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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2013 calenda	ar year, or tax year beginning July 1 , 2013, and	ending		une 3	0,2	0 14	
B c	B Check if applicable C Name of organization D Emp					oyer id	lentification nur	nber	
	Address change Oakland University Foundation						88-6078765		
_	Name cha	- 1		om/suite	E Telep	hone n	number		
$\overline{}$	Initial retur		c/o Oakland University 2200 N Squirrel Road			248-370-2440			
=	Terminate Amended		City or town, state or province, country, and ZIP or foreign postal code		F Grou	ір Ехе	emption		
=		n pending	Rochester, MI 48309-4401		Num	ber I		_	
G A	Account	ing Method	☐ Cash ☑ Accrual Other (specify) ►	Н	Check •	▼	if the organizat	tion is not	
1 4	Vebsite	:▶					ach Schedule		
J Tax-exempt status (check only one) —									
		organization							
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor	e, or if tota	l assets				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<u>▶ \$</u>	<u> </u>	23,395	
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances	•					
			the organization used Schedule O to respond to any question in the	nis Part I	 ,	· · · ,	· · · · ·	🗸	
	1		ons, gifts, grants, and similar amounts received			1		477	
	2	•	ervice revenue including government fees and contracts			2			
	3		ip dues and assessments		.	3			
	4	Investment			.	4		3,549	
Revenue	5a		ount from sale of assets other than inventory		19,369	,			
	b		or other basis and sales expenses	<i>5</i> .)					
	6 6		ss) from sale of assets other than inventory (Subtract line 5b from line ad fundraising events	5a) .	• •	5C	Statement 1	19,369	
	а		ome from gaming (attach Schedule G if greater than		1				
		\$15,000) .	L==-! 1			á,			
Š	b			ntribution	s	*			
æ			aising events reported on line 1) (attach Schedule G if the						
	}		th gross income and contributions exceeds \$15,000)			*			
	C		t expenses from gaming and fundraising events 6c						
	d	line 6c) .	e or (loss) from gaming and fundraising events (add lines 6a and 6t	o and suc	otract				
	70	•	s of inventory, less returns and allowances	•	•	6d			
	7a b		s of inventory, less returns and allowances			İ			
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8				}	8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	-	23,395	
	10		100	_ `	 	10		20,000	
	11		and to or for mombars			11			
S	12	Salaries, of)/ /∟ /△			12			
Expenses	13	Profession	ther compensation, and employee benefits		[13			
be	14		y, rent, utilities, and maintenance		[14			
Ä	15	Printing, pi	ublications, postage, and shipping		[15			
	16		enses (describe in Schedule O)		[16	Statement 2	8,010	
	17	Total expe	enses. Add lines 10 through 16		. ▶	17		8,010	
Ś	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18		15,385	
set	19		or fund balances at beginning of year (from line 27, column (A)) (m					_	
As		end-of-yea	r figure reported on prior year's return)		[19		177,014	
Net Assets	20		• · · · · · · · · · · · · · · · · · · ·		[Statement 3	4,790	
	21		or fund balances at end of year. Combine lines 18 through 20	:-:	. ▶	21		197,189	
For	Danon	work Reduct	ION Act Notice see the senarate instructions Cat No.	106421			Form 990-1	EZ (2013)	

Form	990-EZ (2013)						Page 2
Pa	rt II Balance Sheets (see	the instructions	for Part II)				
	Check if the organization	on used Schedule	O to respond to a	ny question in this	Part II		🗆
					(A) Beginning of year		(B) End of year
22	Cash, savings, and investmen	nts		[177,014	22	197,189
23	Land and buildings					23	
24	Other assets (describe in Sch	•				24	
25	Total assets				177,014		197,189
26	Total liabilities (describe in S	•		· · · · · · · · · · · · · · · · · · ·		26	
27	Net assets or fund balances				177,014	27	197,189
Par	Statement of Program		•		•		Expenses
14/1	Check if the organization				Part III . 🗸	7 17 79	uired for section
	t is the organization's primary ex						c)(3) and 501(c)(4) nizations and section
as n	cribe the organization's program neasured by expenses. In a cle ons benefited, and other relevan	ear and concise materials to the concise materials and concise materials are seen as a second concise materials.	nanner, describe the ach program title	e services provide	d, the number of		(a)(1) trusts, optional thers)
	See Schedule O Statement 2						
						ĺ	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	8,010
29							
					<u></u> .		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29a	
30							
					•••••		
	/Cronto ¢	\ If this come is	includes fersion are	nto chook hara		200	
21	(Grants \$ Other program services (describ		includes foreign gra			30a	
31	(Grants \$	•	includes foreign gra			31a	
32	Total program service expens	ses (add lines 28a t	through 31a)	ints, oneon here		32	8,010
	t IV List of Officers, Directors						
	Check if the organization	· · · · · · · · · · · · · · · · · · ·			•		
	(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	0	Estimated amount of
	See Schedule O Statem	nent 5]				
						+-	
			-			İ	
		· 		<u> </u>	 	+	
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			1			ı	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	ın th	e	_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \	/ Yes	No.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	NO_
50	detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	i	./
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None			,
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		✓ ✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9		*19	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► None; section 4912 ► None; section 4955 ► None			×
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		\$5,8	*
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	.*	ŧ ,	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			4
ŭ	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	*	- √
41	List the states with which a copy of this return is filed ▶		0.044	
42a	The organization's books are in care of a derivation remains	248-37 48309		
b	Located at ▶ 2200 N Squirrel Road, 121 E Vandenberg Hall, Rochester, MI ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	\
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		▶ □
		_	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<u></u>	✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
<u></u>	explanation in Schedule O	44d 45a	+	1
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	700		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 99	90-EZ ((2013)									age 4
46	Did	the organization engage, directly of	or indirectly in political i	campaign activities	on heha	lf of or i	n onnoer	tion [Yes	No
40		andidates for public office? If "Yes						ļ	16		
Part	VI	Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51. Check if the organization used to the control of	ons must answer que				iplete th			r line	<u></u> ≥s
				<u></u>			· ·		Ť	Yes	No
47		the organization engage in lobbying If "Yes," complete Schedule C, F		section 501(h) elec	tion in e	ffect du	uring the	1	17		√
48 49a								9a	_	√	
50	Con	nplete this table for the organization and organization of the org	n's five highest comper	nsated employees (other tha	ın office	ers, direct	ors, tru	stee		d ke
	(8	a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contri benefi	butions to plans, ar	Health benefits, utions to employee plans, and deferred ompensation (e) Estimated amo other compensa				
None			Not Applicable	No	ne		None				None
				ļ	<u> </u>	_					•
·											
·							j				
51	Con	al number of other employees paid nplete this table for the organization,000 of compensation from the organization from the organiza	on's five highest comp			actors v	who each	receiv	ed n	nore	thar
	(a	a) Name and business address of each indep	endent contractor	(b) Type of s	ervice		(c)	Compen	sation	1	
None				Not Applicable			None				
				<u> </u>							
				-							<u>,</u>
				-							
52	Did	al number of other independent cor the organization complete Schedu exempt charitable trusts must attac	le A? Note . All section 5	501(c)(3) organizatio				one ► ☑ Y			No.
	enaltie	es of perjury, I declare that I have examined that complete Declaration of preparer (other	his return, including accompar	nying schedules and state	ements, an	d to the b				_	
,		Orbey				10	28/14				
Sign Here		Signature of officer John W. Beaghan, Chief Finance	ial Officer			Date ¹					
		Type or print name and title	Preparer's signature		Date	 1		. PTI			
Paid		Print/Type preparer's name	reparer a aignature	Į.	- 410		Check L	if]	•		

Preparer Use Only

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Fırm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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vame or u	ie organization						١,	employer ic	Jenuncauo	nnumber	
	University Foun									78765	
Part I			rity Status (All orga						nstructio	ons.	
<u> </u>		•	ation because it is: (Fo		_		-	•			
			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).		
			170(b)(1)(A)(ii). (Attac		· ·						
			spital service organiza						0/61/41/61	(:::\ Embourbo	_
	hospital's nam	e, city, and state									
	section 170(b)(1)(A)(iv). (Com	•						vernment	tal unit desci	ibed in
8 🗌	A community t	trust described ii	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II.)					
9 🗆	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	ions-sul lated bus	oject to d siness ta	certain ex xable inc	ceptions ome (les	s, and (2) ss sectio	no more	e than 331/39	6 of its
e 🗸 f g	An organization purposes of operation 509(a)(3). Che a Type I By checking the other than four or section 509 If the organization, of Since August following person (iii) A person (iii) below, (iii) A 35% correction of the organization of the organ	on organized and one or more publick the box that of the box that of the box, I certify indation managed (a)(2). ation received a check this box and the box the box the box one? who directly or in the governing both the	that the organization ers and other than one a written determinated the organization acceptation acceptation of the supported to describe in (i) about the supported in on about the supported (discribed on lines 1–9 above or IRC section	ely for the nizations supporting II—Function is not core or more on from the core any the railone organizations of (ii) or (ii) and organizations of (iii) is the core of in col (ii) list he core of (iii) list he core of (iii) list he core of (iii) list he core of (iiii) list he core of (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	te benefit described ag organization and the last the las	t of, to pd in sect training and grated lirectly or supported that it is nontribution ther with	perform to the completion of t	the funct (a)(1) or set te lines 1 Type III–N y by one izations of I, Type II iny of the described organizat (i) organi	ions of, ection 50 1e throughon-function more described II, or Typ	9(a)(2). See sigh 11h. tionally integrical disqualified pin section 5 tion section 5 tion section 5	ated persons 09(a)(1) ting s No y monetary
			(see instructions))	\						1	
				Yes	No	Yes	No	Yes	No	 	
A) Oakla	nd University	38-1714400		1		/				-	8,010
B)											
C)										_	
D)											
E)											
rotal .	· · · · · · · · · · · · · · · · · · ·										9.010

schedule A (Form 990 or 990-EZ) 2013						Fag			
Part II	Support Schedule for Organiza	tions Descr	ribed in Sect	ions 170(b)(1	I)(A)(iv) and 1	70(b)(1)(A)(v	<u> </u>			
	(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									
Calondar	year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			

		4.1.0000	4.20040	110011	4.0.0040	1-1	0010	(6) T-A-1	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)	2013	(f) Total	<u>'</u>
1	Gifts, grants, contributions, and								
	membership fees received. (Do not		1						
	include any "unusual grants.")								
2	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to the						Ì		
	organization without charge					ļ			
4	Total. Add lines 1 through 3			<u> </u>	<u> </u>	<u> </u>			
5	The portion of total contributions by			,		-,			
	each person (other than a						1		
	governmental unit or publicly				:		.]		
	supported organization) included on						1		
	line 1 that exceeds 2% of the amount			1	4. 4	, ,	′		
	shown on line 11, column (f)		. ` '		,	22.			
6	Public support. Subtract line 5 from line 4					<u> </u>		 	
	on B. Total Support			1	1,000,0		2010	(O. T.)	
Calen	dar year (or fiscal year beginning in) ▶ │	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)	2013	(f) Tota	<u></u>
7	Amounts from line 4								
8	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties and income from similar								
	sources		ļ <u>-</u>						
9	Net income from unrelated business								
	activities, whether or not the business								
	is regularly carried on			ļ					
10	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV.)								
11	Total support. Add lines 7 through 10		J	L	<u> </u>	/			
12	Gross receipts from related activities, etc.					12		- FO1(-\(O\	
13	First five years. If the Form 990 is for th						a sectio	n 501(c)(3)	_
	organization, check this box and stop her			<u> </u>		• •	· · ·		
	on C. Computation of Public Suppor			(0)					
14	Public support percentage for 2013 (line 6					14			<u>%</u>
15	Public support percentage from 2012 Sch	nedule A, Part	II, line 14 .			15		hook this	<u>%</u>
16a	331/3% support test – 2013. If the organization qual				U III IE 14 IS 33	73 70 UI	more, c	HECK IIII2	
					 r 16a and line		 331 _m 0/	or more	Ш
b	331/3% support test—2012. If the organ check this box and stop here. The organi	ization qualific	or check a bo	supported or	i 10a, anu iint nanization	- 10 15	00 /3 /0	. •	
						• • •		luna 14 in	سا
17a	10%-facts-and-circumstances test—20	013. If the org	anization did n	ot check a box	cok this box a	oa, or i	ob, and n here f	IIIIE 14 15 Evolain in	
	10% or more, and if the organization med	ets the "facts-	-and-circumsta	ances test, ch	eck this box a	36 3 D	ublick s	unnorted	
	Part IV how the organization meets the "f	acis-and-circ	umstances (e	at. The organiz	anon quannes	as a p	abildiy 5	apported	
	organization							and Per	Ш
b	10%-facts-and-circumstances test - 20	012. If the org	anization did n	ot check a bo	x on line 13, 10	ba, 16t), or 17a	, and line	
	15 is 10% or more, and if the organizat	tion meets the	e facts-and-c	ircumstances"	test, check t	nis bo	cano st	op nere.	
	Explain in Part IV how the organization m	ieets the "tact	is-and-circums	stances" test.	rne organizatio	ıı qua	11162 g2 g	a publicly	
	supported organization					ale Albir	 		Ц
18	Private foundation. If the organization di		box on line 13	s, 16a, 16b, 17	a, or 17b, chec	CK THIS	box and	see	
_	instructions	<u></u>	<u> </u>	<u> </u>		· · ·	<u> </u>	<u> </u>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization falls to quality	unuei ine ie	Sta listed bei	Jw, piease co	ompicto i ait	··· <i>·</i>	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants") 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	ļ					
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							
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7 0	received from disqualified persons						
h						 	
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000		ì		ł	l i	
	or 1% of the amount on line 13 for the year				1		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		Q4 4 , .	~ % *	À.		
	line 6.)	, 100 m	()	* , ,,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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		İ				
	section 511 taxes) from businesses acquired after June 30, 1975						
_	·•						
	Add lines 10a and 10b						
11	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.)					1	
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he			<u></u>	<u> </u>	<u>.</u> .	. ▶ □
Secti	on C. Computation of Public Support						
15	Public support percentage for 2013 (line	. ,,	•	, , , ,			<u>%</u>
16	Public support percentage from 2012 Sc					16	<u>%</u>
	on D. Computation of Investment In				(0)	147	0/
17	Investment income percentage for 2013						<u>%</u>
18	Investment income percentage from 2013 331/3% support tests — 2013. If the organ						% and line
19a	17 is not more than 331/3%, check this box						
h	33 ¹ / ₃ % support tests—2012. If the organization	•	-				
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_				
ZU							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**13**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization				Employer identification number
Oakland University Foundation				38-6078765
Statement 1 - Form 990-EZ, Part I, Line 5c, G	ain or (loss) from s	ale of assets o	other than inventory:	:
Gain on Sale of Investments -				•••••
Oakland University Foundation Endowme	ent Fund	\$ 19,369)	
Statement 2 - Form 990-EZ, Part I, Line 16, O	ther expenses and I	Part III line 28	, Statement of Progra	am Service Accomplishments
Mile Const Many del Cabalanti				
Milo Cross Memorial Scholarship	-	\$ 1,447		
Seifert Merit Scholarship Endowment		3,873		
Oakland Press Endowed Scholarship for Jo	ournalism Excellent	ce 2,690		
Total Program Service Accomplishments	<u>; </u>	\$ 8,010		
Statement 3 - Form 990-EZ, Part I, Line 20, O	ther changes in net	assets or fun	d balances	
Unrealized gains on investments carried at	market value	\$ 4,790		
Statement 4 - Form 990-EZ, Part III, Statemer	nt of Program Service	e Accomplisi	nments	
What is the organization's primary exempt	purpose?			
The Oakland University Foundation is a g	orivate nonprofit coi	rporation orga	anized for the purpo	se of receiving and
administering funds for the support of O	akland University.			
Statement 5 - Form 990-EZ, Part IV, List of O	fficers, Trustees, an	d Key Emplo	yees:	
(A) Name and Address	(B) Title	(C) Comp.	(D) Cont. to employ	ree benefit plans (E) Expense A/C Allowanc
John W. Beaghan	Director	None	None	None
VP Finance & Administration				
Oakland University	·			
202 Wilson Hall	•••••			
Rochester, MI 48309				
Gary W. Laidlaw	Director	None	None	None
28880 Millbrook	·			
Farmington Hills, MI 48334				

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Name of the organization Oakland University Foundation				Employer identification number 38-6078765
	Sacra Twentons and h	· · · · · · · · · · · · · · · · · · ·	os (soutinued).	
Statement 5 - Form 990-EZ, Part IV, List of Off	ncers, trustees, and F	ey Employe	es (continued)	
(A) Name and Address	(B) Title	(C) Comp. (D) Cont. to emplo	yee benefit plans (E) Expense A/C Allowance
John F. Mills	Director	None	None	None
Williams Williams Rattner & Plunkett, P.C.				
380 N. Woodward Ave, Suite 300				
			•	
Birmingham, MI 48009				
Eric D. Barrıtt	Executive	None	None	None
VP Development, Alumni & Community Enga	gement Director			·····
John Dodge House				
Rochester, MI 48309				
NOCHESIEI, WII 40305			••	
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