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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

	r the 200	Ne calendar vea	r, or tax year beginning 07-01-2008 a	nd ending 06-30-2009			
	eck if appli		C Name of organization	id ending 00-30-2009		D Employer ide	ntification number
_	ress chan	use IRS	OHIO STATE UNIVERSITY FOUNDATION			31-114598	6
— _{Nan}	ne change	label or print or	Doing Business As			E Telephone nu	mber
– _{Initi}	al return	type. See Specific	Number and street (or P O box if mail is not	dalusared to atreat address) Doom /suita	(614) 292-6	5261
_	mination	Instruc- tions.	364 W Lane Ave	delivered to street address	, Room, suite	G Gross receipt	s \$ 85,263,138
	ended retu		Suite B City or town, state or country, and ZIP + 4				
	olication pe		Columbus, OH 432014350				
Арр	nication pe						
		F Nar Peter V	ne and address of Principal Officer Veiler		H(a) Is the affilia	s a group return	for
		1480 L	ane Avenue		allilla	les	j les je no
- To.	x-exempt		ous, OH 43221 (3) ◀ (insert no)	37	H(b) Are all	affiliates include	ed?
			(1) (IIISELT 110) 4947(a)(1) 01 5.				See instructions)
) W	eb site:	•			H(c) Grou	p Exemption Nui	mber F
∠ Tup:	of organ	ration 🔽 Corporat	on trust association other ►		Voor of For	mation 1095 M	State of legal domicile OH
к туре	e or organ	ization j e Corporat	on trust association other -		L real of For	mation 1965 M	state of legal dofficile. On
Par	rt I	Summary					
			e organization's mission or most signific	ant activities			
پ ا		·	ses funds, manages endowments, and r		exclusively	for the benefit o	f The Ohio State
≧	Uı	niversity					
≅							
Governance	2 CI	heck this box 🦵	ıf the organızatıon dıscontınued ıts oper	ations or disposed of	more than 2	5% of its assets	3
	3 N	umber of voting r	nembers of the governing body (Part VI	, lıne 1a)		3 _	53
بر دن	4 N	umber of indeper	dent voting members of the governing b	ody (Part VI, line 1b)		. 4 _	53
Activities &	5 To	otal number of er	nployees (Part V , line 2a)	•		5 _	0
5			lunteers (estimate if necessary)			6 _	106
∢	1	-	ted business revenue from Part VIII, lir	•	_	0	
	b Ne	et unrelated busi	ness taxable income from Form 990-T,	line 34		7b	0
					Prio	r Year	Current Year
ā			grants (Part VIII, line 1h)		88,726,875	62,344,671	
Revenue			revenue (Part VIII, line 2g)			21,327,236	20,994,188
歪			art VIII, column (A), lines 5, 6d, 8c, 9c			303,838	549,279
			dd lines 8 through 11 (must equal Part \			303,030	349,279
		12)				110,357,949	83,888,138
	13 (Grants and simila	ır amounts paıd (Part IX, column (A), lır	es 1-3)			0
		·	r for members (Part IX, column (A), line	•			0
80			empensation, employee benefits (Part I)	(, column (A), lines 5-	-	171,871	517,842
136		l0) Professional fund	raising fees (Part IX, column (A), line 1	1 6)		0	0
Expenses			penses, Part IX, column (D), line 25 772,606	`			
ച	l '	_	Part IX, column (A), lines 11a-11d, 11	/ f= 2.4 f)		48,549,810	51,059,993
			add lines 13–17 (must equal Part IX, li			48,721,681	51,577,835
1	1 18 T	otal expelled		23, 00.4 (11)		61,636,268	32,310,303
		Revenue less ext	enses Subtract line 18 from line 12			_, ,	,3,5-00
ያ ቀ ጄ		Revenue less exp	enses Subtract line 18 from line 12		Beainni	ng of Year	End of Year
ets or ances	19 F					ng of Year	
Assets or Balances	19 F	otal assets (Pai	t X, line 16)			502,410,678	408,296,132
and Balances	19 F 20 T 21 T	otal assets (Pai	t X, line 16) Part X, line 26)	0		25,885,674	408,296,132 20,856,789
	19 F 20 T 21 T 22 N	otal assets (Pai otal liabilities (F Net assets or fun	t X, line 16) Part X, line 26) d balances Subtract line 21 from line 2	0		502,410,678	408,296,132
	19 F 20 T 21 T 22 N	otal assets (Pai otal liabilities (F Net assets or fun Signature Bl o	t X, line 16) Part X, line 26) d balances Subtract line 21 from line 2 ock			25,885,674 476,525,004	408,296,132 20,856,789 387,439,343
Par	20 T 21 T 22 N	otal assets (Pai otal liabilities (F Net assets or fun Signature Bl o Under penalties of pe	t X, line 16) Part X, line 26) d balances Subtract line 21 from line 2	including accompanying s	chedules and s	25,885,674 476,525,004	408,296,132 20,856,789 387,439,343 he best of my knowledge
Par Plea	20 T 21 T 22 N t III	otal assets (Pai otal liabilities (F Net assets or fun Signature Bl o Inder penalties of pe ind belief, it is true,	et X, line 16) Part X, line 26) d balances Subtract line 21 from line 2 DCK Try I declare that I have examined this return correct, and complete Declaration of preparer (correct)	including accompanying s	chedules and s on all informat	25,885,674 476,525,004	408,296,132 20,856,789 387,439,343 he best of my knowledge
Par Plea Sign	19 F 20 T 21 T 22 N t III	otal assets (Pai otal liabilities (F Net assets or fun Signature Bl o Under penalties of pe	et X, line 16) Part X, line 26) d balances Subtract line 21 from line 2 DCK Try I declare that I have examined this return correct, and complete Declaration of preparer (correct)	including accompanying s	chedules and s	25,885,674 476,525,004 tatements, and to the on of which prepare	408,296,132 20,856,789 387,439,343 he best of my knowledge
Par Plea Sign	19 F 20 T 21 T 22 N t III	otal assets (Pai otal liabilities (Formal Net assets or fun Signature Blooming of period belief, it is true, so Signature of offices	et X, line 16) Part X, line 26) d balances Subtract line 21 from line 2 DCk Trury, I declare that I have examined this return correct, and complete Declaration of preparer (content of the correct) Treasurer	including accompanying s	chedules and s on all informat	25,885,674 476,525,004 tatements, and to the on of which prepare	408,296,132 20,856,789 387,439,343 he best of my knowledge
Par Plea Sign	20 T 22 N t III	otal assets (Pail otal liabilities (Formula of the Net assets or funder penalties of pend belief, it is true, Signature of office Thomas Johnson Type or print name	t X, line 16) Part X, line 26) d balances Subtract line 21 from line 2 CCK Trury, I declare that I have examined this return correct, and complete Declaration of preparer (content of the correct of t	including accompanying s ther than officer) is based	chedules and s on all informat 2010- Date	25,885,674 476,525,004 tatements, and to the on of which prepare	408,296,132 20,856,789 387,439,343 he best of my knowledge er has any knowledge
Par Plea Sign Here	20 T 21 T 22 N t III	Total assets (Pail otal liabilities (Formula of the Net assets or fundary penalties of penalties of penalties of penalties of office of the Net assets or fundary penalties of office of the Net assets of the Net	et X, line 16) Part X, line 26) d balances Subtract line 21 from line 2 DCk Trury, I declare that I have examined this return correct, and complete Declaration of preparer (content of the correct) Treasurer	including accompanying s ther than officer) is based	chedules and son all informat 2010-Date	25,885,674 476,525,004 tatements, and to the on of which prepare	408,296,132 20,856,789 387,439,343 he best of my knowledge er has any knowledge
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Par Plea Sign Here Paid Prepa	20 T 21 T 22 N 1111 se	Total assets (Pair otal liabilities (Formula of Index penalties of penalties of penalties of penalties of penalties of office of Index penalties of Ind	t X, line 16) Part X, line 26) d balances Subtract line 21 from line 2 OCK Try I declare that I have examined this return correct, and complete Declaration of preparer (content of the content of the	including accompanying s ther than officer) is based	chedules and s on all informat 2010- Date neck if	25,885,674 476,525,004 tatements, and to the on of which prepare	408,296,132 20,856,789 387,439,343 he best of my knowledge er has any knowledge
Par Prepared	20 T 21 T 22 N 1 III	Total assets (Pairotal liabilities (Formula Signature Bloomula Biological Pairotal Biological	t X, line 16) Part X, line 26) d balances Subtract line 21 from line 2 OCK Try I declare that I have examined this return correct, and complete Declaration of preparer (content of the content of the	including accompanying s ther than officer) is based	chedules and s on all informat 2010- Date neck if	25,885,674 476,525,004 tatements, and to the on of which prepare 05-14	408,296,132 20,856,789 387,439,343 he best of my knowledge er has any knowledge

Part III Statement of Program Service Accomplishments (See the instructions.)

	Briefly describe the organization's mission The Foundation raises funds, manages endowments, and manages planned gifts exclusively for the bei	nefit of The Ohio State University	
2	Did the organization undertake any significant program services during the year whithe prior Form 990 or 990-EZ?	ch were not listed on	es 🔽 No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting or make significant changes in how it conducts services?	ts any program	es 🔽 No
4	If "Yes," describe these changes on Schedule O		
•	Describe the exempt purpose achievements for each of the organization's three larg Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to repo others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 46,354,222 including grants of \$ Higher Education Distribution to The Ohio State University	0) (Revenue \$	0)
4b	(Code) (Expenses \$ 1,007,403 including grants of \$ Higher Education Distribution of matured Gift Annuities to The Ohio State University	0) (Revenue \$	0)
4c	(Code) (Expenses \$ 1,853,313 including grants of \$ Higher Education Distribution to Gift Annuitants	0) (Revenue \$	0)
4d	Other program services (Describe in Schedule O)		

Part IV	Check	list of	Require	b	Sche	dules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	0			
ь	If at least one is reported in 2a, did the organization file all required federal employing		ax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	_		
	return?			3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp.	t Entit	ry Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
	If "Yes," did the organization include with every solicitation an express statement th					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services processes an experience of the service of the goods of the services of	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper		-	7-	V	
	file Form 8282?	7d		7c	Yes	
u	If "Yes," indicate the number of Forms 8282 filed during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	 onalh	enefit contract?	76 7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8			 7g		No
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fie			<i>'</i> 9		140
	required?			7h		Νo
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a					
	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the	spons	oring organization, have	8		
	year ⁹				1	
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	I	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
_	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing	Body and Management	

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	53			
b	Enter the number of voting members that are independent	1b	53			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con	•		. 3		No
4	Did the organization make any significant changes to its organizational documents s filed? $\ \ . \ \ \ .$	ınce t	he prior Form 990 was	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets?	5		Νo
6	Does the organization have members or stockholders?			6		No
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		No
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the			
а	the governing body?			8a	Yes	
ь	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the or			9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was the describe in Schedule O the process, if any, the organization uses to review the		<u> </u>	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OH
- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Julie L Saunders 364 W Lane Ave B Columbus, OH 43201 (614) 292-7458

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. Use Schedule J-2 if additional space is needed

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

		Posit	(C lon (d hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Officei Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
						-				
				_						

Part VII Continued

				(ition that a			all			(E)		(F)	
	(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estima amount o compens from t organizati relat organiza	f other sation :he on and ed
											t		
											#		
											\downarrow		
											$^{+}$		
											\pm		
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											+		
1 h	Total							 		[ol	0		0
2	Total number of individuals (includin compensation from the organization)	g those ın 1	a) who i				re thar	า \$1	O0,000 in reportab	le			
												Yes	No
3	Did the organization list any former									sated employee			
4	on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is									n from the	3		No
4	organization and related organization												
_	individual			•	•	•		•			4		No
5	Did any person listed on line 1a rece rendered to the organization? <i>If</i> "Yes										5		No
Se	ection B. Independent Contra	ctors											
1	Complete this table for your five high \$100,000 of compensation from the			ndep	ende	ent	contra	ctor	rs that received mo	re than			
	•	(A) d business add							Des	(B) cription of services		Compe	

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

0

Part Statement of Revenue VIII

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
1a	Federated camp	paigns 1a	0				
la b c d e f	Membership du	es . 1b	0				
С	Fundraising eve	ents 1c	0				
d	Related organiz	ations 1d	0				
e	Government grants	s (contributions) 1e	0				
f		ons, gifts, grants, and 1f	62,344,671	i			İ
_	similar amounts no	ot included above butions included in					
g		2,455,297					
h		s 1a-1f)	🕨	62,344,671			
+			Business Code				
2a							
ь							
С							
d		_					
e							
f	All other progra	am service revenue		0	0	0	
g	Total. Add lines	s 2a-2f	. > \$				
3		ome (including dividen	ds, interest				
	other sımılar an	nounts)	🛌	21,260,587	21,260,587	0	
4	Income from inves	tment of tax-exempt bond	proceeds F	0	0	0	
5	Royalties			0	0	0	
		(ı) Real	(II) Personal				
6a	Gross Rents Less rental	0	0				
Ь	expenses		Ŭ				
С	Rental income or (loss)	0	0				
d	Net rental incor	me or (loss)		0	0	0	
_	Gross amount	(ı) Securities	(II) O ther 1,108,601				
7a	from sales of	0	1,108,601				
	assets other than inventory						
b	Less cost or other basis and	0	1,375,000				
	sales expenses Gaın or (loss)	0	-266,399				
d	, ,	s)	,	-266,399	-266,399	0	
8a	Gross income fi	rom fundraising		,	,		
	\$	reported on line 1c)				ľ	
	\$15,000	e 18 Gıf total exceeds	0				
ь	Attach Schedule \$15,000 Less direct ex	e 18 G if total exceeds a penses b					
с	Attach Schedule \$15,000 Less direct ex Net income or (e 18 G if total exceeds a penses b loss) from fundraising					
	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin	penses b Tom gaming activities e 19 ule G if total exceeds					
9a	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedu \$15,000	e 18 G if total exceeds a penses b (loss) from fundraising rom gaming activities e 19 ule G if total exceeds					
с	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedu \$15,000 Less direct ex	e 18 G if total exceeds a penses b (loss) from fundraising rom gaming activities e 19 ule G if total exceeds a penses b	events ►				
9a	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedu \$15,000 Less direct ex Net income or (penses b Closs) from fundraising rom gaming activities e 19 ule G if total exceeds penses b Closs) from gaming activities e 19 ule G if total exceeds penses b Closs) from gaming activities appenses b	events ►				
с 9а b с	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedu \$15,000 Less direct ex Net income or (Gross sales of returns and allo	penses b (loss) from fundraising rom gaming activities e 19 ule G if total exceeds penses b (loss) from gaming activities a penses b (loss) from gaming activities a penses b	events ►				
c 9a b c 10a	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedule \$15,000 Less direct ex Net income or (Gross sales of returns and allo	penses b Closs) from fundraising rom gaming activities e 19 ule G if total exceeds appenses b Closs) from gaming activities e 19 ule G if total exceeds appenses b Closs) from gaming activities about the services of the services activities about the services activities activities about the services activities act	events				
c 9a b c	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedu \$15,000 Less direct ex Net income or (Gross sales of i returns and allo Less cost of go Net income or (penses b closs) from fundraising rom gaming activities e 19 ule G if total exceeds penses b closs) from gaming activities e 19 ule S if total exceeds appenses b closs) from gaming activities e 19 closs) from gaming activities e 19 closs) from sales of inv	events				
c 9a b c 10a b	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedule \$15,000 Less direct ex Net income or (Gross sales of returns and allo Less cost of ground income or (Miscellaneous	penses b Closs) from fundraising rom gaming activities e 19 ule G if total exceeds appenses b Closs) from gaming activities e 19 ule G if total exceeds appenses b Closs) from gaming activities because	events	270 000	270 000	0	
c 9a b c 10a b c	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedu \$15,000 Less direct ex Net income or (Gross sales of returns and allo Less cost of go Net income or (Miscellaneous Reminbursemen	penses	events	270,000	270,000 279,279	0	
c 9a b c 10a b	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedule \$15,000 Less direct ex Net income or (Gross sales of returns and allo Less cost of ground income or (Miscellaneous	penses b closs) from fundraising rom gaming activities e 19 ule G if total exceeds penses b closs) from gaming activities e 19 ule G if total exceeds penses b closs) from gaming activities e 19 closs) from gaming activities e 19 closs) from gaming activities e 19 closs) from sales of inventory, less evances	events	270,000 279,279	270,000 279,279		
c 9a b c 10a b c	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedu \$15,000 Less direct ex Net income or (Gross sales of i returns and allo Less cost of go Net income or (Miscellaneous Reminbursemer Gain on present	penses b closs) from fundraising rom gaming activities e 19 ule G if total exceeds penses b closs) from gaming activities e 19 ule G if total exceeds penses b closs) from gaming activities e 19 closs) from gaming activities e 19 closs) from gaming activities e 19 closs) from sales of inventory, less evances	events	279,279	279,279	0	
b c 10a b c	Attach Schedule \$15,000 Less direct ex Net income or (Gross income fi See part IV, lin Complete Schedule \$15,000 Less direct ex Net income or (Gross sales of returns and allo Less cost of go Net income or (Miscellaneous Reminbursement Insurance Polici All other revenue	penses b closs) from fundraising rom gaming activities e 19 ule G if total exceeds penses b closs) from gaming activities e 19 ule G if total exceeds penses b closs) from gaming activities e 19 closs) from gaming activities e 19 closs) from gaming activities e 19 closs) from sales of inventory, less evances	events	·	•		

Part IX Statement of Functional Expenses

A	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).								
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				<u> </u>				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	473,147			336,078				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	44,695		44,695					
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management	249,099			249,099				
b	Legal	40,650		40,650					
c	Accounting	50,128		50,128					
d	Lobbying								
е	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	25,379		22,294	3,085				
12	Advertising and promotion	44,705			44,705				
13	Office expenses	31,147		2,745	28,402				
14	Information technology	8,184		8,184					
15	Royalties								
16	Occupancy	48,439		5,229	43,210				
17	Travel	17,348		11,933	5,415				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings								
20	Interest	64,427		64,427					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	225,058		225,058					
23	Insurance	10,767		10,767					
24	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)								
а	Distribution to The Ohio State University	46,354,222	46,354,222	0					
ь	Gift Annuity Remainder Distributions	1,007,403	1,007,403	0					
c	Distributions to Gift Annuitants	1,853,313	1,853,313	0	_				
d	Provision for uncollectible pledges	966,730	0	966,730					
e	Non- capitalized office equip & furn	49,546	0	0	49,546				
f	All other expenses	13,448		382	13,066				
25	Total functional expenses. Add lines 1 through 24f	51,577,835	49,214,938	1,590,291	772,606				
26	Joint Costs. Check 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	, , , , , ,	,,	, ,	2,2-0				

Part X	Balance	Shoot
	Balance	Sneer

						(A) Beginning of year		(B) End of year
- 1	1	Cash—non-interest-bearing				100	1	100
	2	Savings and temporary cash investments				167,656	2	828,051
	3	Pledges and grants receivable, net				25,617,501	3	29,939,808
	4	Accounts receivable, net				690,822	4	1,895,996
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part II of Schedule L				0	5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ection	4958		0	6	
	7	Notes and loans receivable, net	0	7				
	8	Inventories for sale or use				0	8	
2	9	Prepaid expenses and deferred charges				0	9	
- 66 L	10a	Land, buildings, and equipment cost basis	1	ı	7 440 000			
⋖	_		10a		7,118,063	-		
	b	Less accumulated depreciation Complete Part VI of Schedule D	10ь		882,609	5,377,163	10c	6,235,454
	11	Investments—publicly traded securities			•	470,498,807	11	213,217,074
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	art VII	of		15,860	12	156,132,697
	13	Investments—program-related See Part IV, line 11 Complete P of Schedule D			13			
	14	Intangible assets			14			
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule		42,769	15	46,952		
	16	D Total assets. Add lines 1 through 15 (must equal line 34)				502,410,678		408,296,132
-	17	Accounts payable and accrued expenses .				0	17	53,400
	18	Grants payable	0	18	00,100			
	19	Deferred revenue				702,080		1,367,719
	20	Tax-exempt bond liabilities				0	20	1,007,710
	21	Escrow account liability Complete Part IV of Schedule D					21	
≔≐∣	22	Payable to current and former officers, directors, trustees, key		21				
ᆵ		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				0	22	
	23	Secured mortgages and notes payable to unrelated third parties		1,554,349	23	1,725,706		
	24	Unsecured notes and loans payable		1,004,040	24	1,723,700		
	25	Other liabilities Complete Part X of Schedule D		23,629,245	25	17,709,964		
	26	Total liabilities. Add lines 17 through 25	25,885,674	26	20,856,789			
-	20	Organizations that follow SFAS 117, check here ► and comp	lot o li	naa 3.	7	25,005,074	20	20,030,703
<u>\$</u>		through 29, and lines 33 and 34.	iete iii	iies Z	•			
울	27	Unrestricted net assets				3,247,171	27	3,607,121
Balance	28	Temporarily restricted net assets		30,409,099	28	35,423,230		
<u>=</u>	29	Permanently restricted net assets		442,868,734	29	348,408,992		
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	d com	plet e				
ō	30	lines 30 through 34. Capital stock or trust principal, or current funds					30	
ᇎ	31	Paid-in or capital surplus, or land, building or equipment fund			31			
ارز	32	Retained earnings, endowment, accumulated income, or other fu	•		32			
发	32 33	Total net assets or fund balances	iius			476,525,004	33	387,439,343
ŽΙ	33 34	Total liabilities and net assets/fund balances				502,410,678		408,296,132
		,					-	

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493134041810

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

		n e organizat i JNIVERSITY FO						Em	ployer ide	ent if icat io	n numbe	ř
51110	3171111	SHIVERSITT	ONDATION					31	-114598	6		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please						,		
1	Ē			nurches, or association of ch					(A)(i).			
2	Ē	-		t ion 170(b)(1)(A)(ii). (Attac				. , , ,	. , ,			
3	Ė			e hospital service organizati		•	tion 170(l	o)(1)(A)(i	i ii). (Attac	h Schedul	le H)	
4	, T	•	·	zation operated in conjuncti			-		- '		•	
•	•		name, city, and	•	on men a	nospitai a			_, _(_,(_,	(,,,(,,,,,,		
5	Γ	Anorganiz	atıon operated f	for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 17	0(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	state, or local go	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	▽	Anorganiz	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ı	ınıt or fror	n the gene	eral publi	с
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Г	A commun	ıty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Г	Anorganiz	ation that norma	ally receives (1) more than	331/3% c	of its supp	ort from co	ontribution	ns, membe	ership fees	s, and gro	oss
		receipts fro	om activities rel	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (l	ess section	on 511 ta:	x) from bu	sinesses	;
				on after June 30, 1975 See						•		
10	Г	•		and operated exclusively to			•		•	ee instruc	tions)	
11	Ē	_	=	and operated exclusively fo	•		-				-	ses of
	·	one or mor	e publicly suppo	orted organizations describe	d ın secti	on 509(a)	(1) or sec	tıon 509 (a	a)(2) See	•		
				type of supporting organiza					_			
	_	a					nally Integ		d		III - Ot	
е	ı	•	- '	rtify that the organization is agers and other than one or						-	-	
		section 50		agers and other than one or	more pub	iiciy supp	orteu orga	ilizations (uescribeu	ili sectioi	1 3 0 3 (a)((1) 01
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zation,
		check this										Г
g		Since Augu following pe		as the organization accepted	d any gift	or contrib	ution from	any of the	9			
				r indirectly controls, either a	alone or to	oaether wi	th persons	describe	d in (ii)		Yes	No
			•	ng body of the the supported		-			(,	11g		+ 110
				erson described in (i) above	_					11g(
				ty of a person described in (bove?				11g(_	+
h				mation about the organizatio			supports			[3(/	
						,						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) 1	s the	(vii) Ar	nount of
		orted	` ′	(described on lines 1-9		ation in		nızatıon	1	ation in		ort?
	Organ	ıızatıon		above or IRC section		listed in) of your		organized		
				(See Instructions))		your governing support? in the U.S.? document?						
				Yes No Yes No Yes No								
						-	-			-		
											ļ	

Total

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.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	o of Part I.)				
	ublic Support		· · · · · · · · · · · · · · · · · · ·					
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	47,931,225	49,692,427	62,232,817	88,726,875	6	52,344,671	310,928,015
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0				0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0				0
4	Total. Add line 1-3	47,931,225	49,692,427	62,232,817	88,726,875	ϵ	2,344,671	310,928,015
5	The portion of total contribution by each		, ,	, ,	, ,			· · ·
J	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							0
6	Public Support subtract line 5 from line							210.020.015
	4							310,928,015
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) .	2008	(f) Total
7	A mounts from line 4	47,931,225	19,075,595	62,232,817	88,726,875	6	2,344,671	310,928,015
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	18,557,559	19,075,595	18,573,008	21,327,236	21,260,587		98,793,985
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	0	0	0				0
	Part IV)							
11	Total Support (Add lines 7 through 10)							409,722,000
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, thire	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		75.888 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		71.92 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as	a publicly supp	orted organizati	on	·			▶V
17a	33 1/3% Test - 2007. If the organization dispose and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "facts and circumstances Test - 2007.	es as a publicly : If the organization its and circumst ances" test Tho If the organization its and circumst	supported organ on did not check ances" test, che e organization qu on did not check ances" test, che	ization a box on line 1 eck this box and ualifies as a pub a box on line 1 eck this box and	3, 16a, or 16b a I stop here. Exp licly supported 3, 16a, 16b, or I stop here. Exp	and line lain in organi; 17a an lain in	: 14 is 10' Part IV ho zation id line 15 i Part IV ho	<pre>b</pre>
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization OHIO STATE UNIVERSITY FOUNDATION 31-1145986 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 0 4 Total number at end of year 0 Aggregate Contributions to (during year) 0 0 3 Aggregate Grants from (during year) 34,500 Aggregate value at end of year 0 942,988 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control?

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 other □ No impermissible private benefit?

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

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 Preservation of certified historic structure Protection of natural habitat Preservation of open space

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

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

Number of states where property subject to conservation easement is located

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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.

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

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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Schedule D (Form 990) 2008

Cat No 52283D

Part	IIII Organizations Maintaining Co	llections of Art,	, His	tori	<u>cal Treas</u>	ures, or Othe	er Similar As	sets	(continued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne foll	lowing that a	re a sıgnıfıcant	use of its collec	tion	
а	Public exhibition		d	Γ	Loan or exc	change program	S		
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
_	Provide a description of the organization's co	ollections and explai	n hov	w the	v further the	organization's e	xempt purpose	ın	
	Part XIV	sirections and explai			y rarener ene	organization 5 c	xempt purpose		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t						mılar	┌ Yes	□No
Part		Arrangements.	Com	plete	e if the org				
	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	dıary	for c	ontributions	or other assets		┌ Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	ete the following tabl	е				.		
							Ar	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	1							
Par	Endowment Funds. Complete								
_		(a)Current Year	(b)Prior	Year (c)	Two Years Back (d)Three Years Back	(e) Fou	Years Back
	Beginning of year balance	442,852,874							
	Contributions	29,933,170							
	Investment earnings or losses	-96,209,604							
	Grants or scholarships	0							
	Other expenditures for facilities and programs	20,262,243							
f	Administrative expenses	7,921,065							
g	End of year balance	348,393,132							
2	Provide the estimated percentage of the yea	r end balance held a	s						
а	Board designated or quasi-endowment 🕨	0 %							
	Permanent endowment ► 9982 %								
	Term endowment ► 018 %								
	Are there endowment funds not in the posse	ssion of the organiza	ition	that a	are held and	administered fo	r the		
	organization by							Ye	s No
	(i) unrelated organizations						3a		Νο
	(ii) related organizations						3a(No
	If "Yes" to 3a(II), are the related organizatio	•					3	b	
	Describe in Part XIV the intended uses of th					>- 1 1/ 1 40			
Part	VI Investments—Land, Building	s, and Equipmei	nt. S			1			
	Description of investment				Cost or other (investment)		(c) Depreciation	(d)	Book value
1 a L	and				() ()		O
b B	uildings				375,000	4,972,259	811,58	36	4,535,673
c L	easehold improvements				()	0	C
d E	quipment				()	0	C
e 0	ther				1,097,10	3 673,701	71,02	23	1,699,781
	Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colum	ın (B)), line					6,235,454
	· · · · · · · · · · · · · · · · · · ·	·	. ,				Schedule I) (Form	

(a) Description of security or cateory		. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Partnerships and Hedge Funds	151,527,786	F
Other Life Insurance Policies	4,604,911	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	156,132,697	
Part VIII Investments—Program Related. Se	a Form 000 Part V June 1	3
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip		(b) Book value
Bond Interest Receivable		28,952
Payroll Deposits		18,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line is		▶ 46,952
Part X Other Liabilities. See Form 990, Part >		
(a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
Obligation and Reserve for Gift Annuity	17,473,295	
Due to The Ohio State University	236,669	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	17,709,964	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	าtร	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	83,888,138
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	51,577,835
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	32,310,303
4	Net unrealized gains (losses) on investments	4	-133,124,645
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	9,871,146
9	Total adjustments (net) Add lines 4 - 8	9	-123,253,499
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-90,943,196
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	-39,365,361
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-123,253,499
3	Subtract line 2e from line 1	3	83,888,138
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	83,888,138
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	51,577,835
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25 2c 0		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	51,577,835
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)	_	
_ C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	51,577,835

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 XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Includes gift annuity reserve adjustment of \$6,191,598 and charitable remainder trusts income of \$3,679,548
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Includes Gift Annuity Reserve Adjustment of \$6,191,598 and Charitable Reminder Trusts Income of \$3,679,548
SchD_P05_S00_L04	Schedule D, Part V, Line 4	To permanently enhance the O hio State University and its programs
SchD_P10_S00_L00	Schedule D, Part X	na

31-1145986

Non-Cash Contributions

OMB No 1545-0047

Inspection

Department of the Treasury

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Internal Revenue Service Name of the organization Employer identification number OHIO STATE UNIVERSITY FOUNDATION

Pa	ing Types	or Property							
			(a) Check ıf	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	- etermı	nıng	
			applicable		1 g				
1	Art—Works of art	t							
2	Art—Historical ti	reasures .							
3	Art—Fractional II	nterests							
4	Books and public								
5	Clothing and hou goods	sehold							
6	Cars and other v	ehicles							
7	Boats and planes	s							
8	Intellectual prop	erty							
9	Securities—Publ	ıcly traded .	Х	83	1,565,297	average high/low			
10	Securities—Clos	ely held stock .							
11	Securities—Parti or trust interest								
12	Securities—Misc	ellaneous							
13	Qualified conser contribution (his structures)	toric							
14	Q ualified conser contribution (oth	vation							
15	Real estate—Res	idential .	Х	1	890,000	appraised value			
16	Real estate—Cor	mmercial							
17	Real estate—Oth	ner							
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy								
22	Historical artifac	ts							
23	Scientific specim	nens							
24	Archeological ar	tıfacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Form	s 8283 received ization complete	d by the org d Form 828	anization during the tax yea 3, <i>Part IV, Donee</i> •	er for contributions for	29			
30~	During the year	did the organiza	ation rocow	e by contribution any propo	rty reported in Part I, lines	1-28 that it must		Yes	No
30a	hold for at				not required to be used for		 	 	
	for the entire ho						30a		No
b	If "Yes", descril						300		
31	Does the organi	zatıon have a gıf	ft acceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organi contributions?	zation hire or us	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь 33	If "Yes", descril If the organizati checked, descri	on dıd not report	t revenues ı	n Column (c) for a type of p	roperty for which Column (a	i) is			

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 ReturnReference Explanation SchM_P01_S00_L15 Schedule M , Part I , Line 15 For property that is sold brokerage firms are used Lahana Realty was used for property sold in Ft Myers Beach, Florida, Vision Real Estate Group was used to sell property in Mill Valley, CA SchM_P01_S00_L32b Schedule M , Part I , Line 32b Securities are deposited into The Ohio State University's Morgan Stanley brokage account from which they are sold

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization
OHIO STATE UNIVERSITY FOUNDATION

SCHEDULE 0

(Form 990)

Employer identification number

31-1145986

ldentifier	Return Reference	Explanation
F990_P04_S00_L15	Form 990, Part IV, Line 15	The organization did not pay any board members or officers

ldentifier	Return Reference	Explanation
F990_P04_S00_L34	Form 990, Part IV, Line 34	As noted in Part I, Line 1 D the organization operates for the benefit of The Ohio State University, how ever, based on the definition of "related" in the instructions to the Form 990 the organization and The Ohio State University are not related. The organization is not a supporting organization under IRC 509(a) (3) It maintains its public charity status under IRC 509(a)(1). Also, the University does not appoint a majority of the organization's directors. All of the information required in Schedule R or in other parts of the Form 990 for related organizations is available from The Ohio State University upon request.

ldentifier	Return Reference	Explanation
F990_P05_S00_L02a	Form 990, Part V, Line 2a	The organization has no employees, how ever the disregarded entity reported in Schedule R has 5 employees

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Jeanie Schottenstein is married to Susan Diamond's brother

ldentifier	Return Reference	Explanation
F990_P06_S0A_L04	Form 990, Part VI, Section A, Line 4	The Code of Regulations was amended at the October meeting. The following substantive changes were made (1) Article I Section 1 C 3 was amended to remove language stating that substantially all the net income of the Foundation shall be distributed to the University because the annual distribution is not based on income (2) Article I Section 2 was amended to remove the three University trustee ex officio board members due to the Board of Trustees By Law revisions prohibiting trustees from serving on affiliated boards. Three ex officio board members appointed by the University president were added. The section has also been amended to add the Chief Investment Officer as a nonvoting ex officio member of the board (3) Article I Section 3 C was amended to increase the size of the board to a maximum of 75 members (4) Article II Section 1 was amended to remove the University Board of trustees member and to add the Vice Chairs (5) Article II Section 2 was amended to delete the Finance Committee and replace it with an Audit Committee Members must be independent and must have general accounting and financial knowledge. One ex officio director is also appointed to the Committee (6) Article II Section 3 was amended to permit the President of the Foundation to form development or campaign committees. Members are appointed by the President of the Foundation and need not be directors of the Foundation. No size has been specified for the committees (7) Article II Section 4 was amended to remove the Director of the Alumni Association and one other person of the Association from the Nominating committee and replace them with a representative of The Alumni Association selected by the President of the Foundation. The requirement that the University Board of Trustees approve the nominations has been removed (8) Article II Section 5 was created to establish an Investment Advisory Committee. The Committee shall have at least five members, one of whom is an ex officio director and the remainder of whom are appointed by the Chair.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	Before the Form 990 is filed it is reviewed by the Audit Committee of the Board at a regularly scheduled Board meeting. Prior to being filed the Form 990 is e-mailed to all Board members for comments.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Board members are required to complete a conflict of interest questionnaire annually Staff members follow up on any conflicts disclosed on the questionnaires. Any conflicts not resolved by staff are presented to the Audit Committee for resolution

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The governing documents, conflict of interest policy, and financial statements are available upon request

DLN: 93493134041810

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization OHIO STATE UNIVERSITY FOUNDATION	Employer identification number							
SINE SINE SINE SINE SOLDATION				31-1145986				
Part I Identification of Disregarded Entities								
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity			
Clifton Holdings LLC c/o Jack Lucks Jr 150 E Broad Street Columbus, OH 43215 31-1145986	Owner of real property located in Bexley, Ohio	ОН	290,789	5,072,211	N/A			
NetJames Holdings LLC dba Pelotonia Formerly known as NetJames Holdings LLC Attention President 1480 West Lane Avenue Columbus, OH 43221 31-1145986	Operation and administration of annual bicycling fundraising events to support cancer research	OII.	2,852,839	1,702,797	N/A			
Part II Identification of Related Tax-Exempt Organiza	tions							
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity			

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organi	zations
---	---------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactior	ns with one or more related organizations listed in Parts II-	-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a		
b	Gift, grant, or capital contribution to other organization(s)			1b		
c	Gıft, grant, or capıtal contribution from other organization(s)			1c		
d	Loans or loan guarantees to or for other organization(s)			1d		
e	Loans or loan guarantees by other organization(s)			1e		
f	Sale of assets to other organization(s)			1f		
g	Purchase of assets from other organization(s)			1g		
h	Exchange of assets			1h		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		
k	Performance of services or membership or fundraising solicitations for other org	ganızatıon(s)		1k		
I	Performance of services or membership or fundraising solicitations by other organizations	anization(s)		11		
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		
n	Sharing of paid employees			1n		
0	Reimbursement paid to other organization for expenses			10		
р	Reimbursement paid by other organization for expenses			1 p		
q	O ther transfer of cash or property to other organization(s)			1q		
r	O ther transfer of cash or property from other organization(s)			1r		
2	If the answer to any of the above is "Yes," see the instructions for information o	on who must complete this line, including covered relations	hips and transaction thresholds			
	(A)	(B)	(c)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)			- 			
			<u> </u>			
(2)			I			
(3)			I			
(4)			I			
/F\						
(5)			ı			
(6)						
(0)			ı			

Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	. D / Farms	9907 2008		

Software ID: Software Version:

EIN: 31-1145986

Name: OHIO STATE UNIVERSITY FOUNDATION

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	ched		I			(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Ruann Ernst , Board of Directors	0	Х						0	0	0	
James D Klingbeil , Board of Directors	0	Х						0	0	0	
William E Arthur , Board of Directors	0	Х						0	0	0	
Patricia Aveni , Board of Directors	0	X						0	0	0	
John W Berry , Board of Directors	0	X						0	0	0	
ChihMing Chen , Board of Directors	0	Х						0	0	0	
Kenneth L Coleman , Board of Directors	0	Х						0	0	0	
Edwin M Cooperman , Board of Directors	0	Х						0	0	0	
Lois Ann Crane , Board of Directors	0	X						0	0	0	
John W Creighton , Board of Directors	0	X						0	0	0	
Samuel B Davis , Board of Directors	0	X						0	0	0	
Susan Diamond , Board of Directors	0	X						0	0	0	
Joe Engle , Board of Directors	0	X						0	0	0	
Jane FawcettHoover , Board of Directors	0	X						0	0	0	
Barbara Fergus , Board of Directors	0	X			<u> </u>			0	0	0	
John B Gerlach Jr , Board of Directors	0	Х						0	0	0	
Ray J Groves , Board of Directors	0	Х						0	0	0	
Edward E Hagenlocker , Board of Directors	0	Х						0	0	0	
Robert Hummel , Board of Directors	0	Х						0	0	0	
Edgar William Ingram , Board of Directors	0	Х						0	0	0	
William M Isaac , Board of Directors	0	X						0	0	0	
Alexis A Jacobs , Board of Directors	0	Х						0	0	0	
Charles Klatskin , Board of Directors	0	X						0	0	0	
David Kollat , Board of Directors	0	Х						0	0	0	
Zell Kravınsky , Board of Dırectors	0	X						0	0	0	
H Frederick Krimendahl , Board of Directors	0	Х						0	0	0	
Cheryl Krueger , Board of Directors	0	Х						0	0	0	
William G Lowrie , Board of Directors	0	Х						0	0	0	
Robert E Martini , Board of Directors	0	Х						0	0	0	
Lou Ann Moritz Ransom , Board of Directors	0	Х						0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada											
		Posit t	(C non (hat a	chec		I			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Martin C Murrer , Board of Directors	0	X						0	0	0	
W Ray Persons , Board of Directors	0	Х						0	0	0	
Floradelle A Pfahl , Board of Directors	0	Х						0	0	0	
Corbett Price , Board of Directors	0	Х						0	0	0	
Robert F Reusche , Board of Directors	0	Х						0	0	0	
David A Rismiller , Board of Directors	0	Х						0	0	0	
Patricia A Robinson , Board of Directors	0	Х						0	0	0	
Ralph Rockow , Board of Directors	0	Х						0	0	0	
David Ryan , Board of Directors	0	Х						0	0	0	
John E Sandefur , Board of Directors	0	Х						0	0	0	
John J Schiff , Board of Directors	0	Х						0	0	0	
Betty Schoenbaum , Board of Directors	0	Х						0	0	0	
Jeanie Schottenstein , Board of Directors	0	Х						0	0	0	
Thekla Reese Shackelford , Board of Directors	0	Х						0	0	0	
John M Shepherd , Board of Directors	0	Х						0	0	0	
Barbara Trueman , Board of Directors	0	Х						0	0	0	
William D Wells , Board of Directors	0	Х						0	0	0	
Frank Wobst , Board of Directors	0	Х						0	0	0	
John F Wolfe , Board of Directors	0	Х						0	0	0	
Irıs Wolstein , Board of Directors	0	Х						0	0	0	
Gordon Gee , Ex Officio Director	0	Х						0	0	0	
John E Lucks , Officer	0			Χ				0	0	0	
Peter Weiler , Officer	0			Χ				0	0	0	
Christopher M Culley , Officer	0			Х				0	0	0	
Thomas W Johnson , Officer	0			Х				0	0	0	