

**Public Disclosure Copy**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2009**  
Open to Public Inspection

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

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization WRIGHT STATE UNIVERSITY FOUNDATION INC	<b>D</b> Employer identification number 23-7019799
		Doing Business As	<b>E</b> Telephone number (937) 775-2869
		Number and street (or P.O. box if mail is not delivered to street address) 3640 COLONEL GLENN HIGHWAY	Room/suite 108J ALLYN HALL
		City or town, state or country, and ZIP + 4 DAYTON, OH 454350001	

**F** Name and address of principal officer:  
 REBECCA S COLE  
 3640 COLONEL GLENN HIGHWAY  
 DAYTON, OH 454350001

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

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

**H(c)** Group exemption number

**I** Tax-exempt status:  501(c) ( 3 ) (Insert no.)  4947(a)(1) or  527

**J** Website: HTTP://WSUFUNDATION.WRIGHT.EDU

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1966

**M** State of legal domicile: OH

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO SECURE, MANAGE, AND DISTRIBUTE PRIVATE SUPPORT TO ENHANCE THE GROWTH AND DEVELOPMENT OF WRIGHT STATE UNIVERSITY SUCH THAT IT CAN PROVIDE QUALITY EDUCATIONAL EXPERIENCES FOR STUDENTS, CONDUCT SCHOLARLY RESEARCH, AND SERVICE THE COMMUNITY.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	28
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	28
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	3
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	100
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	9,890,021	11,826,055
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-490,201	2,249,760
	<b>12</b>	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,843	176,349
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,460,663	14,252,164
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	11,631,071	10,635,734
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	369,720	564,301
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>602,778</b>	0	0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	999,674	822,057
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,000,465	12,022,092
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-3,539,802	2,230,072	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	85,053,596	97,433,960
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	3,193,598	2,444,691
		81,859,998	94,989,269	

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

**ROBERT T BATSON** Assistant Treasurer  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: *Rachel Spurlon* Date: 2/9/11

Check if self-employed:

Preparer's identifying number (see instructions): \_\_\_\_\_

Firm's name (or yours if self-employed) address, and ZIP + 4: CROWE HORWATH LLP, 10 West Broad Street, Suite 1700, Columbus, OH 432153713

EIN #: \_\_\_\_\_ Phone no.: (614) 469-0001

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:

TO SECURE, MANAGE, AND DISTRIBUTE PRIVATE SUPPORT TO ENHANCE THE GROWTH AND DEVELOPMENT OF WRIGHT STATE UNIVERSITY SUCH THAT IT CAN PROVIDE QUALITY EDUCATIONAL EXPERIENCES FOR STUDENTS, CONDUCT SCHOLARLY RESEARCH, AND SERVICE THE COMMUNITY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **6,622,454** including grants of \$ **6,622,454**) (Revenue \$ **0**)  
 SUPPORT FOR VARIOUS ACADEMIC AND SUPPORT FUNCTIONS AT WRIGHT STATE UNIVERSITY ALLOWS ADMINISTRATORS FLEXIBILITY TO DELIVER QUALITY PROGRAMS TO THEIR CONSTITUENCIES. THESE CONTRIBUTIONS SUPPLEMENT THE UNIVERSITY'S BUDGET ALLOCATION AND ALLOW PROGRAM MANAGERS TO OFFER UNIQUE AND CREATIVE LEARNING OPPORTUNITIES FOR STUDENTS. PROCEEDS ALSO ARE USED TO CONSTRUCT, RENOVATE AND REHABILITATE UNIVERSITY FACILITIES. DURING THE PRIOR YEAR, THE UNIVERSITY'S LAKE CAMPUS BRANCH COMPLETED A RENOVATION AND CONSTRUCTION PROJECT THAT FEATURED NEW STUDENT SERVICES FACILITIES, A NEW SCIENCE WING AND A MULTIPURPOSE FACILITY WITH RECREATION, MEETING AND STUDY SPACE ALONG WITH AMENITIES FOR THEATER AND BANQUET-STYLE ACTIVITIES. THIS PROJECT WAS LARGELY UNDERWRITTEN BY PRIVATE CONTRIBUTIONS THAT THE FOUNDATION CONTINUED TO PROCESS DURING THE CURRENT YEAR.

**4b** (Code: ) (Expenses \$ **2,731,152** including grants of \$ **2,731,152**) (Revenue \$ **0**)  
 STUDENTS AT WRIGHT STATE UNIVERSITY RECEIVE A QUALITY EDUCATION THAT IS PAID PARTLY BY TUITION AND PARTLY BY STATE SUBSIDY. THE LATTER REVENUE SOURCE HAS DECLINED IN RECENT YEARS THEREBY MAKING IT MORE DIFFICULT TO FINANCE A COLLEGE EDUCATION. ALTHOUGH WRIGHT STATE REMAINS ONE OF THE MOST AFFORDABLE PUBLIC INSTITUTIONS IN OHIO, THE FOUNDATION SEEKS TO OFFSET THE LOSS OF STATE TUITION SUBSIDIES BY RAISING PRIVATE CONTRIBUTIONS IN SUPPORT OF STUDENT TUITION PAYMENTS. DISTRIBUTIONS OF STUDENT FINANCIAL AID TOTALED \$2,731,152 DURING THE YEAR.

**4c** (Code: ) (Expenses \$ **766,938** including grants of \$ **766,938**) (Revenue \$ **0**)  
 SCHOLARLY RESEARCH IS A CORE PART OF WRIGHT STATE UNIVERSITY'S MISSION. THE FOUNDATION SEEKS TO ENHANCE FUNDING FOR THESE ACTIVITIES BY RAISING PRIVATE SUPPORT THAT PROVIDES PERSONNEL AND OPERATING COST COVERAGE FOR VARIOUS PROJECTS. MANY, ALTHOUGH NOT ALL, OF THE UNIVERSITY-SUPPORTED RESEARCH PROGRAMS ARE IN THE FIELD OF MEDICINE.

**4d** Other program services. (Describe in Schedule O.)  
 (Expenses \$ **515,190** including grants of \$ **515,190**) (Revenue \$ **0**)

**4e Total program service expenses** \$ **10,635,734**

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b>	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> . . . . .	Yes	
	<ul style="list-style-type: none"> <li>■ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>■ Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>■ Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>■ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i></li> <li>■ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>■ 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? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	Yes	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . .	Yes	No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? <i>If "Yes," complete Schedule F, Part II</i> . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		No

**Part IV Checklist of Required Schedules (continued)**

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	<b>21</b>	Yes	
<b>22</b>	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>	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>	<b>23</b>	Yes	
<b>24a</b>	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 questions 24b-24d and complete Schedule K. If "No," go to line 25 . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>	<b>25a</b>		No
<b>b</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>	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . .</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . .</i>	<b>27</b>		No
<b>28</b>	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):			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	<b>31</b>		No
<b>32</b>	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>	<b>32</b>		No
<b>33</b>	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>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . .</i>	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	<b>35</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	<b>36</b>		No
<b>37</b>	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>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 5		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 3		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders . . . . .		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .		
	<b>12b</b>		

**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.

**Section A. Governing Body and Management**

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

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

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

**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 make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
 ROBERT T BATSON  
 3640 COLONEL GLENN HIGHWAY  
 DAYTON, OH 454350001  
 (937) 775-2869

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. 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 the organization did not compensate any current or former officer, director, trustee or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE WALLACE CHAIR	1	X		X			0	0	0	
BENJAMIN SCHUSTER MD SECRETARY	1	X		X			0	0	0	
WILLIAM H POHLMAN VICE CHAIR	1	X		X			0	0	0	
RONALD D AMOS TREASURER; CHAIR, FINANCE COMMITTEE	1	X		X			0	0	0	
DELORES WHITCRAFT TRUSTEE	1	X					0	0	0	
JOHN WARNER CHAIR, AUDIT COMMITTEE	1	X					0	0	0	
ROBERT J SUTTMAN II CHAIR, INVESTMENT COMMITTEE	1	X					0	0	0	
HOWARD STEVENS TRUSTEE	1	X					0	0	0	
VISHAL SOIN TRUSTEE	1	X					0	0	0	
DAVID ROER MD TRUSTEE	1	X					0	0	0	
RANDY E PHILLIPS TRUSTEE	1	X					0	0	0	
VICKI PEGG TRUSTEE	1	X					0	0	0	
DAVID MCSEMEK TRUSTEE	1	X					0	0	0	
JOHN LYMAN MD TRUSTEE	1	X					0	0	0	
JEFFREY LIGHTNER TRUSTEE	1	X					0	0	0	
W THOMAS KOOGLER TRUSTEE	1	X					0	0	0	
LAURENCE R KLABEN TRUSTEE	1	X					0	0	0	
KRISHAN JOSHI TRUSTEE	1	X					0	0	0	
JONAS GRUENBERG CHAIR, DEVELOPMENT COMMITTEE	1	X					0	0	0	
THERESA GASPER TRUSTEE	1	X					0	0	0	
CHISTOPHER DUVAL TRUSTEE	1	X					0	0	0	
LORNA DAWES CHAIR, TRUSTEES COMMITTEE	1	X					0	0	0	
BRIAN COOPER TRUSTEE	1	X					0	0	0	
RONALD CLOYD TRUSTEE	1	X					0	0	0	
MARIA CASTLEMAN TRUSTEE	1	X					0	0	0	
MARSHA BONHART TRUSTEE	1	X					0	0	0	
ERIC BIGLER TRUSTEE	1	X					0	0	0	
DONNA BACK TRUSTEE	1	X					0	0	0	
MICHELLE SHAW ASSISTANT SECRETARY	10			X			0	42,684	13,872	
BRYAN K ROWLAND PRESIDENT	10			X			0	231,595	49,594	
ROBERT T BATSON ASSISTANT TREASURER	10			X			0	100,261	30,274	



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 11,826,055					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ 317,441						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		11,826,055				
	<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____		0	0	0	0
<b>b</b>		_____		0	0	0	0	
<b>c</b>		_____		0	0	0	0	
<b>d</b>		_____		0	0	0	0	
<b>e</b>		_____		0	0	0	0	
<b>f</b>		All other program service revenue . . . . .	0	0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		0				
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .		3,603,091	0	0	3,603,091
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0	0	0	0	
	<b>5</b>	Royalties . . . . .		0	0	0	0	
	<b>6a</b>	Gross Rents	(i) Real	0				
			(ii) Personal	0				
			<b>b</b> Less: rental expenses	0				
			<b>c</b> Rental income or (loss)	0				
	<b>d</b>	Net rental income or (loss) . . . . .		0	0	0	0	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	5,113,878				
			(ii) Other	0				
			<b>b</b> Less: cost or other basis and sales expenses	6,467,209				
			<b>c</b> Gain or (loss)	-1,353,331				
	<b>d</b>	Net gain or (loss) . . . . .		-1,353,331	0	0	-1,353,331	
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	0				
			<b>b</b> Less: direct expenses . . . . .	0				
<b>c</b> Net income or (loss) from fundraising events . . . . .				0	0	0	0	
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0					
		<b>b</b> Less: direct expenses . . . . .	0					
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0	0	0	0	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0					
		<b>b</b> Less: cost of goods sold . . . . .	0					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .		0	0	0	0	
<b>11a</b>	OTHER INCOME	Miscellaneous Revenue		176,349	0	0	176,349	
		Business Code						
		<b>b</b>		0	0	0	0	
		<b>c</b>		0	0	0	0	
		<b>d</b> All other revenue . . . . .		0	0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		176,349					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		14,252,164	0	0	2,426,109		

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,926,724	7,926,724		
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,709,010	2,709,010		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
<b>4</b>	Benefits paid to or for members	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b>	Other salaries and wages	462,076	0	141,615	320,461
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
<b>9</b>	Other employee benefits	102,225	0	0	102,225
<b>10</b>	Payroll taxes	0	0	0	0
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management	0	0	0	0
<b>b</b>	Legal	18,230	0	18,230	0
<b>c</b>	Accounting	27,210	0	27,210	0
<b>d</b>	Lobbying	0	0	0	0
<b>e</b>	Professional fundraising. See Part IV, line 17	0			0
<b>f</b>	Investment management fees	450,378	0	450,378	0
<b>g</b>	Other	151,549	0	62,500	89,049
<b>12</b>	Advertising and promotion	0	0	0	0
<b>13</b>	Office expenses	4,844	0	90	4,754
<b>14</b>	Information technology	74,121	0	12,174	61,947
<b>15</b>	Royalties	0	0	0	0
<b>16</b>	Occupancy	0	0	0	0
<b>17</b>	Travel	19,223	0	3,987	15,236
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings	4,303	0	0	4,303
<b>20</b>	Interest	0	0	0	0
<b>21</b>	Payments to affiliates	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization	0	0	0	0
<b>23</b>	Insurance	0	0	0	0
<b>24</b>	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b>	MISCELLANEOUS	68,266	0	63,463	4,803
<b>b</b>	DEBT SERVICE	3,933	0	3,933	0
<b>c</b>		0	0	0	0
<b>d</b>		0	0	0	0
<b>e</b>		0	0	0	0
<b>f</b>	All other expenses	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	12,022,092	10,635,734	783,580	602,778
<b>26</b>	<b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

<b>Part X Balance Sheet</b>		<b>(A)</b>		<b>(B)</b>
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,684,324	<b>1</b>	1,367,680
	<b>2</b> Savings and temporary cash investments . . . . .	3,269,128	<b>2</b>	771,495
	<b>3</b> Pledges and grants receivable, net . . . . .	8,112,100	<b>3</b>	7,416,300
	<b>4</b> Accounts receivable, net . . . . .	2,600	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,720	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	0		
	<b>b</b> Less: accumulated depreciation. . . . .	650,000	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	56,575,724	<b>11</b>	69,263,657
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	13,711,948	<b>12</b>	16,666,908
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,041,052	<b>15</b>	1,947,920
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	85,053,596	<b>16</b>	97,433,960	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	103,443	<b>17</b>	214,393
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	400,000	<b>23</b>	200,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	2,690,155	<b>25</b>	2,030,298	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,193,598	<b>26</b>	2,444,691	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-587,609	<b>27</b>	1,799,353
	<b>28</b> Temporarily restricted net assets . . . . .	50,013,826	<b>28</b>	58,594,379
	<b>29</b> Permanently restricted net assets . . . . .	32,433,781	<b>29</b>	34,595,537
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
<b>33</b> Total net assets or fund balances . . . . .	81,859,998	<b>33</b>	94,989,269	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	85,053,596	<b>34</b>	97,433,960	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in schedule O.  Cash  Accrual  Other \_\_\_\_\_

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separated basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. . . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

**SCHEDULE A  
(Form 990 or  
990EZ)**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
WRIGHT STATE UNIVERSITY FOUNDATION INC

**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

**2009**

Open to Public  
Inspection

Employer identification number

23-7019799

**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 1 box.)

- 1  A church, convention of churches, or association of churches. **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

  - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? . . . . .
  - (ii) a family member of a person described in (i) above? . . . . .
  - (iii) a 35% controlled entity of a person described in (i) or (ii) above? . . . . .
- h Provide the following information about the supported organization(s) the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 11285F

Schedule A (Form 990 or 990-EZ)  
2009

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	5,290,737	8,756,724	8,215,279	9,890,021	11,826,055	43,978,816
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3. . . . .	5,290,737	8,756,724	8,215,279	9,890,021	11,826,055	43,978,816
<b>5</b> 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). . . . .						7,457,047
<b>6 Public Support.</b> Subtract line 5 from line 4. . . . .						36,521,769

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4. . . . .	5,290,737	8,756,724	8,215,279	9,890,021	11,826,055	43,978,816
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	4,510,019	3,307,068	2,409,325	2,738,163	3,603,091	16,567,666
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .	0	0	0	0	0	0
<b>10</b> Other income. (Explain in Part IV.) Do not include gain or loss from the sale of capital assets. . . . .	49,544	17,298	0	60,843	176,349	304,034
<b>11 Total support</b> (Add lines 7 through 10). . . . .						60,850,516
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					<b>12</b>	0
<b>13 First Five Years</b> 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 <b>stop here.</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)). . . . .	<b>14</b>	60.019 %
<b>15</b> Public Support Percentage for 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	46.98 %
<b>16a 33 1/3% support test-2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test-2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test-2009.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test-2008.</b> 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 <b>stop here.</b> 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>18 Private Foundation</b> 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 III Support Schedule for Organizations Described in IRC 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</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 in line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public Support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.) . . . . .						
<b>14 First Five Years</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests-2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests-2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test

Explanation
OTHER INCOME FORM 990, SCHEDULE A, PART II, SECTION B, LINE 10 2005 \$49,544 2006 \$17,298 2007 NONE 2008 \$60,843 2009 \$176,349  TOTAL OTHER INCOME \$304,034

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

**Name of organization**  
WRIGHT STATE UNIVERSITY FOUNDATION INC

**Employer identification number**  
23-7019799

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule—**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
WRIGHT STATE UNIVERSITY FOUNDATION INC

Employer identification number  
23-7019799

## Part I Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 276,632	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 321,517	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 801,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 739,153	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 4,350,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

**SCHEDULE D**  
**(Form 990)**

Department of the  
Treasury  
Internal Revenue  
Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

<b>Name of the organization</b> WRIGHT STATE UNIVERSITY FOUNDATION INC	<b>Employer identification number</b> 23-7019799
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**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate contributions to (during year) . . . . .		
<b>3</b> Aggregate grants from (during year) . . . . .		
<b>4</b> Aggregate value at end of year . . . . .		
<b>5</b> 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 type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit. . . . .		<input 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 pleasure)     Preservation of an historically importantly land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ .....

**b** Assets included in Form 990, Part X . . . . . ▶ \$ .....

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

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

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

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

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

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

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

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

	Amount
<b>1c</b> Beginning balance . . . . .	
<b>1d</b> Additions during the year . . . . .	
<b>1e</b> Distributions during the year . . . . .	
<b>1f</b> Ending balance . . . . .	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	33,209,002	37,504,322			
<b>b</b> Contributions . . . . .	2,850,582	5,341,294			
<b>c</b> Investment earnings or losses . . . . .	5,978,547	-8,993,698			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	2,689,320	642,916			
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	39,348,811	33,209,002			

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

- a** Board designated or quasi-endowment:  3.43 %
- b** Permanent endowment:  8.65 %
- c** Term endowment:  87.92 %

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

	Yes	No
<b>3a(i)</b> unrelated organizations . . . . .		No
<b>3a(ii)</b> related organizations . . . . .		No
<b>3b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .		

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	0		0
<b>b</b> Buildings . . . . .	0	0	0	0
<b>c</b> Leasehold improvements . . . . .	0	0	0	0
<b>d</b> Equipment . . . . .	0	0	0	0
<b>e</b> Other . . . . .	0	0	0	0
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				0



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1</b> 14,252,164
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	<b>2</b> 12,022,092
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	<b>3</b> 2,230,072
<b>4</b>	Net unrealized gains (losses) on investments . . . . .	<b>4</b> 10,539,275
<b>5</b>	Donated services and use of facilities . . . . .	<b>5</b> 0
<b>6</b>	Investment expenses . . . . .	<b>6</b> 0
<b>7</b>	Prior period adjustments . . . . .	<b>7</b> 0
<b>8</b>	Other (Describe in Part XIV) . . . . .	<b>8</b> 359,924
<b>9</b>	Total adjustments (net). Add lines 4 - 8 . . . . .	<b>9</b> 10,899,199
<b>10</b>	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 . . . . .	<b>10</b> 13,129,271

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b> 24,050,985
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b> 10,539,275
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b> 0
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b> 0
<b>d</b>	Other (Describe in Part XIV): . . . . .	<b>2d</b> 359,924
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 10,899,199
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 13,151,786
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 450,378
<b>b</b>	Other (Describe in Part XIV): . . . . .	<b>4b</b> 650,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 1,100,378
<b>5</b>	Total Revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.) . . . . .	<b>5</b> 14,252,164

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b> 10,921,714
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b> 0
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b> 0
<b>c</b>	Other losses . . . . .	<b>2c</b> 0
<b>d</b>	Other (Describe in Part XIV): . . . . .	<b>2d</b> 0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 10,921,714
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 450,378
<b>b</b>	Other (Describe in Part XIV): . . . . .	<b>4b</b> 650,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 1,100,378
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.) . . . . .	<b>5</b> 12,022,092

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	ENDOWMENT FUNDS HAVE BEEN ESTABLISHED WITH THE FOUNDATION TO SUPPORT THREE MAJOR PROGRAM AREAS; ACADEMIC AND SUPPORT PROGRAMS, STUDENT FINANCIAL AID AND RESEARCH. SPECIFICALLY, ENDOWMENTS FUND PROGRAM OPERATIONS, STUDENT SCHOLARSHIPS AND AWARDS, DEPARTMENT CHAIR POSITIONS, PROFESSORSHIPS, STUDENT SUPPORT PROGRAMS AND INDIVIDUAL RESEARCH PROJECTS.
FIN 48 footnote	Schedule D, Part X, Line 2	THE FOUNDATION ADOPTED GUIDANCE ISSUED BY THE FASB WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF JULY 1, 2009. A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED. THE ADOPTION HAD NO EFFECT ON THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2007. THE FOUNDATION DOES NOT HAVE ANY TAX BENEFITS RECORDED AT JUNE 30, 2010, AND DOES NOT EXPECT THAT POSITION TO SIGNIFICANTLY CHANGE IN THE NEXT YEAR. THE FOUNDATION WOULD RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE, IF APPLICABLE, AND THERE WERE NO AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2010.
Other changes in net assets	Schedule D, Part XI, Line 8	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 359924; OTHER - 0; TOTAL - 359924
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 359924; OTHER - 0; TOTAL - 359924
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	LAND TRANSFERRED TO WRIGHT STATE UNIVERSITY - 650000; OTHER - 0; TOTAL - 650000
Other expenses in form 990 not in audited financial statements	Schedule D, Part XIII, Line 4b	LAND TRANSFERRED TO WRIGHT STATE UNIVERSITY - 650000; OTHER - 0; TOTAL - 650000











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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	941	2,695,282	0		

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	ALL GRANT FUNDS ARE AWARDED TO THE INDIVIDUAL AND THEN GIVEN TO THE FINANCIAL AID OFFICE OF WRIGHT STATE UNIVERSITY, A RELATED TAX-EXEMPT ORGANIZATION, TO BE CREDITED TO THE INDIVIDUAL'S STUDENT ACCOUNT FOR EDUCATIONAL SCHOLARSHIPS, PROGRAM SUPPORT, RESEARCH, ATHLETICS AND OTHER GRANTS.

**Schedule J  
(Form 990)**

Department of the  
Treasury  
Internal Revenue  
Service

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees**  
**▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, question 23.**  
**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

<b>Name of the organization</b> WRIGHT STATE UNIVERSITY FOUNDATION INC	<b>Employer identification number</b> 23-7019799
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**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.		
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b>	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?		No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b>			
<b>5</b>	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III.			
<b>6</b>	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
<b>8</b>	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990** Cat. No. 50053T **Schedule J (Form 990) 2009**



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Schedule J (Form 990) 2009**

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

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

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
WRIGHT STATE UNIVERSITY FOUNDATION INC

**Employer identification number**  
23-7019799

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	6	317,441	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** 0

	Yes	No
<b>30a</b> 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>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Identifier	Return Reference	Explanation
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Schedule M (Form 990) 2009

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization  
WRIGHT STATE UNIVERSITY FOUNDATION INC

Employer identification number

23-7019799

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	ATHLETIC PROGRAMS \$430,493 MISCELLANEOUS GRANTS \$84,697
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	PRIOR TO FILING WITH THE IRS, THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE. THE FULL DOCUMENT IS PRESENTED TO THE COMMITTEE AND STAFF PROVIDES AN OVERVIEW OF THE INFORMATION CONTAINED IN THE REPORT. ONCE THE AUDIT COMMITTEE IS SATISFIED THAT THE FORM IS ACCURATELY COMPLETED, IT APPROVES THE FORM FOR FILING. PRIOR TO FILING, THE FINAL VERSION OF THE FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE FOUNDATION BOARD ON JANUARY 25, 2011.
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	TRUSTEES OF WRIGHT STATE UNIVERSITY FOUNDATION, INC. (THE FOUNDATION) ARE ANNUALLY REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT AND TO DISCLOSE ANY POTENTIAL CONFLICTS THAT MAY EXIST. THESE DISCLOSURES ARE REVIEWED BY THE FOUNDATION'S ASSISTANT TREASURER. THIS POSITION IS RESPONSIBLE FOR REVIEWING AND APPROVING ALL OPERATING EXPENDITURES AUTHORIZED BY THE ANNUAL FOUNDATION BUDGET. SUCH AUTHORIZATIONS ARE MADE IN LIGHT OF THE ASSISTANT TREASURER'S KNOWLEDGE OF CONFLICT DISCLOSURES. TRUSTEES ARE EXPECTED TO ABSTAIN FROM SELF-DEALING AND ANY VOTES THAT MAY BE BIASED BY PERSONAL CONFLICTS OF INTEREST. THE ANNUAL DISCLOSURE PROCEDURE HELPS THEM IDENTIFY AND AVOID SUCH CONDITIONS.
Public Disclosure	Form 990, Part VI, Section C, Line 19	IN GENERAL, DOCUMENTS MAINTAINED BY WRIGHT STATE UNIVERSITY FOUNDATION, INC. (THE FOUNDATION) ARE SUBJECT TO THE STATE OF OHIO'S PUBLIC RECORDS LAW, WHICH GENERALLY HOLDS THAT ALL REQUESTS FOR DOCUMENTS WILL BE FULFILLED. THE FOUNDATION'S ANNUAL FINANCIAL STATEMENTS ARE ALSO PUBLISHED ON ITS WEB SITE.
REQUIRED FEDERAL EMPLOYMENT TAX RETURNS AND BACKUP WITHHOLDING	FORM 990, PART I, LINE 5, PART V, LINE 2, PART VI, LINE 15 AND SCHEDULE R	WRIGHT STATE UNIVERSITY FOUNDATION, INC. (WSUF) WAS INCORPORATED TO RECEIVE AND HOLD GIFTS, GRANTS AND BEQUESTS OF MONEY AND PROPERTY FOR THE BENEFIT OF WRIGHT STATE UNIVERSITY (WSU) AND ITS STUDENTS AND FACULTY. WSUF HAS NO EMPLOYEES OF ITS OWN, BUT SEVERAL WSU EMPLOYEES PROVIDE STAFF SUPPORT.  ALTHOUGH WSUF IS A LEGALLY SEPARATE, TAX-EXEMPT ENTITY, IT HAS BEEN DETERMINED THAT IT DOES MEET THE CRITERIA FOR DISCRETE PRESENTATION WITHIN WSU'S FINANCIAL STATEMENT. BASED ON THE IRS INSTRUCTIONS FOR SCHEDULE R, WSUF AND WSU ARE NOT CONSIDERED RELATED BASED ON THE DEFINITIONS PROVIDED. HOWEVER, TO PROVIDE TRANSPARENCY AND CLARITY TO THE READER THE FORM 990 HAS BEEN PRESENTED AS WSUF AND WSU BEING RELATED ENTITIES TO ACCURATELY REFLECT THE ON-GOING OPERATIONS.
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	PART VII, SECTION A, LINE 1	VISHAL SOIN - 1 HOUR PER WEEK TO WRIGHT STATE UNIVERSITY LAURENCE KLABEN - 1 HOUR PER WEEK TO WRIGHT STATE UNIVERSITY BRYAN K. ROWLAND - 30 HOURS PER WEEK TO WRIGHT STATE UNIVERSITY MICHELLE SHAW - 30 HOURS PER WEEK TO WRIGHT STATE UNIVERSITY ROBERT T. BATSON - 30 HOURS PER WEEK TO WRIGHT STATE UNIVERSITY
PROCESS USED TO ESTABLISH COMPENSATION OF OFFICERS/KEY EMPLOYEES/TOP MANAGEMENT OFFICIALS	FORM 990, PART VI, SECTION B, LINE 15A AND LINE 15B	THE COMPENSATION OF THE OFFICERS OF THE ORGANIZATION IS DETERMINED AT THE WRIGHT STATE UNIVERSITY LEVEL AND NOT AT THE ORGANIZATION. THE ORGANIZATION DOES NOT HAVE POLICIES AND PROCEDURES OF ITS OWN FOR COMPENSATION. THEREFORE, QUESTIONS 15A AND 15B HAVE BEEN CORRECTLY ANSWERED AS NO.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51056K

Schedule O (Form 990) 2009

**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, lines 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

**Name of the organization**  
WRIGHT STATE UNIVERSITY FOUNDATION INC

**Employer identification number**  
23-7019799

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

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HIGHWAY DAYTON, OH 454350001 31-0732831	EDUCATION	OH	501(C)(1)	N/A	NA

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

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

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

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

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

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

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)	Yes	
<b>c</b> Gift, grant, or capital contribution from other organization(s)		No
<b>d</b> Loans or loan guarantees to or for other organization(s)		No
<b>e</b> Loans or loan guarantees by other organization(s)		No
<b>f</b> Sale of assets to other organization(s)		No
<b>g</b> Purchase of assets from other organization(s)		No
<b>h</b> Exchange of assets	Yes	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		No
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		No
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	Yes	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	Yes	
<b>n</b> Sharing of paid employees	Yes	
<b>o</b> Reimbursement paid to other organization for expenses	Yes	
<b>p</b> Reimbursement paid by other organization for expenses		No
<b>q</b> Other transfer of cash or property to other organization(s)		No
<b>r</b> Other transfer of cash or property from other organization(s)		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



# Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor WRIGHT STATE UNIVERSITY FOUNDATION INC	Identifying number (see instructions) 23-7019799
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.
- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) SEI OFFSHORE ADVANCED STRATEGY SERIES SPC	Identifying number, if any FOREIGNUS
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**5** Address (including country)  
C/O SEI GLOBAL SERVICES INC., ONE FREEDOM VALLEY DRIVE, OAKS, PA 19456

**6** Country code of country of incorporation or organization (see instructions)  
CJ

**7** Foreign law characterization (see instructions)  
CORPORATION

**8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	4/1/2009		1,500,000		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV** Additional Information Regarding Transfer of Property (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0 % (b) After 1.456 %

**10** Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) . . . . .  Yes  No
- b Gain recognition under section 904(f)(5)(F) . . . . .  Yes  No
- c Recapture under section 1503(d) . . . . .  Yes  No
- d Exchange gain under section 987 . . . . .  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

**13** Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

- a Tainted property . . . . .  Yes  No
- b Depreciation recapture . . . . .  Yes  No
- c Branch loss recapture . . . . .  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations . . . . .  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ \_\_\_\_\_

**16** Was cash the only property transferred?  Yes  No

**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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