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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
		2012
		Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE OHIO UNIVERSITY FOUNDATION		D Employer identification number 31-6402269
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) PO Box 869		E Telephone number (740) 593-1901
	Room/suite		
	City or town, state or country, and ZIP + 4 Athens, OH 45701		G Gross receipts \$ 151,084,515
F Name and address of principal officer J BRYAN BENCHOFF Ohio University McGuffey Hall 104 Athens, OH 457012979		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	
J Website: ▶ WWW.OHIO.EDU/FOUNDATION			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1945
			M State of legal domicile OH

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE OHIO UNIVERSITY FOUNDATION IS AN ACTIVE PARTNER IN OHIO UNIVERSITY'S MISSION OF EDUCATION, RESEARCH, AND SERVICE THE FOUNDATION PROVIDES SUPPORT FOR FINANCIAL AID, RESEARCH, CAPITAL EXPANSION, AND OTHER ACADEMIC INITIATIVES, SECURING FOR OHIO UNIVERSITY A MARGIN OF EXCELLENCE THAT OTHERWISE WOULD NOT BE POSSIBLE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	104
	6 Total number of volunteers (estimate if necessary)	6	525
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	179,725
	b Net unrelated business taxable income from Form 990-T, line 34	7b	415,174
	Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		26,341,775	19,413,444
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		52,870,732	29,425,349
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,120,528	1,191,736
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		80,333,035	50,030,529
14 Benefits paid to or for members (Part IX, column (A), line 4)		14,712,370	17,510,968
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,950,893	7,253,580
	b Total fundraising expenses (Part IX, column (D), line 25) ▶8,653,495	661,418	723,290
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,239,941	6,630,736
	19 Revenue less expenses Subtract line 18 from line 12	28,564,622	32,118,574
	20 Total assets (Part X, line 16)	51,768,413	17,911,955
	21 Total liabilities (Part X, line 26)		
Net Assets or Fund Balances	22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
		423,285,686	457,868,462
		9,565,290	9,487,556
		413,720,396	448,380,906

Part II	Signature Block
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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	*****		2014-05-14			
	Signature of officer		Date			
	STEPHEN T GOLDING TREASURER Type or print name and title					
Paid Preparer Use Only	Prnt/Type preparer's name Rachel Spurlock		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00520729
	Firm's name ▶ CROWE HORWATH LLP				Firm's EIN ▶	
	Firm's address ▶ 9600 Brownsboro Road Suite 400 Louisville, KY 402411122				Phone no (502) 326-3996	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the 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 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 \$ 19,286,093 including grants of \$ 17,510,968) (Revenue \$ 620,630)

THE OHIO UNIVERSITY FOUNDATION PROVIDES FUNDING FOR MANY UNIVERSITY NEEDS INCLUDING ACADEMIC AND INSTRUCTIONAL SUPPORT, STUDENT AID, RESEARCH, FACILITIES, ATHLETICS AND MUCH MORE DURING FISCAL YEAR 2013, THE OHIO UNIVERSITY FOUNDATION PROVIDED \$9.7 MILLION IN SUPPORT FOR INSTRUCTION AND RESEARCH, \$3.7 MILLION IN STUDENT AID, AND \$4.5 MILLION IN SUPPORT OF OTHER ACADEMIC INITIATIVES OHIO'S PREMIER SCHOLARSHIP PROGRAMS INCLUDE THE APPALACHIAN SCHOLAR PROGRAM, THE URBAN SCHOLARS PROGRAM, THE CUTLER SCHOLARS PROGRAM, AND MANY MORE NEED AND MERIT-BASED SCHOLARSHIPS SIGNIFICANT GIFTS WERE RECEIVED DURING FISCAL 2013 FOR THE COLLEGES OF ARTS AND SCIENCES, EDUCATION, ENGINEERING AND OSTEOPATHIC MEDICINE, AS WELL AS FOR STUDENT FINANCIAL AID, AND MANY OTHER AREAS

4b

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

4c

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

4d













Other program services (Describe in Schedule O)

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

4e

Total program service expenses 19,286,093

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	
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 for escrow or custodial account liability, 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	No
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, line 10? 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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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 and XII	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 and XII 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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions) 	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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.	85	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	104
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	37	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34	
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	Yes	
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		No
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	Yes	
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	Yes	
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 this 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	
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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Candice Casto Ohio University WUSOC 168 Athens, OH (740) 593-1901	

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

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 compensation. 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 organization compensated any current officer, director, or trustee

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								787,462	977,727	495,605

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 ▶12

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
RUFFALOCODY LLC 65 KIRKWOOD NORTH RD SW CEDAR RAPIDS IA 54206	FUNDRAISING	723,290
HIRTLE CALLAGHAN & CO 300 BARR HARBOR DR STE 500 WEST CONSHOCKEN PA 19428	INVESTMENT MANAGEMENT	519,580
MARINER INVESTMENT GROUP LLC 500 MAMARONECK AVENUE 4TH FLOOR HARRISON NY 10528	INVESTMENT MANAGEMENT	418,661
ARDEN ASSET MANAGEMENT LLC 375 PARK AVENUE 32ND FLOOR NEW YORK NY 10152	INVESTMENT MANAGEMENT	389,388
FEDERAL STREET PARTNERS LLC 750 WASHINGTON BLVD 6TH FLOOR STAMFORD CT 06901	INVESTMENT MANAGEMENT	177,641

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 ►15

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	89,474			
	d	Related organizations	1d	5,953,262			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,370,708			
	g	Noncash contributions included in lines 1a-1f \$		923,031			
	h	Total. Add lines 1a-1f			19,413,444		
Program Service Revenue	2a		Business Code				
				0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f			0		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		11,370,580			11,370,580
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		8,025			8,025
	6a	Gross rents	(i) Real	(ii) Personal			
			1,669,996				
	b	Less rental expenses					
			1,284,567				
	c	Rental income or (loss)		0			
			385,429				
	d	Net rental income or (loss)		385,429			385,429
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			117,748,806				
	b	Less cost or other basis and sales expenses					
			99,694,037				
	c	Gain or (loss)		0			
			18,054,769				
	d	Net gain or (loss)		18,054,769			18,054,769
	8a	Gross income from fundraising events (not including \$ 89,474 of contributions reported on line 1c) See Part IV, line 18					
			a	73,309			
	b	Less direct expenses	b	75,382			
c	Net income or (loss) from fundraising events		-2,073			-2,073	
9a	Gross income from gaming activities See Part IV, line 19						
		a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
		a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
	Miscellaneous Revenue	Business Code					
11a	REVENUES FROM SALES, SERVICES, AND EVENTS	453220		455,438	275,713	179,725	
b	MISCELLANEOUS REVENUE	900099		344,917	344,917		
c	-			0			
d	All other revenue			0	0	0	0
e	Total. Add lines 11a-11d			800,355			
12	Total revenue. See Instructions			50,030,529	620,630	179,725	29,816,730

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).

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.	17,510,968	17,510,968		
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.	325,801		33,465	292,336
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	5,855,593	854,245	401,186	4,600,162
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	723,642	105,569	49,579	568,494
9	Other employee benefits.	265,892	38,790	18,217	208,885
10	Payroll taxes.	82,652	12,058	5,663	64,931
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	455		455	
c	Accounting.	88,132		78,818	9,314
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	723,290			723,290
f	Investment management fees.	3,509,359		3,509,359	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	244,734	32,132	56,776	155,826
12	Advertising and promotion.	182,222	87,110		95,112
13	Office expenses.	1,268,417	154,781	13,349	1,100,287
14	Information technology.	93,670	11,192	80	82,398
15	Royalties.	0			
16	Occupancy.	1,980		1,980	
17	Travel.	515,993	80,900	3,098	431,995
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	406,596	128,358	373	277,865
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	0			
23	Insurance.	1,712	391		1,321
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	REPAIRS AND MAINENANCE	57,833	18,753	6,190	32,890
b					
c					
d					
e	All other expenses.	259,633	250,846	398	8,389
25	Total functional expenses. Add lines 1 through 24e.	32,118,574	19,286,093	4,178,986	8,653,495
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		13,200,781	2	5,784,345
	3	Pledges and grants receivable, net		17,410,204	3	16,774,531
	4	Accounts receivable, net		377,090	4	331,008
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		12,409	9	41,400
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	8,417,991		
	b	Less: accumulated depreciation	10b	1,696,658	10c	6,721,333
	11	Investments—publicly traded securities		269,489,944	11	310,927,449
	12	Investments—other securities. See Part IV, line 11.		95,222,496	12	97,463,445
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		20,706,529	15	19,824,951
	16	Total assets. Add lines 1 through 15 (must equal line 34).		423,285,686	16	457,868,462
Liabilities	17	Accounts payable and accrued expenses		655,248	17	630,080
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		8,910,042	25	8,857,476
	26	Total liabilities. Add lines 17 through 25.		9,565,290	26	9,487,556
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-2,156,107	27	-216,232
	28	Temporarily restricted net assets		252,422,772	28	279,774,701
	29	Permanently restricted net assets		163,453,731	29	168,822,437
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		413,720,396	33	448,380,906
	34	Total liabilities and net assets/fund balances		423,285,686	34	457,868,462

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,030,529
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,118,574
3	Revenue less expenses Subtract line 2 from line 1	3	17,911,955
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	413,720,396
5	Net unrealized gains (losses) on investments	5	17,198,330
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-449,775
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	448,380,906

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID: 12000266

Software Version: v2012.1.0

EIN: 31-6402269

Name: THE OHIO UNIVERSITY FOUNDATION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
J BRYAN BENCHOFF PRESIDENT & CEO	40 00	X		X				236,472	0	56,454
J PATRICK CAMPBELL VICE CHAIR	4 00	X		X				0	0	0
LAURA A BREGE CHAIRPERSON	4 00	X		X				0	0	0
PERRY A SOOK VICE CHAIR	4 00	X		X				0	0	0
STEPHEN T GOLDING TREASURER & CFO	8 00 32 00	X		X				0	310,004	59,000
STEVEN L SCHOONOVER SECRETARY	4 00	X		X				0	0	0
ALEX J GARCIA JR TRUSTEE	1 00	X						0	0	0
BEVERLY JONES TRUSTEE	1 00	X						0	15,100	0
BYRON WARD TRUSTEE	1 00	X						0	0	0
CHARLES L PATTON JR TRUSTEE	1 00	X						0	0	0
CHARLES W BECK JR TRUSTEE	1 00	X						0	0	0
DAVE SCHOLL TRUSTEE	1 00	X						0	0	0
DAVID W PIDWELL TRUSTEE	1 00	X						0	0	0
E JOHN WOLFZORN TRUSTEE	1 00	X						0	0	0
FRANK B STEVENS TRUSTEE	1 00	X						0	0	0
FRANK P KRASOVEC TRUSTEE (PARTIAL YEAR)	1 00	X						0	0	0
GARY G NAKAMOTO TRUSTEE	1 00	X						0	0	0
GEORGE A CARROLL JR TRUSTEE	1 00	X						0	0	0
HARRY W WHITE TRUSTEE (PARTIAL YEAR)	1 00	X						0	0	0
I ROBERT RUDY TRUSTEE	1 00	X						0	0	0
JAMES EDWARDS TRUSTEE	1 00	X						0	0	0
JANICE L SCITES TRUSTEE	1 00	X						0	0	0
JEFFERY D CHADDOCK TRUSTEE (PARTIAL YEAR)	1 00	X						0	0	0
JEFFREY A STANLEY TRUSTEE	1 00	X						0	0	0
JOSEPH HAMROCK TRUSTEE	1 00	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 (list any hours for related organizations below dotted line)	(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			
JULIE MANN TRUSTEE	1 00	X						0	0	0
KEITH E WANDELL TRUSTEE (PARTIAL YEAR)	1 00	X						0	0	0
KEVIN B LAKE TRUSTEE	1 00	X						0	0	0
LAWRENCE E MCHALE TRUSTEE	1 00	X						0	0	0
MCCLELLAND A DUBOIS TRUSTEE (PARTIAL YEAR)	1 00	X						0	0	0
MELANIE R SABELHAUS TRUSTEE (PARTIAL YEAR)	1 00	X						0	0	0
NORMAN E DEWIRE TRUSTEE	1 00	X						0	0	0
PATRICIA A ACKERMAN TRUSTEE	1 00	X						0	0	0
PEGGY VIEHWEGER TRUSTEE	1 00	X						0	0	0
R EMMETT BOYLE TRUSTEE	1 00	X						0	0	0
RAYMOND E SCHILDERINK TRUSTEE	1 00	X						0	0	0
RODERICK J MCDAVIS TRUSTEE	8 00 32 00	X						0	492,117	191,008
SUSAN J ACKERMAN TRUSTEE	1 00	X						0	0	0
THOMAS KOSTOHRYZ TRUSTEE	1 00	X						0	0	0
THOMAS WEIHE TRUSTEE	1 00	X						0	0	0
TY VOTAW TRUSTEE	1 00	X						0	0	0
WILFRED R KONNEKER TRUSTEE	1 00	X						0	0	0
WILLIAM D HILYARD TRUSTEE (PARTIAL YEAR)	1 00	X						0	0	0
WILLIAM T NEWMAN JR TRUSTEE	1 00	X						0	0	0
JAMES S HILL ASSOCIATE VP FOR DEVELOPMENT & CAMPAIGN MANAGER	40 00					X		168,562	0	31,918
JOSEPH H PAUWELS JR ASSISTANT VP, ADVANCEMENT SERVICES	40 00					X		136,711	0	40,147
KELLI L KOTOWSKI EXEC DIRECTOR, GIFT PLANNING & PRINCIPAL GIFTS	40 00					X		120,958	0	37,616
MELVIN BLACKBURN JR ASSISTANT VP FOR DEVELOPMENT & ASSOCIATE CAMPAIGN MANAGER	40 00					X		124,759	0	33,918
MICHAEL T ANGELINI ASSOCIATE VP FOR FINANCE	10 00 30 00					X		0	160,506	45,544

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

2012

Open to Public Inspection

Name of the organization
THE OHIO UNIVERSITY FOUNDATION

Employer identification number
31-6402269

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

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

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

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

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	23,444,708	14,594,287	27,658,169	20,597,228	13,460,182	99,754,574
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	23,444,708	14,594,287	27,658,169	20,597,228	13,460,182	99,754,574
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)						10,411,077
6 Public support. Subtract line 5 from line 4						89,343,497

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	23,444,708	14,594,287	27,658,169	20,597,228	13,460,182	99,754,574
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,922,700	7,454,287	8,549,357	11,441,703	13,048,601	48,416,648
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	30,856	37,020	56,561	73,309	197,746
11	Total support (Add lines 7 through 10)						148,368,968
12	Gross receipts from related activities, etc. (see instructions)					12	29,732,820
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 2012 (line 6, column (f) divided by line 11, column (f))	1460220%
15	Public support percentage for 2011 Schedule A, Part II, line 14	1577250%
16a	33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>	
b	33 1/3% support test—2011. If the organization did not check a 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 <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>	
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 <input type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 10, OTHER INCOME, DESCRIPTION - OTHER INCOME, COLUMN A - , COLUMN B - 30856, COLUMN C - 37020, COLUMN D - 56561, COLUMN E - 73309, COLUMN F - 197746,

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE OHIO UNIVERSITY FOUNDATION

Employer identification number
31-6402269

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	0
2 Aggregate contributions to (during year)	0	
3 Aggregate grants from (during year)	30,267	
4 Aggregate value at end of year	1,132,955	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII
- 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	347,215,057	322,240,147	266,714,480	226,969,965	275,217,576
b Contributions	5,336,372	10,073,261	17,015,587	3,397,970	8,959,430
c Net investment earnings, gains, and losses	41,175,248	27,811,732	48,720,711	41,753,339	-54,294,862
d Grants or scholarships					
e Other expenditures for facilities and programs	10,423,604	10,777,830	9,174,342	4,645,477	1,490,728
f Administrative expenses	4,689,073	2,132,253	1,036,289	761,317	1,421,451
g End of year balance	378,614,000	347,215,057	322,240,147	266,714,480	226,969,965

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

24 340 %

b

Permanent endowment

41 690 %

c

Temporarily restricted endowment

33 970 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

Describe in Part XIII 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		2,258,698		2,258,698
b Buildings		6,005,639	1,688,961	4,316,678
c Leasehold improvements				0
d Equipment		153,654	7,697	145,957
e Other				0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,721,333

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
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 XIII)	4b		
c	Add lines 4a and 4b			
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
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 XIII)	4b		
c	Add lines 4a and 4b			
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE FOUNDATION'S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES AS QUASI-ENDOWMENTS. THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE LONG-TERM PURCHASING POWER OF THE ENDOWMENT ASSETS.
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON UNRELATED INCOME. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND TO RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THAT IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO JUNE 30, 2010.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
THE OHIO UNIVERSITY FOUNDATION

Employer identification number
31-6402269

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		53,635,000
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			53,635,000

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

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

☒ Yes

☐ No
- 4

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

☒ Yes

☐ No
- 5

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

☒ Yes

☐ No
- 6

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

☐ Yes

☒ No

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	THE OHIO UNIVERSITY FOUNDATION
--------------------------	--------------------------------

Employer identification number

31-6402269

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

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

- | | | | | | |
|----------|-------------------------------------|----------------------------------|----------|-------------------------------------|---------------------------------------|
| a | <input checked="" type="checkbox"/> | Mail solicitations | e | <input checked="" type="checkbox"/> | Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input checked="" type="checkbox"/> | Phone solicitations | g | <input checked="" type="checkbox"/> | Special fundraising events |
| d | <input checked="" type="checkbox"/> | In-person solicitations | | | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALOCODY LLC 65 KIRKWOOD NORTH RD SW CEDAR RAPIDS, IA 54206	FUNDRAISING		No	667,598	723,290	-55,692
Total				667,598	723,290	-55,692

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

NJ, OH

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DEAN'S GALA (event type)	GOLF OUTING FUNDRAISER FOR MEN'S GOLF (event type)	7 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	29,314	25,000	85,543
	2	Less Contributions . .	22,365	16,180	40,926
	3	Gross income (line 1 minus line 2)	6,949	8,820	44,617
Direct Expenses	4	Cash prizes	0	0	280
	5	Noncash prizes . . .	1,622	2,400	4,371
	6	Rent/facility costs . .	1,149	4,200	16,129
	7	Food and beverages .	7,561	3,421	16,130
	8	Entertainment	1,087	0	0
	9	Other direct expenses .	2,105	520	5,578
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(66,553)
	11	Net income summary Combine line 3, column (d), and line 10 ▶			-6,167

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 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 _____

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

Enter 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 of the third party

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

Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
PROFESSIONAL FUNDRAISER	SCHEDULE G, PART I, LINE 2B	THE TELEMARKETING SERVICES AGREEMENT BETWEEN RUFFALOCODY, LLC AND OHIO UNIVERSITY PROVIDES FOR A TWELVE-MONTH-A-YEAR, ON-CAMPUS TELEPHONE FUNDRAISING PROGRAM THE PROGRAM IS DESIGNED TO COMPLETE A CERTAIN AMOUNT OF CALLS AT AN AGREED UPON RATE PER COMPLETED CALL THE AGREEMENT PROVIDES THAT RUFFALOCODY IS RESPONSIBLE FOR OFFICE SUPPLIES, RECRUITING EXPENSES, STAFF RELOCATION, AND TRAVEL EXPENSES REVENUE STREAMS AND COST FACTORS AS INDICATED IN SCHEDULE G, THE TELEPHONE FUNDRAISING PROGRAM GENERATED \$667,598 IN REVENUES DURING FISCAL YEAR 2013, AT A COST OF \$723,290, FOR A NEGATIVE RETURN ON INVESTMENT OF \$55,692 OTHER CONSIDERATIONS AS PART OF THE TELEPHONE FUNDRAISING PROGRAM, THOUSANDS OF CALLS AND SOLICITATIONS ARE COMPLETED EACH FISCAL YEAR THERE IS A DISTINCT INTANGIBLE VALUE IN CONNECTING WITH ALUMNI IN A STUDY CONDUCTED BY AN INDEPENDENT GROUP, THE FOUNDATION ESTABLISHED THE FOLLOWING DATA AND TREND LINES FOR OHIO UNIVERSITY DONORS WHO EVENTUALLY GAVE \$10,000 I) BEFORE MAKING THEIR \$10,000 GIFT, THEY FIRST PARTICIPATED IN 9 TO 13 ANNUAL FUND YEARS, II) THEY MADE A GIFT IN 7 OUT OF 10 FISCAL YEARS JUST PRIOR TO MAKING THEIR \$10,000 GIFT, III) 61% OF ALL DONORS WHO MADE A \$10,000 GIFT MADE A FIRST GIFT OF \$50 OR LESS, IV) 38% OF ALL DONORS WHO MADE A \$10,000 GIFT MADE A FIRST GIFT OF LESS THAN \$25
AMOUNT PAID TO (OR RETAINED BY THE ORGANIZATION)	SCHEDULE G, PART I, LINE 2B(VI)	THE FOUNDATION IS REVIEWING THE ANNUAL GIVING PROGRAM AND CONSIDERING WAYS TO IMPROVE THE RATE OF RETURN

Schedule G (Form 990 or 990-EZ) 2012

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

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

31-6402269

Personal services (e g , maid, chauffeur, chef)

☒ Approval by the board or compensation committee

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

If "Yes," to line 5a or 5b, describe in Part III

If "Yes," to line 6a or 6b, describe in Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)RODERICK J MCDAVIS TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	400,052	58,548	33,517	106,373	84,635	683,125	0
(2)J BRYAN BENCHOFF PRESIDENT & CEO	(i)	227,672	0	8,800	32,603	23,851	292,926	0
	(ii)	0	0	0	0	0	0	0
(3)STEPHEN T GOLDING TREASURER & CFO	(i)	0	0	0	0	0	0	0
	(ii)	310,004	0	0	43,790	15,210	369,004	0
(4)JAMES S HILL ASSOCIATE VP FOR DEVELOPMENT & CAMPAIGN MANAGER	(i)	167,058	1,000	504	23,672	8,246	200,480	0
	(ii)	0	0	0	0	0	0	0
(5)MELVIN BLACKBURN JR ASSISTANT VP FOR DEVELOPMENT & ASSOCIATE CAMPAIGN MANAGER	(i)	123,519	1,240	0	17,808	16,110	158,677	0
	(ii)	0	0	0	0	0	0	0
(6)MICHAEL T ANGELINI ASSOCIATE VP FOR FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	158,006	2,500	0	22,707	22,837	206,050	0
(7)JOSEPH H PAUWELS JR ASSISTANT VP, ADVANCEMENT SERVICES	(i)	117,711	1,000	18,000	17,096	23,051	176,858	0
	(ii)	0	0	0	0	0	0	0
(8)KELLI L KOTOWSKI EXEC DIRECTOR, GIFT PLANNING & PRINCIPAL GIFTS	(i)	120,838	120	0	17,557	20,059	158,574	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
THE OHIO UNIVERSITY FOUNDATION

Employer identification number
31-6402269

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	42	923,031	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

4

	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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanations of reporting method for number of contributions	Schedule M, Part I	SECURITIES - PUBLICLY TRADED THE ORGANIZATION REPORTS GIFTS OF PUBLICLY TRADED STOCK BASED ON THE NUMBER OF STOCK GIFTS RECEIVED, NOT THE NUMBER OF SHARES RECEIVED
Number of contributions or items contributed	Schedule M, part I, column (b), Line 9	THE ORGANIZATION REPORTS GIFTS OF PUBLICLY TRADED STOCK BASED ON THE NUMBER OF STOCK GIFTS RECEIVED, NOT THE NUMBER OF SHARES RECEIVED

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization THE OHIO UNIVERSITY FOUNDATION	Employer identification number 31-6402269
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) OHIO UNIVERSITY HOLDS AS ITS CENTRAL PURPOSE THE INTELLECTUAL AND PERSONAL DEVELOPMENT OF ITS STUDENTS AND IS WELL-KNOWN FOR ITS OUTSTANDING FACULTY OF ACCOMPLISHED TEACHERS WHOSE RESEARCH AND CREATIVE ACTIVITY ADVANCE KNOWLEDGE ACROSS MANY DISCIPLINES DURING FISCAL YEAR 2013 THE OHIO UNIVERSITY FOUNDATION RECEIVED THOUSANDS OF GIFTS TOTALING IN EXCESS OF \$19 MILLION

Identifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	J PATRICK CAMPBELL - BUSINESS RELATIONSHIP, FRANK P KRASOVEC - BUSINESS RELATIONSHIP

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

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

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE UNIVERSITY'S PROCESS FOR ESTABLISHING THE COMPENSATION FOR PRESIDENT AND CEO, BRYAN BENCHOFF, INCLUDED CONTRACTING WITH AN EXECUTIVE SEARCH FIRM THAT PROVIDED A COMPENSATION ANALYSIS BASED ON REVIEW OF SIMILAR SIZED ORGANIZATIONS AND POSITIONS. IN ADDITION, CUPA-HR DATA WAS REVIEWED FOR SIMILAR POSITIONS AT OTHER PUBLIC UNIVERSITIES IN OHIO, IN THE MID-AMERICA CONFERENCE, AND IN AN ASPIRATIONAL PEER GROUP. COMPENSATION WAS SET AT A LEVEL COMMENSURATE WITH THOSE COMPARISONS, TAKING INTO CONSIDERATION OHIO UNIVERSITY'S SIZE AND COMPLEXITY IN COMPARISON WITH THE OTHER INSTITUTIONS EXAMINED. IN ADDITION, THE EMPLOYMENT CONTRACT WAS REVIEWED AND APPROVED BY UNIVERSITY GENERAL COUNSEL. THIS PROCESS WAS LAST DONE IN JULY 2012.

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	AS OFFICERS ARE HIRED, COMPENSATION STAFF WITHIN UNIVERSITY HUMAN RESOURCES PROVIDES A COMPENSATION ANALYSIS BASED ON A REVIEW OF SIMILAR ORGANIZATIONS AND POSITIONS. COMPENSATION IS SET AT A LEVEL COMMENSURATE WITH THOSE COMPARISONS, TAKING INTO CONSIDERATION OHIO UNIVERSITY'S SIZE AND COMPLEXITY IN COMPARISON WITH THE OTHER INSTITUTIONS EXAMINED. THESE COMPENSATION REVIEWS ARE RETAINED IN THE UNIVERSITY'S POSITION FILES IN ACCORDANCE WITH ITS RECORDS RETENTION POLICY. ANNUALLY, GUIDANCE FOR RAISES IS DETERMINED BASED ON THE UNIVERSITY'S AVAILABLE FUNDS, THEN RAISES ARE ASSIGNED TO EACH EMPLOYEE BASED ON A COMBINATION OF AVAILABLE FUNDING AND RESULTS OF PERFORMANCE REVIEWS. THESE RAISES ARE EFFECTIVE EACH JULY 1.

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

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990 , Part XI, Line 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - -449775,

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

2012

Open to Public Inspection

Name of the organization
THE OHIO UNIVERSITY FOUNDATION

Employer identification number
31-6402269

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FRITZ J AND DOLORES H RUSS HOLDINGS LLC OHIO UNIVERSITY WUSOC 168 ATHENS, OH 45701	REAL ESTATE	OH	7,635	0	NA
(2) RUSS RESEARCH CENTER LLC OHIO UNIVERSITY WUSOC 168 ATHENS, OH 45701	R&D	OH	1,669,996	6,332,103	NA
(3) RUSS NORTH VALLEY ROAD LLC OHIO UNIVERSITY WUSOC 168 ATHENS, OH 45701	REAL ESTATE	OH	0	622,000	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
(1) OHIO UNIVERSITY CUTLER HALL ROOM 108 ATHENS, OH 45701	UNIVERSITY	OH	501(C)(1)	N/A	NA		No
(2) HOUSING FOR OHIO INC OHIO UNIVERSITY WUSOC 168 ATHENS, OH 45701	STUDENT HOUSING	OH	501(C)(3)	11 - Type I	NA	Yes	
(3) SUGARBUSH FOUNDATION 206 MCGUFFY HALL ATHENS, OH 45701	SUPPORTING FOUNDATION	OH	501(C)(3)	11 - Type I	NA	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) INN-OHIO OF ATHENS INC 331 RICHLAND AVENUE ATHENS, OH 45701 31-1190088	HOTEL/CONFERENCE	OH	NA	C CORPORATION	4,791,294	7,018,883	0 %	Yes	
(2) CHARITABLE REMAINDER TRUST (CA-1)	PROVIDE SUPPORT TO UNIVERSITY	CA	NA	TRUST					
(3) CHARITABLE REMAINDER TRUST (FL-1)	PROVIDE SUPPORT TO UNIVERSITY	FL	NA	TRUST					
(4) CHARITABLE REMAINDER TRUST (GA-1)	PROVIDE SUPPORT TO UNIVERSITY	GA	NA	TRUST					
(5) CHARITABLE REMAINDER TRUST (MD-1)	PROVIDE SUPPORT TO UNIVERSITY	MD	NA	TRUST					
(6) CHARITABLE REMAINDER TRUST (OH-9)	PROVIDE SUPPORT TO UNIVERSITY	OH	NA	TRUST					
(7) SCHOLARSHIP TRUST FUND OUF - PO BOX 869 ATHENS, OH 45701 20-6887884	PROVIDE SCHOLARSHIPS	OH	NA	TRUST					

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

Yes

Yes

Yes

Yes

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SUGAR BUSH FOUNDATION	C	208,711	CASH

Schedule R (Form 990) 2012

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

[illegible]

Software ID: 12000266

Software Version: v2012.1.0

EIN: 31-6402269

Name: THE OHIO UNIVERSITY FOUNDATION

Part VII Supplemental Information

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

Identifier		Return Reference	Explanation							
Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust										
(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	(i) Section 512(b)(13) controlled entity?		
								Yes	No	
INN-OHIO OF ATHENS INC 331 RICHLAND AVENUE ATHENS, OH 45701 31-1190088	HOTEL/CONFERENCE	OH	NA	C CORPORATION	4,791,294	7,018,883	0 %	Yes		
CHARITABLE REMAINDER TRUST (CA-1)	PROVIDE SUPPORT TO UNIVERSITY	CA	NA	TRUST						
CHARITABLE REMAINDER TRUST (FL-1)	PROVIDE SUPPORT TO UNIVERSITY	FL	NA	TRUST						
CHARITABLE REMAINDER TRUST (GA-1)	PROVIDE SUPPORT TO UNIVERSITY	GA	NA	TRUST						
CHARITABLE REMAINDER TRUST (MD-1)	PROVIDE SUPPORT TO UNIVERSITY	MD	NA	TRUST						
CHARITABLE REMAINDER TRUST (OH-9)	PROVIDE SUPPORT TO UNIVERSITY	OH	NA	TRUST						
SCHOLARSHIP TRUST FUND OUF - PO BOX 869 ATHENS, OH 45701 20-6887884	PROVIDE SCHOLARSHIPS	OH	NA	TRUST						

