDIES, RESIDENTIAL LIFE, STUDENT AFFAIRS, AND OTHER

4c (Code) (Expenses $ 2,218,881 including grants of $ 3,000) (Revenue $)

ENDOWED FACULTY AND LECTURESHIP INCLUDES THE EXPENDITURE OF FUNDS IN ENDOWMENTS ESTABLISHED TO SUPPORT BOARD APPOINTED DEPARTMENT CHAIRS AND PROFESSORSHIPS AND THEIR RELATED ACTIVITIES EXPENDITURES ARE INTENDED TO SUPPORT TEACHING, RESEARCH, AND SCHOLARSHIP AND INCLUDE EXPENDITURES FOR SALARY, STUDENT SUPPORT, RESEARCH, CONFERENCE PARTICIPATION, CURRICULUM, LECTURESHIPS, AND OTHER DEVELOPMENTAL ACTIVITES WITHIN EACH COLLEGE

4d Other program services (Describe in Schedule O)

(Expenses $ 12,631,223 including grants of $ 8,740,456) (Revenue $ 339,258)

4e **Total program service expenses** ▶ $ 61,411,742

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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, line10? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII.*	11b		No
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? *If "Yes," complete Schedule D, Part VIII.*	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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	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)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** 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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	174		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	156		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	25			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , AZ , AR , CA , CO , DC , HI , KY , ME , MD , MA , MI , MN , NH , NJ , NY , OH , OK , OR , SC , UT , WA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

BRANDON MEYER OSU FOUNDATIO
PO BOX 1749
STILLWATER,OK 74076
(405) 385-5100

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,004,349	0	269,616

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 13

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O GENERAL STATEMENT 7		1,486,551

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 8

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	472,664			
	d	Related organizations	1d	500,038			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	96,385,010			
	g	Noncash contributions included in lines 1a-1f $ 11,610,972					
	h	**Total.** Add lines 1a-1f		97,357,712			
Program Service Revenue			Business Code				
	2a	HOUSING RENTAL INCOME	532000	339,258	339,258		
	b	INVESTMENT MANAGEMENT FEES	561000	293,343	293,343		
	c	DEVELOPMENT FEES	561000	2,193,005	2,193,005		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		2,825,606			
	3	Investment income (including dividends, interest and other similar amounts)		6,693,479		124,320	6,569,159
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		1,308,191			1,308,191
			(i) Real	(ii) Personal			
	6a	Gross rents	237,375				
	b	Less rental expenses	156,596				
	c	Rental income or (loss)	80,779				
	d	Net rental income or (loss)			80,779		80,779
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	247,510,757	1,581,587			
	b	Less cost or other basis and sales expenses	234,644,053	1,000,659			
	c	Gain or (loss)	12,866,704	580,928			
	d	Net gain or (loss)			13,447,632		13,447,632
Other Revenue	8a	Gross income from fundraising events (not including $ 472,644 of contributions reported on line 1c) See Part IV, line 18	a	96,687			
	b	Less direct expenses	b	332,599			
	c	Net income or (loss) from fundraising events			-235,912		-235,912
	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	57,514			
	b	Less cost of goods sold	b	57,514			
	c	Net income or (loss) from sales of inventory			0		0
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	478,699			478,699
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		478,699			
	12	**Total revenue.** See Instructions		121,956,186	2,825,606	124,320	21,648,548

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	10,235,592	10,235,592		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	1,371,023		406,688	964,335
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	384,200			384,200
7	Other salaries and wages	6,664,638		1,935,415	4,729,223
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	492,894		164,174	328,720
9	Other employee benefits	931,395		315,706	615,689
10	Payroll taxes	482,877		127,366	355,511
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	22,759		15,931	6,828
c	Accounting	226,814		226,814	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	656,459			656,459
f	Investment management fees	1,136,650		1,136,650	
g	Other	263,152		263,152	
12	Advertising and promotion	559,683		131,903	427,780
13	Office expenses	821,570		401,428	420,142
14	Information technology	396,937		148,982	247,955
15	Royalties . .	0			
16	Occupancy	582,074		204,455	377,619
17	Travel	1,072,650		134,183	938,467
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	161,023		35,380	125,643
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	639,613		243,053	396,560
23	Insurance	38,610		38,610	
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	INTERCOLLEGIATE ATHLETICS	33,475,863	33,475,863		
b	GENERAL UNIVERSITY SUPPORT	11,593,639	11,593,639		
c	ENDOWED FACULTY/LECTURESHIP	2,215,881	2,215,881		
d	UBIT TAXES PAID	1,625		1,625	
e					
f	All other expenses	3,890,767	3,890,767		
25	**Total functional expenses.** Add lines 1 through 24f	78,318,388	61,411,742	5,931,515	10,975,131
26	**Joint costs.** Check here ▶ ☐ 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,208,258	1	9,177,447
	2	Savings and temporary cash investments		37,969	2	38,097
	3	Pledges and grants receivable, net		53,826,525	3	60,649,757
	4	Accounts receivable, net		5,368,116	4	5,866,077
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		21,000,000	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		7,957	9	12,199
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 12,005,807			
	b	Less accumulated depreciation	10b 4,921,679	15,282,909	10c	7,084,128
	11	Investments—publicly traded securities		549,715,621	11	574,440,448
	12	Investments—other securities See Part IV, line 11		5,915,271	12	3,000
	13	Investments—program-related See Part IV, line 11		6,290,908	13	6,256,049
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		13,011,526	15	11,855,374
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		673,665,060	16	675,382,576
Liabilities	17	Accounts payable and accrued expenses		5,015,252	17	5,575,579
	18	Grants payable		0	18	0
	19	Deferred revenue		6,174,062	19	5,378,500
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	17,675,320
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		12,919,611	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		16,370,584	25	14,704,563
	26	**Total liabilities.** Add lines 17 through 25		40,479,509	26	43,333,962
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		132,754,141	27	142,964,043
	28	Temporarily restricted net assets		125,627,112	28	102,963,590
	29	Permanently restricted net assets		374,804,298	29	386,120,981
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		633,185,551	33	632,048,614
	34	Total liabilities and net assets/fund balances		673,665,060	34	675,382,576

Part XI Reconcilliation 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	121,956,186
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,318,388
3	Revenue less expenses Subtract line 2 from line 1	3	43,637,798
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	633,185,551
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-44,774,735
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	632,048,614

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 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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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

2011

Open to Public Inspection

Name of the organization
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number
73-6097060

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 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 ")	270,182,859	73,555,878	114,051,677	100,003,997	97,357,712	655,152,123
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	270,182,859	73,555,878	114,051,677	100,003,997	97,357,712	655,152,123
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)						165,493,848
6 **Public Support.** Subtract line 5 from line 4						489,658,275

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	270,182,859	73,555,878	114,051,677	100,003,997	97,357,712	655,152,123
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,148,310	5,424,323	21,205,578	6,083,607	8,082,450	44,944,268
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	57,535	666,018	1,055,151	304,794	478,699	2,562,197
11 **Total support** (Add lines 7 through 10)						702,658,588

12	Gross receipts from related activities, etc (See instructions)	12	34,389,950

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 2011 (line 6 column (f) divided by line 11 column (f))	14	69 686 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	69 624 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 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						
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) 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 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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number
73-6097060

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	10	0
2	Aggregate contributions to (during year)	120,000	0
3	Aggregate grants from (during year)	246,888	0
4	Aggregate value at end of year	875,189	0

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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	456,110,209	334,830,858	306,543,751	459,430,797	
b	Contributions	19,193,105	40,233,768	10,887,934	18,340,364	
c	Investment earnings or losses	-2,752,234	96,873,947	29,112,800	-154,787,840	
d	Grants or scholarships	7,098,631	4,988,621	3,052,700	5,545,444	
e	Other expenditures for facilities and programs	5,990,176	4,842,003	3,560,664	5,237,347	
f	Administrative expenses	7,291,165	5,997,740	5,100,263	5,656,779	
g	End of year balance	452,171,108	456,110,209	334,830,858	306,543,751	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 20 000 %
- b Permanent endowment ▶ 80 000 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		7,137,673	1,719,065	5,418,608
c Leasehold improvements		1,496,451	374,825	1,121,626
d Equipment		3,371,683	2,827,789	543,894
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				7,084,128

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
FUNDS HELD ON BEHALF OF OSU	5,980,259
INTEREST AGREEMENT	8,724,304
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	14,704,563

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	121,956,186
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	78,318,388
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	43,637,798
4	Net unrealized gains (losses) on investments	4	-43,735,906
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	13,082,636
9	Total adjustments (net) Add lines 4 - 8	9	-30,653,270
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,984,528

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	89,814,249
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-43,735,906		
b	Donated services and use of facilities	2b	232,596		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	12,501,884		
e	Add lines **2a** through **2d**			2e	-31,001,426
3	Subtract line **2e** from line **1**			3	120,815,675
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,140,511		
c	Add lines **4a** and **4b**			4c	1,140,511
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	121,956,186

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	76,829,720
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	232,596		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	546,709		
e	Add lines **2a** through **2d**			2e	779,305
3	Subtract line **2e** from line **1**			3	76,050,415
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	2,267,973		
c	Add lines **4a** and **4b**			4c	2,267,973
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	78,318,388

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1 EXPLANATION OF ESCROW ARRANGEMENT	PART IV, LINE 2B	THE FOUNDATION IS A CUSTODIAN FOR ASSETS HELD IN CONJUNCTION WITH AN AGENCY AGREEMENT BETWEEN THE FOUNDATION AND COWBOY ATHLETICS, INC (COWBOY ATHLETICS) TO HOLD AND SAFE KEEP ASSETS IN A CUSTODIAL ACCOUNT TO SERVE AS COLLATERAL FOR A LOAN AGREEMENT BETWEEN COWBOY ATHLETICS AND A 3RD PARTY LENDER COWBOY ATHLETICS MAY MAKE WRITTEN REQUEST TO THE FOUNDATION, WITH NOTICE TO THE LENDER, TO TRANSFER ASSETS TO COWBOY ATHLETICS
SUPPLEMENTAL INFORMATION 2 INTENDED USES OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENTS SUPPORT OKLAHOMA STATE UNIVERSITY PRIMARILY THROUGH ANNUAL SPENDING ALLOCATION AND LONG TERM GROWTH INVESTMENTS
SUPPLEMENTAL INFORMATION 3 FIN 48 FOOTNOTE	PART X, ACCOUNTING FOR CERTAIN TAX POSITIONS	THE ASC PROVIDES GUIDANCE ON THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS GUIDANCE REQUIRES AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED ON OR BEFORE JUNE 30, 2008
SUPPLEMENTAL INFORMATION 4	SCHEDULE D, PART XI, LINE 8	DESCRIPTION AMOUNT ---------- ---------- INCOME FROM SUPPORTING ORG INCLUDED IN CONSOL AUDIT $13,540,714 ADD BACK NET LOSS NOT INCLUDED IN CONSOL AUDIT FOR SINGLE MEMBER LLC, OSUF OKMULGEE STUDENT HOUSING, LLC $ 580,752 WRITE OFFS OF PLEDGES AND REFUND OF PLEDGES $(1,038,830) ---------- TOTAL $13,082,636
AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12	SCHEDULE D, PART XII, LINE 2D	DESCRIPTION AMOUNT ---------- ---------- WRITE OFFS OF PLEDGES AND REFUND OF PLEDGES $(1,038,830) REVENUE FROM SUPPORTING ORGANIZATION ENTITY $13,540,714 ---------- TOTAL 12,501,884
AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1	SCHEDULE D, PART XII, LINE 4B	DESCRIPTION AMOUNT ---------- ---------- RECLASSIFICATION OF CROP INCOME/EXPENSES $ 156,596 RECLASSIFICATION OF SPECIAL EVENT EXPENSES $ 332,599 OKMULGEE STU HSG LLC INCOME NOT REFLECTED ON AUDIT $(493,056) RECLASSIFICATION OF INVESTMENT EXPENSES $ (1,136,650) ---------- TOTAL $ (1,140,511)
AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990 PART IX, LINE 25	SCHEDULE D, PART XIII, LINE 2D	DESCRIPTION AMOUNT ---------- ---------- RECLASSIFICATION OF COGS FOR COWBOY DINING $ 57,514 RECLASSIFICATION OF CROP INCOME/EXPENSES $156,596 RECLASSIFICATION OF SPECIAL EVENT EXPENSES $332,599 ---------- TOTAL $546,709
AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1	SCHEDULE D, PART XIII, LINE 4B	DESCRIPTION AMOUNT ---------- ---------- EXPENSES FROM SINGLE MEMBER LLCS $ 1,131,323 RECLASSIFICATION OF INVESTMENT EXPENSES $ 1,136,650 ---------- TOTAL $ 2,267,973

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number
73-6097060

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

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? Yes	**(iii)** No	**(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
BENTZ WHALEY FLESSNER	CAMPAIGN FEASIBILITY		No	0	90,145	-90,145
RUFFALO CODY LLC	FUNDRAISING		No	8,065,000	451,186	7,613,814
BOBBY CURTIS HAMM	CONSULTING		No	0	69,300	-69,300
DEBRA C ENGLE CONSULTING	CONSULTING		No	0	384,200	-384,200
GOODEN GROUP	PUBLIC RELATIONS		No	0	9,627	-9,627
JIM L ANDERSON	FUNDRAISING		No	0	25,000	-25,000
SARAH ALIGO	CONSULTING		No	0	11,200	-11,200
Total . . . . . ▶				8,065,000	1,040,658	7,024,342

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, UT, VA, WA, WV, WI

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 DISTINGUISHED C (event type)	(b) Event #2 WOMEN FOR OSU (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	160,175	97,750	311,427	569,352
	2 Less Charitable contributions	125,625	89,810	257,229	472,664
	3 Gross income (line 1 minus line 2)	34,550	7,940	54,198	96,688
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	1,766	7,965	7,114	16,845
	7 Food and beverages	60,509	21,439	81,612	163,560
	8 Entertainment				
	9 Other direct expenses	15,197	24,190	112,806	152,193
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(332,598)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-235,910

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number
73-6097060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OKLAHOMA STATE UNIVERSITY207A WHITEHURST HALL STILLWATER,OK 73078	73-6017987	115	10,235,592				SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	PART I, LINE 2	THE OSU FOUNDATION PROVIDES SCHOLARSHIP REIMBURSEMENTS TO OKLAHOMA STATE UNIVERSITY TO REIMBURSE EXPENSES ACCORDING TO DONOR INTENT ADEQUATE DOCUMENTATION OF EXPENDITURES IS REQUIRED PRIOR TO DISBURSEMENT OF FUNDS RECORDS OF THESE TRANSACTIONS ARE MAINTAINED AT THE OSU FOUNDATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number
73-6097060

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
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 accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) KIRK JEWELL	(i)	253,644	95,000	19,256	28,175	21,196	417,271	0
	(ii)	0	0	0	0	0	0	0
(2) DONNA KOEPPE	(i)	129,305	28,000	9,055	19,704	18,431	204,495	0
	(ii)	0	0	0	0	0	0	0
(3) BRANDON MEYER	(i)	157,533	36,000	21,664	16,647	22,534	254,378	0
	(ii)	0	0	0	0	0	0	0
(4) PAT MOLINE	(i)	206,933	30,000	16,644	12,128	16,060	281,765	0
	(ii)	0	0	0	0	0	0	0
(5) PAULA VOYLES	(i)	126,270	18,999	5,274	8,385	10,526	169,454	0
	(ii)	0	0	0	0	0	0	0
(6) JASON CANIGLIA	(i)	123,423	14,194	4,548	16,472	8,294	166,931	0
	(ii)	0	0	0	0	0	0	0
(7) CARLA WIEDMIER	(i)	105,957	9,064	6,437	9,223	7,874	138,555	0
	(ii)	0	0	0	0	0	0	0
(8) DAVID LOYLESS	(i)	121,545	18,849	4,748	8,385	18,243	171,770	0
	(ii)	0	0	0	0	0	0	0
(9) LARRY REECE	(i)	110,924	9,026	6,086	14,587	12,753	153,376	0
	(ii)	0	0	0	0	0	0	0
(10) DEBRA ENGLE	(i)	253,471	62,500	0	0	0	315,971	0
	(ii)	0	0	0	0	0	0	0

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
SUPPLEMENTAL INFORMATION 1	PART 1, LINE 1A COMPANION TRAVEL & SOCIAL CLUB DUES	TRAVEL FOR COMPANIONS IS AUTHORIZED FOR OFFICERS AND DEVELOPMENT PERSONNEL FOR FUNDRAISING AND DONOR CULTIVATION PURPOSES ALL RELATED TRAVEL OF COMPANIONS IS INCLUDED IN TAXABLE COMPENSATION SOCIAL CLUB DUES AND EXPENSES ARE ALLOWED FOR QUALIFIED ENTERTAINMENT FOR DONOR CULTIVATION PURPOSES ANY PERSONAL USE IS INCLUDED IN TAXABLE COMPENSATION
SUPPLEMENTAL INFORMATION 2	SCHEDULE J, PART 1, LINE 4	DURING FISCAL YEAR 2012, PAT MOLINE RECEIVED SEVERANCE IN THE AMOUNT OF $195,000 THE TERMS OF THE SEVERANCE AGREEMENT INCLUDE MONTHLY PAYMENTS FOR ONE YEAR, BEGINNING SEPTEMBER 2011 PAYMENTS OF $78,000, MADE IN CALENDAR 2011, WERE REPORTED IN THE EMPLOYEE'S 2011 FORM W-2 CARLA WIEDMIER SEPARATED FROM EMPLOYMENT WITH THE FOUNDATION DURING FISCAL YEAR 2012 THE TERMS OF HER SEVERANCE PROVIDE A SERIES OF PAYMENTS BEGINNING IN CALENDAR 2012 DURING FISCAL YEAR 2012, SHE RECEIVED SEVERANCE IN THE AMOUNT OF $52,875 THE SEVERANCE PAYMENTS MADE IN CALENDAR YEAR 2012 WILL BE REPORTED ON HER 2012 FORM W-2 AND THE 2012 FORM 990

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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

2011

Open to Public Inspection

Name of the organization
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number
73-6097060

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

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DEBRA C ENGLE CONSULTING	SEE PART V	323,034	CONSULTING		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
SUPPLEMENTAL INFORMATION 1	PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	DEBRA ENGLE IS A FORMER OFFICER OF THE ORGANIZATION AND IS CORRECTLY REPORTED AS SUCH ON FORM 990 IN PART VII AND SCHEDULE J DURING FY 2012 AND CALENDAR YEAR 2011, DEBRA ENGLE PROVIDED SERVICES AS AN INDEPENDENT CONTRACTOR FOR THE UNIVERSITY'S COMPREHENSIVE FUNDRAISING CAMPAIGN TO BE CONDUCTED OVER SEVERAL YEARS THE COMPENSATION REPORTED ON SCHEDULE L, PART IV IS BASED ON A FISCAL YEAR

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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

2011

Open to Public Inspection

Name of the organization
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number
73-6097060

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	47	202,490	APPRAISAL
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		49,365	COST
5	Clothing and household goods				
6	Cars and other vehicles	X	3	43,768	FAIR MARKET VALUE
7	Boats and planes	X			FAIR MARKET VALUE
8	Intellectual property				
9	Securities—Publicly traded	X	83	6,357,277	HIGH/LOW
10	Securities—Closely held stock	X	5	4	NONE
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other	X			APPRAISAL
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (CATTLE)	X	6	53,810	APPRAISAL
26	Other ▶ (EQUIPMENT)	X	460	1,575,021	COST
27	Other ▶ (LIFE INSURANCE)	X	1	1	COST
28	Other ▶ (HORSES)	X	10	270,492	APPRAISAL
	Other ▶ (EVENT TICKETS)	X	11	24,624	COST
	Other ▶ (SOFTWARE)	X	1	3,266,718	COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 75

			Yes	No
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		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

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

Identifier	Return Reference	Explanation
SCHEDULE M, PART I, LINE 32B USE OF THIRD PARTIES		AS PART OF BUILDING CAPITAL CAMPAIGN, OUTSIDE CONSULTANTS AND FUNDRAISERS CAN ACCEPT NON-CASH GIFTS IN KIND

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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Open to Public Inspection

Name of the organization
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number
73-6097060

Identifier	Return Reference	Explanation
GENERAL STATEMENT 1	PART III, LINE 4D	OTHER PROGRAM SERVICES ACCOMPLISHMETNS DESCRIPTION EXPENSE GRANTS REVENUES OTHER 12,632,849 8,740,456 0

Identifier	Return Reference	Explanation
GENERAL STATEMENT 2	PART VI, LINE 7A	THE OSU FOUNDATION HAS MEMBERS THAT ARE REFERRED TO IN THE ORGANIZATION'S BYLAWS AS GOVERNORS ANY INDIVIDUAL PAST OR CURRENT DONOR TO THE OSU FOUNDATION MAY BE ELECTED AS A GOVERNOR OF THE OSU FOUNDATION SUGGESTIONS FOR NOMINATIONS OF A GOVERNOR CANDIDATE SHALL BE SUBMITTED BY THE GOVERNANCE COMMITTEE TO THE FULL BOARD OF TRUSTEES, A MAJORITY VOTE OF THE TRUSTEES SHALL BE REQUIRED FOR A NOMINEE TO BE ELECTED AS GOVERNOR AN ANNUAL MEETING OF THE GOVERNORS SHALL BE HELD IN THE FALL OF EACH YEAR ON A DATE TO BE FIXED BY THE BOARD OF TRUSTEES AT EACH MEETING, TRUSTEES SHALL BE ELECTED BY THE GOVERNORS, REPORTS OF AFFAIRS OF THE CORPORATION SHALL BE CONSIDERED, AND ANY OTHER BUSINESS MAY BE TRANSACTED WHICH IS WITHIN THE POWERS OF THE GOVERNORS TO TRANSACT

Identifier	Return Reference	Explanation
GENERAL STATEMENT 3	PART VI, LINE 11A	THE OSU FOUNDATION PROVIDES AN ELECTRONIC COPY OF THE FORM 990 TO EACH MEMBER OF ITS AUDIT COMMITTEE VIA EMAIL PRIOR TO A REGULARLY SCHEDULED AUDIT COMMITTEE MEETING A PRINCIPAL PURPOSE OF THE MEETING IS A REVIEW AND DISCUSSION OF THE FORM 990 AND ATTACHMENTS BEFORE THE FORM 990 IS DISTRIBUTED TO THE GOVERNING BODY A FINAL COPY OF FORM 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO FILING FORM 990 ADDITIONALLY, THE FOUNDATION'S FORM 990 IS REVIEWED BY AN OUTSIDE ACCOUNTING FIRM PRIOR TO FILING

Identifier	Return Reference	Explanation
GENERAL STATEMENT 4	PART VI, LINE 12C	ANNUALLY, ALL MEMBERS OF THE BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A QUESTIONNAIRE THAT IS USED TO IDENTIFY RELATIONSHIPS AND CIRCUMSTANCES THAT COULD GIVE RISE TO A CONFLICT OF INTEREST THE AUDIT COMMITTE HAS THE RESPONSIBIBLTY FOR OVERSIGHT OF THE PROCESS SET OUT IN THE CONFLICT OF INTEREST POLICY, INCLUDING (I) ANNUALLY MONITORING RESPONSES TO THE CONFLICT OF INTEREST QUESTIONNAIRE (II) COMMUNICATING POTENTIAL CONFLICTS OF INTEREST TO THE MANAGEMENT OF THE GOVERNING BODY AS APPROPRIATE AND (III) COMMUNICATING TO THE ORGANIZATION'S GOVERNANCE COMMITTEE ANY SUGGESTED CHANGES TO THE CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
GENERAL STATEMENT 5	PART VI, LINE 15A & 15B	THE COMPENSATION COMMITTEE (COMMITTEE) IS RESPONSIBLE FOR ENGAGING AN OUTSIDE COMPENSATION AND BENEFITS CONSULTANT TO DETERMINE THE COMPENSATION OF THE ORGANIZATION'S CEO, OTHER OFFICERS, AND EMPLOYEES THE COMMITTEE RECEIVES THE COMPENSATION REPORTS DIRECTLY THE COMMITTEE RELIES PRIMARILY ON MARKET DATA PROVIDED BY ITS CONSULTANTS IN ASSESSING COMPENSATION FOR SENIOR OFFICERS THE REVIEW BEGINS IN EARLY SPRING BY HOLDING A MEETING TO ENGAGE A CONSULTANT TO GATHER COMPARABLE COMPENSATION DATA THE COMMITTEE IS AUTHORIZED TO ENGAGE AND TERMINATE ANY LEGAL, COMPENSATION, OR OTHER ADVISORS NECESSARY TO PROVIDE ADVICE AND INFORMATION IN CONNECTION WITH CARRYING OUT ITS RESPONSIBILITIES AND HAS SOLE AUTHORITY TO APPROVE SUCH ADVISOR'S FEES THE COMMITTEE SHALL ALSO ASSURE THAT THE CONSULTANT IS INDEPENDENT (I E DOES NOT WORK FOR MANAGEMENT OR THE FOUNDATION IN ANY OTHER CAPACITY) THE COMMITTEE SHALL CONSIDER ALL ELEMENTS OF COMPENSATION, INCLUDING CONTRACTUAL BENEFITS THAT ARE NOT PART OF THE COMPENSATION PROCESS, DEFERRED COMPENSATION PLANS AND OTHER BENEFITS TO ENSURE THAT COMPENSATION IS REASONABLE AND DOES NOT CONSTITUTE "EXCESS BENEFITS" THE COMMITTEE ALSO REVIEWS AND APPROVES OTHER TYPES OF BENEFITS PROVIDED TO SENIOR OFFICERS IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES THE COMMITTEE REVIEWS THE GOALS AND OBJECTIVES THAT MAY BE RELEVANT TO THE COMPENSATION OF THE FOUNDATION'S CEO AND ASSURES THE FORMAL AND TIMELY EVALUATION OF THE CEO'S COMPENSATION BASED ON THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE THE COMMITTEE ALSO REVIEWS AND APPROVES THE RECOMMENDATIONS OF THE CEO WITH REGARD TO THE COMPENSATION OF THE VICE PRESIDENTS OF THE FOUNDATION, OTHER THAN THE CEO THE COMMITTEE MEETS IN JUNE OF EACH CALENDAR YEAR TO MAKE DECISIONS REGARDING COMPENSATION THE ACTIONS OF THE COMMITTEE ARE RECORDED IN WRITTEN MINUTES THAT ARE CIRCULATED TO ALL MEMBERS OF THE COMMITTEE THE MINUTES CONTAIN ANY DELIBERATION AND THE FINAL DECISION MADE BY THE COMMITTEE FINAL DECISIONS MADE BY THE COMMITTEE ARE REPORTED TO THE BOARD OF TRUSTEES AT THE NEXT FULL BOARD MEETING

Identifier	Return Reference	Explanation
GENERAL STATEMENT 6	PART VI, LINE 19	ALL GOVERNING DOCUMENTS INCLUDING THE ORGANIZATION'S BY-LAWS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON ITS WEBSITE.

Identifier	Return Reference	Explanation
GENERAL STATEMENT 7	PART VII SECTION B INDEPENDENT CONTRACTORS	WASHINGTON SPEAKERS BUREAU SPEAKING ENGAGEMENTS $210,000 P O BOX 75021 BALTIMORE, MD 21275-5021 RUFFALO CODY LLC CONSULTING, MANAGEMENT, AND FUNDRAISING $464,550 65 KIRKWOOD N RD SW CEDAR RAPIDS, IA 52406 BLACKBAUD INC SOFTWARE & CONSULTING $338,997 2000 DANIEL ISLAND DR CHARLESTON, SC 29492 BENTZ WHALEY FLESSNER CONSULTING $157,032 7251 OHMS LANE MINNEAPOLIS, MN 55439 DEBRA C ENGLE CONSULTING LLC CONSULTING $315,972 5620 W GARDEN POINT DR STILLWATER, OK 74074 TOTAL $1,486,551

Identifier	Return Reference	Explanation
GENERAL STATEMENT 8	PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES	WRITE OFFS OF PLEDGES AND REFUND OF PLEDGES $(1,038,830) UNREALIZED LOSSES ON INVESTMENTS $(43,735,905) ---------- TOTAL $(44,774,735)

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KIRK JEWELL TITLE PRESIDENT AND CEO HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DONNA KOEPPE TITLE VP ADMINISTRATION & TREASURER HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRANDON MEYER TITLE VP AND GENERAL COUNSEL HOURS 2

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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Name of the organization
OKLAHOMA STATE UNIVERSITY FOUNDATION

Employer identification number
73-6097060

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OSUF OKMULGEE STUDENT HOUSING LLC PO BOX 1749 STILLWATER, OK 74076 73-6097060	STDNT HOUSING	OK	493,058	0	OSU FDN
(2) RANCHERS DINING LLC H103 SU STILLWATER, OK 74078 73-6097060	DINING SVCS	OK	0	0	OSU FDN
(3) COWBOY DINING LLC H103 SU STILLWATER, OK 74078 73-6097060	DINING SVCS	OK	57,514	39,393	RCHR DIN LLC
(4) OSU FOUNDATION REAL ESTATE LLC PO BOX 1749 STILLWATER, OK 74076 73-6097060	PROG SUPPORT	OK	-2,138	0	OSU FDN
(5) OSU STUDENT FOUNDATION LLC PO BOX 1749 STILLWATER, OK 74076 73-6097060	PROG SUPPORT	OK	27,986	5,303	OSU FDN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) FOUNDATION FOR ENGINEERING AT OSU Inc PO BOX 1749 STILLWATER, OK 74076 26-1124834	PROG SUPPORT	OK	501(C)(3)	LINE 11 - I	OSU FDN	Yes	

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

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

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FOUNDATION FOR ENGINEERING AT OSU INC	C	500,038	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MONTY BUTTS PAST CHAIR TERM ENDED 10/28/11	1 0	X						0	0	0
BARRY POLLARD IMMEDIATE PAST CHAIR	1 0	X						0	0	0
GENE BATCHELDER TRUSTEE	1 0	X						0	0	0
BRYAN CLOSE TRUSTEE	1 0	X						0	0	0
CHARLIE EITEL TRUSTEE TERM ENDED 10/28/2011	1 0	X						0	0	0
ELLEN FLEMING TRUSTEE	1 0	X						0	0	0
MICHAEL GREENWOOD TRUSTEE	1 0	X						0	0	0
JENNIFER GRIGSBY TRUSTEE	1 0	X						0	0	0
DAVID HOLSTED TRUSTEE	1 0	X						0	0	0
REX HORNING TRUSTEE	1 0	X						0	0	0
DONALD HUMPHREYS TRUSTEE	1 0	X						0	0	0
GRIFFIN JONES TRUSTEE	1 0	X						0	0	0
JOHN LINEHAN TRUSTEE	1 0	X						0	0	0
JERRY WINCHESTER TRUSTEE	1 0	X						0	0	0
BOND PAYNE JR TRUSTEE	1 0	X						0	0	0
SCOTT SEWELL TRUSTEE	1 0	X						0	0	0
KENT DUNBAR TRUSTEE	1 0	X						0	0	0
DR WILLIAM S SPEARS TRUSTEE TERM ENDED 10/28/2011	1 0	X						0	0	0
JACK STUTEVILLE TRUSTEE	1 0	X						0	0	0
KIM WATSON TRUSTEE	1 0	X						0	0	0
DENNIS WHITE TRUSTEE	1 0	X						0	0	0
DAVID KYLE BOARD CHAIR	1 0	X						0	0	0
JERRY CLACK VICE CHAIR	1 0	X						0	0	0
STEVEN JORNS TRUSTEE	1 0	X						0	0	0
BILL PATTERSON TRUSTEE	1 0	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			
KIRK JEWELL PRESIDENT AND CEO	50 0	X		X				367,900	0	49,371
JOHN GROENDYKE TRUSTEE	1 0	X						0	0	0
CATHY JAMESON TRUSTEE	1 0	X						0	0	0
DONNA KOEPPE VP ADMINISTRATION & TREASURER	50 0			X				166,360	0	38,135
BRANDON MEYER VP AND GENERAL COUNSEL	50 0			X				215,197	0	39,181
PAT MOLINE SENIOR VP DEVELOPMENT	50 0			X				253,577	0	28,188
PAULA VOYLES ASST VP - DEVELOPMENT	50 0					X		150,543	0	18,911
JASON CANIGLIA ASST VP - DEVELOPMENT	50 0					X		142,165	0	24,765
CARLA WIEDMIER ASSOC VP - DEVELOPMENT	50 0					X		121,458	0	17,097
DAVID LOYLESS ASSOC VP - DEVELOPMENT	50 0					X		145,142	0	26,628
LARRY REECE ASSOC VP - DEVELOPMENT	50 0					X		126,036	0	27,340
DEBRA ENGLE CONSULTANT	40 0						X	315,971	0	0