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Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008

Open to Public Inspection

\ Fo	rthe 2	2008 ca <u>ler</u>	ndar yea	r, or tax year beginning 07-01-	2008 and ending 06-30-20	009		
Che	eck if ap		ease	C Name of organization BOWLING GREEN STATE UNIVERS	ITY FOUNDATIONINC		D Employer ider	itification number
Add	lress cha	ange	se IRS bel or	Doing Business As			34-6007199 E Telephone nui	
Nar	ne chan		rint or pe. See	Doing business As				
_ Init	ıal retur	n Sr	pecific	Number and street (or P O box if	mail is not delivered to street add	Iress) Room/suite	(419) 372-2	
– Ter	mınatıoı		istruc- ons.	Mıletı Alumnı Center		1	G Gross receipts	\$ \$ 39,308,459
– Am	ended r	eturn		City or town, state or country, an	d ZIP + 4			
– Apr	lication	pending		Bowling Green, OH 434030054				
		· ·	E Nan	ne and address of Principal Of	ficer		<b>-</b>	
				Sloan Latta	icei		nis a group return i ates?	or □Yes <b>▽</b> No
				lumnı Center Green, OH 434030054				
Ta	x-exem	nt status 🔽		(3) <b>◄</b> (insert no )	) or		all affiliates included	
					., ., ., ., ., ., ., ., ., ., ., ., ., .		No," attach a list up Exemption Nun	See instructions )
W	eb site	e: F www b	gsu eau,	offices/development		H(c) 310	ap Exemption Num	iber P
Тур	e of org	anızatıon 🔽	Corporat	on trust association other	<b>&gt;</b>	<b>L</b> Year of F	ormation 1954 M s	itate of legal domicile OH
Pa	rt I							
				e organization's mission or mo	_			<b>6</b>
2		State Univ		State University Foundation	stewards donors in ways tha	t support the r	nission and vision	of Bowling Green
aoremanos			,					
<u>.</u>	2	Check this	box [	ıf the organızatıon dıscontınue	d its operations or disposed	of more than	25% of its assets	
	3	Number of	voting r	nembers of the governing body	(Part VI, line 1a)		. з_	36
5	4	Number of	indepen	dent voting members of the go	overning body (Part VI, line	1b)	. 4 _	33
Houmines &	5	Total numb	berofen	nployees (Part V , line 2a) .			5	0
5	6	Total numb	ber of vo	lunteers (estimate if necessai	ry)		6 _	34
ŧ	7a	Total gros	s unrela	ted business revenue from Pai	t VIII, line 12, column (C)		7a	12,652
	ь	Net unrela	ted busı	ness taxable income from Fori	m 990-T, line 34		7b	10,958
						Pri	ior Year	Current Year
_	8	Contribut	ions and	grants (Part VIII, line 1h)			14,884,980	10,569,817
Ę	9	Program	service	revenue (Part VIII, line 2g)		0	0	
Revenue	10			ne (Part VIII, column (A), line		4,692,676	-1,419,339	
_	11			art VIII, column (A), lines 5, (			1,275,696	1,571,857
	12	Total rev	enue—a	dd lines 8 through 11 (must ed	ıual Part VIII, column (A), I	ine	20,853,352	10,722,335
	13		nd sımıla	r amounts paid (Part IX, colur	nn (A), lines 1-3)		0	9,680,196
	14	Benefits	paid to o	r for members (Part IX, colum	n (A), line 4)		0	0
	15	Salaries,	otherco	mpensation, employee benefit	s (Part IX, column (A), lines	5 5 -		
Expenses		10)					0	205,747
₹	16a	Professio	nal fund	raising fees (Part IX, column (	A), line 11e)		0	457,886
S	ь	•		penses, Part IX, column (D), line 25	<u>'</u>			
	17	•		Part IX, column (A), lines 11a			10,387,080	3,470,732
	18			add lines 13-17 (must equal		)	10,387,080	13,814,561
07	19	Revenue	less exp	enses Subtract line 18 from l	ine 12		10,466,272	-3,092,226
5 0 9 00						Beginn	ning of Year	End of Year
3.4	20	Total ass	ets (Par	t X, line 16)			103,783,376	82,172,079
net Assets or Fund Balances	21	Total liab	ollities (F	art X, line 26)			1,366,160	1,435,888
	22	Netasse	ts or fun	d balances Subtract line 21 fi	om line 20		102,417,216	80,736,191
Pai	t II	Signat						
				gury, I declare that I have examined orrect, and complete Declaration of				
lea	se		•	•	, , ,	1	0-03-29	, ,
ign		Signatur	e of office	r		Date		
lere	2	John Cu	ckler Asst	Vice President/controller				
			print nam					
		Preparer's			Date	Check If	Preparer's PTIN (S	See Gen Inst )
aid		signature	•			self- empolyed 🕨	-	
repa	arer's	Firm's name		ERNST & YOUNG US LLP		<u>'</u>	ETAL &	
lse (	Only	ıf self-emplo address, and		41 SOUTH HIGH STREET			- EIN Þ	_
		,		COLUMBUS, OH 432153400			Phone no 🕨 (61	4) 224-5678
	I							

Cat No 11282Y

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

<b>1</b> See A	Briefly describe the organiza dditional Data Table	ition's mission					
2	Did the organization und the prior Form 990 or 99 If "Yes," describe these	0-EZ?		ices during the year v	which were not listed on	┌ Yes ┌ No	
3	Did the organization ceaservices?			hanges in how it cond	ucts any program	┌ Yes ┌ No	
	If "Yes," describe these	changes on Scheo	dule O				
4		i 1) organızatıons a	nd 4947 (a)(1) tru	sts are required to re	argest program services b port the amount of grants I		
4a	(Code Scholarships and Awards - So	) (Expenses \$ cholarships and award		ncluding grants of \$ ipon defined guidelines an	2,451,539 ) (Revenue \$ d prerequisites 1,047 Funds are	) involved	
4b	(Code Capital Projects - Capital Pro	) (Expenses \$		ncluding grants of \$	3,586,084 ) (Revenue \$	)	
4c	(Code Academic and Administrative	) (Expenses \$ Departments and Pro		ncluding grants of \$ e involved	1,645,535 ) (Revenue \$	)	
4d	Other program services	•	· ·	h 4 007 -	20 \ / D	1 574 057 )	
1-	(Expenses \$		cluding grants of		38 ) (Revenue \$	1,571,857)	
4e	Total program service e	expenses \$	12,274,102	Must equal Part IX, L	.me 25, column (B).		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	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		Νo
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		No
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 🗸	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, 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		No
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? If "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	Yes	
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		Νο
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		No
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to 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 $I$			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			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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	Yes	
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		No
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 Compliance			
			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 175			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country EI			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	F-		
<b>c</b> -	Tax Shelter Transaction?	5c		NI -
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
	year?			
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
	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?	9Ь		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A. G	overning Bo	ody 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	36						
Ь	Enter the number of voting members that are independent	1b	33					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	·	2		Νο			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect governing body?	7a		Νο				
Ь	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 active year by the following	ons ur	ndertaken during the					
а	the governing body?			8a	Yes			
b	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 organization.		•	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was to describe in Schedule O the process, if any, the organization uses to review the			10	Yes			
11	Is there any officer, director or 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							

#### 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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	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		No
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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

John T Cuckler
Mileti Alumni Center
Bowling Green, O.H., 434030054

Bowling Green, OH 434030054 (419) 372-2551

# 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

The check this box in the organization and i		Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	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)	Estimated amount of other compensation from the organization and related organizations
							_			

#### Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							▶	9,259	768,853	134,124
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	mor	e thar	1 \$ 1	00,000 ın reportabl	e	

compensation from the organization**▶**0

			Yes	No			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo			
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο			

Section	В.	Inde	pendent	<b>Contractors</b>
---------	----	------	---------	--------------------

from the organization .

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
Ruffalo Cody 65 kırkwood north road sw CEDAR RAPIDS, IA 52404	fundraising	457,886
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

Part
VIII

**Statement of Revenue** 

1						Function	Business Revenue	Excluded from Tax under IRC
1						Revenue	Revenue	512, 513, or 514
- 1	La	Federated cam	paigns 1a					
1	b	Membership du	es					
	С	Fundraising eve	ents <b>1</b> c					
	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) <b>1e</b>					
:	f	All other contribution	ons, gifts, grants, and <b>1f</b>	10,569,817				
1	g		butions included in					
:		lines 1a-1f \$ _	534,200					
	h	Total (Add line	s 1a-1f)	1	10,569,817			
	2a			Business Code				
	b							
	c							
	d							
	e							
	_	All other progra	am service revenue					
	•	— The progra	im service revenue					
	g	Total. Add lines	s 2a-2f	<b> </b> \$				
3	;		ome (ıncludıng dıvıden					
			mounts)		2,341,408		12,652	2,328,7
4			tment of tax-exempt bond		0			
5	i	Royalties	() PI		0			
6	ia	Gross Rents	(ı) Real	(11) Personal				
	b	Less rental						
	_	expenses Rental income						
	С	or (loss)						
$\vdash$	d	Net rental inco	me or (loss)					
,	'a	Gross amount	(ı) Securities 24,825,377	(II) O ther				
	а	from sales of assets other	21,623,377					
	b	than inventory Less cost or	28,586,124					
		other basis and sales expenses						
	c	Gaın or (loss)	-3,760,747					
L	d	Net gain or (los	s)		-3,760,747			-3,760,7
8		Gross income f events (not inc						
		\$						
		See Part IV, lin	reported on line 1c) ie 18					
			G if total exceeds					
		\$15,000						
			penses <b>b</b> (loss) from fundraising	ovents •	0			
-			rom gaming activities	events ·				
	_	See part IV, lin	e 19					
		Complete Schedu \$15,000	ule G ıf total exceeds					
		7/	а					
	b	Less direct ex	penses b					
	c	Net income or (	loss) from gamıng actı	vities	0			
1	.0a	Gross sales of returns and allo						
	b	Less cost of g						
			loss) from sales of inve	entory ►	0			
		Miscellaneous	Revenue	Business Code				
1	l1a	Program Devel	opment		1,571,857	1,571,857		
	b							
	c							
1	_	All other reven	ue					
	d							
	d e		s 11a-11d	\$ 1,571,857				

### 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 ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,228,657	7,228,657							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,451,539	2,451,539							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	9,259		9,259						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	196,488	0		1,348					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	0								
11	Fees for services (non-employees)									
а	Management	0								
b	Legal	15,471	0	15,175	296					
c	Accounting	29,750	0	29,750	0					
d	Lobbying	0								
e	Professional fundraising See Part IV, line 17	457,886			457,886					
f	Investment management fees	62,416	0	62,416	0					
g	Other	1,307,736	1,245,832	45,958	15,946					
12	Advertising and promotion	0								
13	Office expenses	727,154	599,407	59,130	68,617					
14	Information technology	13,221	0	13,221	0					
15	Royalties	0								
16	Occupancy	5,046	5,046	0	0					
17	Travel	315,136	197,832	16,606	100,698					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	304,333	117,756	114,640	71,937					
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	0								
23	Insurance	2,069	0	2,069	0					
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	Fees, registrations and dues	397,138	373,598	20,263	3,277					
b	PRNTNG/PUBLICATIONS/POSTAGE	234,014	32,371	56,314	145,329					
c	All other expenses	57,248	22,064	35,184	0					
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	13,814,561	12,274,102	675,125	865,334					
26	<b>Joint Costs.</b> 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				<b>900</b> (2008)					

Part X	Balance	Sheet

			(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing	784,183	1	Liid Oi	929.200
	2	Savings and temporary cash investments	,	2		,
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees or				
	6	other related parties Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and		5		
		persons described in section 4958(c)(3)(B) Complete Part II of Schedule L $$ .		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
ş	9	Prepaid expenses and deferred charges		9		
Assets	10a	Land, buildings, and equipment cost basis				
_	ь	Less accumulated depreciation Complete Part VI of Schedule D		10c		
	11	Investments—publicly traded securities	102,994,993	11	8	1,238,679
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		12		
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	4,200			4,200
		D	103,783,376	15		2 172 070
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	103,763,376	16		2,172,079 85,544
	17	Accounts payable and accrued expenses .	0	17		05,544
	18	Grants payable	1 266 160	18		1 250 244
	19	Deferred revenue	1,366,160	19		1,350,344
Ø.	20	Tax-exempt bond liabilities		20		
Liabilities	21 22	Escrow account liability Complete Part IV of Schedule D		21		
jab		employees, highest compensated employees, and disqualified  persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	1,366,160	26		1,435,888
ران الله		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27				
5	27	through 29, and lines 33 and 34. Unrestricted net assets	2,187,296	27		-915,610
Balance	28	Temporarily restricted net assets	36,342,239	28		0,282,484
<u> </u>	29	Permanently restricted net assets	63,887,681	29		1,369,317
Fund		Organizations that do not follow SFAS 117, check here ► □ and complete	30,001,001	-		1,000,011
		lines 30 through 34.				
s or	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net	33	Total net assets or fund balances	102,417,216	33	8	0,736,191
<u>z</u>	34	Total liabilities and net assets/fund balances	103,783,376	34	8	2,172,079
Da	rt XI	Financial Statements and Reporting				
T G					Yes	No

Dart YT	Financial	Statements	and Reporting

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

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As Filed Data -

DLN: 93493089005020

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.

Open to Public Inspection

		ne organizat i						Em	ployer ide	nt if icat ic	n nu	ımber	
30WLI	NG GRI	EEN STATE UNI	VERSITY FOUNDAT	IONINC					6007100	2			
Da	rt I	Peacon	for Bublic C	harity Status (to be co	mplotod	by all or	aanizatio		-6007199				
				ation because it is (Please					monuce				
1				urches, or association of ch					Δ )(i).				
2	<u>'</u>	-		·			occion i	-, 0(D)(1)(	, r. ) ( · ) ·				
3	<u>'</u>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)  A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)											
4	<u>'</u>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the											
-	'		name, city, and	,	OII WILII a I	ilos pitai ut	escribed ii	Section .	170(D)(1)	(~)().	-11161	tile	
5	굣	•		or the benefit of a college or	universit	v owned o	r operated	by a gove	rnmantal	unit doca	ribo	d in	
,	1,	=	•	(Complete Part II )	universit	y owned o	i operateu	by a gove	ammentar	unit desc	iibe	u III	
_	$\vdash$			overnment or governmental	unit docor	uhadun <b>Sa</b>	ction 170/	/b\/1\/ <i>A</i> \/	(1 <b>)</b>				
6 7	<u>'</u>	•	· -	ally receives a substantial p						n tha gan	oral	nublic	
•	,			o)(1)(A)(vi) (Complete Par		зиррогі пс	ili a govei	illille litai t	11111 01 11011	ii tile geli	erai	public	
8	$\vdash$		-	ed in <b>Section 170(b)(1)(A)</b>	•	nloto Pari	+ TT \						
9	<u>'</u>		•	ally receives (1) more than			•	antribution	s mamba	rchin foo	c an	d aro	
9	'	-		ated to its exempt functions						•	•	-	33
				estment income and unrelate	-			, ,	•				
			<del>-</del>	on after June 30, 1975 See			,			x ) 11 O111 DC	131116	3363	
10	$\vdash$		-	and operated exclusively to			•		•	ae instruc	tion	c \	
11	<u>'</u>	_	=	and operated exclusively to	•		•					•	os of
	,	_	=	orted organizations describe					•	•			
		_		type of supporting organiza				_	h	_			
	_	a				- Function			d	Тур			
e	ı	•	- '	rtify that the organization is			•					•	
		section 50		agers and other than one or	more publ	icly suppo	orted orga	nizations (	iescribed	in sectio	11 5 0	9 (a)(.	1) 01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supporti	ng oi	rganız	ation,
		check this											Γ
g				as the organization accepted	d any gift	or contribi	ution from	any of the	!				
		following pe		r indirectly controls, either a	alone or to	aether wit	th persons	describe	d in (ii)		Г	Yes	No
			· ·	ng body of the the supported		-	p 0 0		(,	11g	(i)	103	No
				erson described in (i) above						11g			No
			•	ty of a person described in (		hove?				11g	_		No
h				nation about the organizatio			supports			[9	,		
						,							
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vi	ii) Am	ount of
	Supp	orted	. ,	(described on lines 1-9	organiz	atıon ın	the orga	nızatıon	organiz	ation in	`	supp	
	O rgan	nization		above or IRC section		listed in		) of your		rganized			
				(See Instructions))	your go	verning ment?	supp	orty	in the	US?			
					Yes	No	Yes	No	Yes	No	-		
					162	140	162	140	162	140	+		
										<del>                                     </del>	+		
										<del>                                     </del>			
										-	+		
					l	I	l	I	l	1	1		

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 or	n line 5, 7, or	8 of Part I.)				
P	ublic Support							_
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	11,947,432	14,916,045	13,141,572	14,884,980	:	10,569,817	65,459,846
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge	367,000	392,000	413,000	2,186,000		2,026,000	5,384,000
4	Total. Add line 1-3	12,314,432	15,308,045	13,554,572	17,070,980	:	12,595,817	70,843,846
5	The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount							4,687,114
	shown on line 11, column							
6	(f) <b>Public Support</b> subtract line 5 from line 4							66,156,732
T	otal Support			•			•	
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	12,314,432	1,954,771	13,554,572	17,070,980	1	12,595,817	70,843,846
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar	1,521,283	1,954,771	2,328,111	3,348,076		2,329,450	11,481,691
	sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	33,024	11,817		11,958	56,799
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							82,382,336
12	Gross receipts from related activities, etc	(See instruction	s )		•	12		8,265,054
13	<b>First Five Years.</b> If the Form 990 is for the organization, check this box and <b>stop here</b>		st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(	3)	<b>▶</b> □
	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		80.305 %
15	Public Support Percentage for 2007 Sched					15		82.172 %
	<b>33 1/3% Test - 2008.</b> If the organization did and <b>stop here.</b> The organization qualifies as	a publicly supp	orted organizáti	on	•			<b>▶</b>  ✓
Ь	<b>33 1/3% Test - 2007.</b> If the organization di box and <b>stop here.</b> The organization qualification and stop here.				5 is 33 1/3% or	r more	, check thi	s <b>▶</b> 厂
	10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fac organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.	If the organization its and circumst ances" test The If the organization	on did not check ances" test, che e organization qu on did not check	a box on line 13 eck this box and ualifies as a publ a box on line 13	<b>stop here.</b> Expl licly supported 3, 16a, 16b, or :	laın in organi: 17a ar	Part IV ho zation nd line 15 i	% or w the ► s 10% or
18	more, and if the organization meets the "fact the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did instructions	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted org	ganızatıon	w ▶⊏

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>(b)</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)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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						
	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	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	<b>Supplemental Information.</b> 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

# Software ID: Software Version:

**EIN:** 34-6007199

Name: BOWLING GREEN STATE UNIVERSITY FOUNDATIONINC

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aa	a									
	(C) Position (check all that apply)								<b>(E)</b>	(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
Bahner Peter , Dırector	1 0	Х						0	0	0
Bailey James , Director	1 0	Х		Х				0	0	0
Braun Theresa , Director	1 0	Х		Х				0	0	0
Bryan David , Director	1 0	Х						0	0	0
Cartwright Carol , President, BGSU	10	Х		Х				0	136,291	18,999
Cox David , Director	10	Х						0	0	0
Craig Andre' , Director	1 0	Х						0	0	0
Fox Marilyn , Director	1 0	Х						0	0	0
Gallagher Everett , Dırector	1 0	Х		Х				0	0	0
Green Allen , Director	1 0	Х						0	0	0
Hansen Dorothy , Director	1 0	Х						0	0	0
Hoops Kathryn , Dırector	1 0	Х						0	0	0
Irwin Don , Director	10	Х						0	0	0
Karr Bernard , Director	10	Х						0	0	0
Kuhlin Michael , Director	1 0	Х						0	0	0
McGuire Michael , Director	1 0	Х						0	0	0
Misamore Bruce , Director	1 0	Х						0	0	0
Nakamoto Hıroko , Dırector	1 0	Х						0	0	0
Norton Marlene , Director	1 0	Х						0	0	0
Nyberg Bruce , Director	1 0	Х						0	0	0
Orchard Thomas , Director	1 0	Х		Х				0	0	0
Phillips George , Director	1 0	Х						0	0	0
Radbill Geoffrey , Director	1 0	Х						0	0	0
Rader Gerald , Director	1 0	Х						0	0	0
Rader Jeffrey , Director (Alumni Assn Rep)	1 0	Х						0	0	0
Ryan Patrick , Director	10	Х						0	0	0
Scott Carlleen , Director	1 0	Х						0	0	0
Smith Jr Hugh , Director	10	Х						0	0	0
Steele Jacien , Director	10	Х						0	0	0
Thatch Gregory , Director	1 0	Х						0	0	0

Form 990, Part VII - Section Aaa

TOTHI 550, Part VII Section Add	<u> </u>									
			(C tion ( hat a	chec		I				(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	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
Thompson Ellen , Director	1 0	Х						0	0	0
Thompson Suzanne , Director	1 0	Х						0	0	0
Voll Francis , Director	1 0	Х						0	0	0
Weger Michael , Director	1 0	Х						0	0	0
Williams Ellen , Director (Faculty Senate Rep)	10	Х						0	164,015	27,791
Williamson R Max , Director	1 0	Х						0	0	0
Smith J Douglas , Vice President - BGSU	1 0			х				6,396	188,931	36,579
Latta Marcia , Assoc Vice President - BGSU	1 0			х				2,863	168,400	23,684
Cuckler John , Asst Vice President - BGSU	1 0					х		0	111,216	27,071

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The Bowling Green State University Foundation stewards donors in ways that support the mission and vision of Bowling Green State University by: Stimulating alumni, friends, students, faculty, and staff to be donors, and assist in accumulating private resources for the benefit of the University. Utilizing its resources for the betterment of the University consistent with donors goals and intentions. Providing its donors with opportunities to witness and experience the results of their philanthropy.

OMB No 1545-0047

2008

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** 

Name of the organization
BOWLING GREEN STATE UNIVERSITY FOUNDATIONINC

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.

Pa	rt I	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		unds or Accou	<b>nts.</b> Comple	te if the
			(a) Donor advised funds	(b) Funds ar	nd other accou	nts
1	Total	number at end of year				
2	Aggre	gate Contributions to (during year)				
3	Aggre	gate Grants from (during year)				
4	Aggre	gate value at end of year				
5		ne organization inform all donors and donor advis are the organization's property, subject to the o		nor advised	☐ Yes	┌ No
6	used ( imper	ne organization inform all grantees, donors, and only for charitable purposes and not for the benimissible private benefit?			☐ Yes	☐ No
Pa	rt II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	to Form 990, Par	t IV, line 7.	
<b>1</b> 2	☐ P☐ P☐ P☐ Comp	se(s) of conservation easements held by the or reservation of land for public use (e g , recreation rotection of natural habitat reservation of open space lete lines 2a-2d if the organization held a qualicated and of the tax year	on or pleasure) Preservation of a	ertified historic stru	ucture	a
		, , , , , , , , , , , , , , , , , , , ,		Held	at the End of	the Yea
а	Tota	I number of conservation easements		2a		
b	Tota	l acreage restricted by conservation easements	S	2b		
С		ber of conservation easements on a certified his		2c		
d		ber of conservation easements included in (c) a	` ,	2d		
3		er of conservation easements modified, transfe	,		ion during	
,		xable year -	rred, released, extinguished, or terminat	ed by the organizat	ion during	
4	Numb	er of states where property subject to conserva	ation easement is located ►			
5		the organization have a written policy regarding tement of the conservation easements it holds?		ations, and	☐ Yes	┌ No
6	Staff	or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	e year ►		
7	A mou	nt of expenses incurred in monitoring, inspectir	ng, and enforcing easements during the y	ear ► \$		
8		each conservation easement reported on line 2 n)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction	☐ Yes	┌ No
9	balan	rt XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of t ganization's accounting for conservation easem	he footnote to the organization's financia	•		
Pai	t III	Organizations Maintaining Collectio Complete of the organization answered "		or Other Simila	ar Assets.	
1a	art, hı	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in furtherance o		е,
h	Ifthe	organization elected as permitted under SEAS.	116 to report in its revenue statement:	and balance sheet v	works of art	

- **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

Revenues included in Form 990, Part VIII, line 1

**-** \$

**b** Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Schedule D (Form 990) 2008

3	Using the organization's accession and othe	•			•			niciriueu )
	items (check all that apply)		. –					
а	Public exhibition		d	Loan or excha	ange programs			
b	Scholarly research		е Г	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	ollections and explain	how the	ey further the or	ganızatıon's exe	empt purpose in		
5	During the year, did the organization solicit							
D	assets to be sold to raise funds rather than t					<u> </u>	Yes	No
Pal	Trust, Escrow and Custodial A Part IV, line 9, or reported an an				iizauon answe	red res to re	oriii 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	ıary for	contributions or	other assets n		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A mou	nt	
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?			Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	•						
Pa	rt V Endowment Funds. Complete							
	D	(a)Current Year 77,552,640	(b)Prio	r Year   (c)Two	Years Back (d)T	hree Years Back   (e	Four Y	ears Back
.a	Beginning of year balance	3,136,030						
Ь	Contributions							
<b>c</b>	Investment earnings or losses	-16,093,725						
d	Grants or scholarships	942,371						
e	Other expenditures for facilities and programs							
f	Administrative expenses	829,805						
g	End of year balance	62,822,769						
2	Provide the estimated percentage of the yea	r end halance held as						
- а	Board designated or quasi-endowment	0 081 %						
_	Permanent endowment 99 92 %							
Ь	remanent endowment P							
с 	reminencowinem F					h		
3a	Are there endowment funds not in the posses organization by	ssion of the organizat	ion that	are neid and ad	ministered for t	ne	Yes	No
	(i) unrelated organizations					3a(i)		No
	(ii) related organizations					3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	on Sche	dule R?		3b		
ŀ	Describe in Part XIV the intended uses of th	e organızatıon's endo	wment	unds				_
aı	t VI Investments—Land, Buildings	s, and Equipmen	<b>t.</b> See	Form 990, Pai	rt X, line 10.			
	Description of investment			(a) Cost or other pasis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) E	ook value
La	Land							
b	Buildings		,					
c	Leasehold improvements		.					
d	Equipment		.					
e	Other		.				1	
	I. Add lines 1a-1e (Column (d) should equal Fo				1	l	+	

uncertain tax positions under FIN 48

(a) Description of security or cateory	(b)Book value	(c) Method of valuation
(including name of security)	(D)DOOK value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	) <b>-</b>	
Part VIII Investments—Program Related.	Soo Form 000 Dart V June 1	2
		(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 >> (a) De	scription	(b) Book value
LOAN GUARANTEES		2,000
OTHER ASSETS		2,200
Total. (Column (b) should equal Form 990, Part X, col.(B) I		
Part X Other Liabilities. See Form 990, Pa		
(a) Description of Liability Federal Income Taxes	(b) A mount	
rederal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	) 📭	
In Part XIV, provide the text of the footnote to the orga		nat reports the organization's liability for

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,722,335
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,814,561
3		3	-3,092,226
4	Excess or (deficit) for the year Subtract line 2 from line 1	4	-18,588,799
5	Net unrealized gains (losses) on investments	5	10,300,733
	Donated services and use of facilities		
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,374,793
9	Total adjustments (net) Add lines 4 - 8	9	-19,963,592
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-23,055,818
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	-9,316,839
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-20,039,174
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,722,335
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		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	10,722,335
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	13,738,980
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		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-75,581
3	Subtract line <b>2e</b> from line <b>1</b>	3	13,814,561
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	13,814,561
Dar	t XIV Supplemental Information		

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

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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Other Revenue on Books not on Return	Part XII/XIII, Line 2D	Accrual-basis audited financial statement balances adjusted to cash-basis. The total accrual adjustment to revenue is (\$1,450,375). The total accrual adjustment to expenses is (\$75,581).
Intended uses of organization's edowment funds	Pt V, Line 4	The Foundations endowment funds are used to support the programs of the University, provide scholarships and support for University students, and assist in the funding of University capital projects
Other adjustments to change in net assets	Pt XI, Line 8	The audited financial statements are prepared on an accrual basis while the foundation maintains the books on a cash basis. The net cash to accrual adjustment is (\$1,374,793)

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As Filed Data -

DLN: 93493089005020

**Employer identification number** 

34-6007199

OMB No 1545-0047

Open to Public Inspection

#### **Supplemental Information Regarding SCHEDULE G** (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization BOWLING GREEN STATE UNIVERSITY FOUNDATIONING

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- e Solicitation of non-government grants
  - Solicitation of government grants
- Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

/:::\ D.d

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Ruffalo CODY Telephone fundraising			No	1,104,000	457,886	646,114
Total	•	•	<b>&gt;</b>			

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

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မေ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes%	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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Schedule I

(Form 990)

Internal Revenue Service Name of the organization DLN: 93493089005020 OMB No 1545-0047

Governments and Individuals in the U.S. Department of the Treasury

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

**Grants and Other Assistance to Organizations,** 

Open to Public **Inspection** 

Employer identification number

BOWLING GREEN STATE UNI						34-6007199	
1 Does the organization ma	untain records to s		of the grants or assistar				E
the selection criteria use  Describe in Part IV the o	rganızatıon's proce	dures for monitoring the	e use of grant funds in th	e United States			
Form 990, Part : Part IV and Sch	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	ived more than \$5,00	00. Check this box in	es. Complete if the oight find one recipient rece	eived more than \$5,0	
1(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bowling Green State University319 administration building bowling green,OH 43403	34-6402018	115	7,228,657				Support exempt purpose of the University
2 Enter total number of sec							
3 Enter total number of oth							•

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

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

See Additional Data Table

See Additional Data Table		
Ident if ier	Return Reference	Explanation
Form 990, Schedule I, Part I	Description of Organization's Procedures for granting funds	The Foundation maintains guidelines for the granting of funds from each of its scholarship accounts. Each of the accounts has an Account Representative that is responsible for monitoring the selection process to assure that the guidelines are followed in the selection of the scholarship recepient. Funds are then distributed to the recpient by the office of Student Financial Aid (SFA). The Foundation then reimburses SFA for those Foundation scholarships distributed.

Software ID: Software Version:

**EIN:** 34-6007199

Name: BOWLING GREEN STATE UNIVERSITY FOUNDATIONINC

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Administrative Staff Scholarship	7	5,000			
M Margaret Foster Schol Teacher Educ	3	9,900			
Alumnı Legacy Scholarshıp Endowment	13	15,600			
Charles & Jane Arnold Laureate Schishp	1	6,596			
J Robert Bashore Scholarship	5	10,000			
Antonia G Yohn Memorial Scholarship	1	5,500			
Marilla Bixler Memorial Scholarship	6	6,000			
James Kight Memorial Scholarship	2	5,500			
College of Education & Human Development	4	13,850			
CMA Scholarships & Awards	2	5,800			
Gilbert & Lottie Cooke Memorial Schol	1	6,500			
Connor Scholarship	5	5,700			
Supply Chain Management Institute	30	27,250			
Florence & Jesse Currier Endowed Award	8	13,000			
John Davidson Scholarship	8	6,000			
Blaine T & Lauretta B Ebert Schol	4	6,000			
Firelands College Scholarships	41	31,700			
Sidney Frohman Scholarship Fund	7	17,300			
Henry H Geary Jr Scholarship	4	12,000			
Gottshall-Rex Memorial Scholarship	2	11,000			
Katzner Grad Stdt Rsch & Prfsnl Devl	9	8,800			
Hearst Scholarship	5	10,548			
Ingram-White Castle Scholarship	9	12,348			
John C Jadel Schol in Physical Science	1	6,282			
Delbert Latta Scholarship	10	20,000			
Edward & Jeanne Ferkany Fund	1	5,000			
Ardanall B Mason Memorial Scholarship	10	10,000			
Brecklen Foundation Instrumental Music	34	5,640			
Medici Circle Patrons of Art	11	5,500			
Alumnı Laureate Scholars Fund	9	63,689			

Form 990, Schedule I, Part III, Gran	ts and Other A	ssistance to Individ	luals in the United	States	
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Management Department	7	9,600			
Dorothy MacKenzie Annual Purchase Award	2	5,500			
Accounting & MIS Department Fund	15	20,750			
Marketing Department	6	7,050			
Hollis A Moore Memorial Scholarship	4	6,000			
E L Moseley Scholarship	8	28,000			
Blanche & Charles Naugle Memorial Schol	13	14,000			
Lorrene & Vergil Ort Scholarship	5	18,000			
J Robert & G Overman Scholarship Fund	14	39,900			
Marjorie C Peatee Art Song Competition	11	6,500			
Peregrine Society Scholarship	6	10,400			
Doyt & Loretta Perry Scholarship	2	8,440			
William J Primrose Scholarship	2	10,000			
Pro Musica Scholarship	4	7,200			
Pro Musica	70	22,631			
Diamante Scholarship Fund	7	7,000			
F Reams Public Affairs Fellowship	4	22,790			
George L Mylander Alumnı Laureate Schol	1	10,627			
Olive H Schlink Nursing Scholarship	12	12,000			
Alma J Payne Scholarship	2	6,000			
Janet Shanklın Scholarshıp	3	11,500			
Howard S & Joan H Adams End Educ Schol	4	10,000			
George R & Marvell S Snyder Schol	3	6,375			
Mary Ellen Keil Scholarship in History	3	15,000			
James W Strong Fine Arts Scholarship	6	6,300			
Robert & Ellen D Thompson Scholarship	5	5,500			
Frost-Parker Fdn Scholarship-Main Campus	9	10,048			
Robert and Wrey Barber Scholarship	10	40,000			
Twenty First Century Scholarship	6	6,000			
Harkness Alumnı Laureate Scholarshıp	1	5,328			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States						
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
A nabel & Lyle Willhite Scholarship	7	14,000				
Philip S Willis/Society Bank Schol	6	5,500				
R Donald & Marjorie Robinson Laureate	5	43,989				
Jadel Scholarship in Journalism	1	5,800				
Sherrie L Jones Scholarship	3	8,100				
William L Allen Scholarship	2	7,200				
Harry V Frankfather Scholarship	14	28,000				
Violet Beebe Johnson Memorial Schol	1	6,500				
Stuart R Givens Memorial Fellowship	1	6,000				
Calvin D McDaniel Mem Laureate Schlrshp	1	12,066				
John F Carr Laureate Scholarship	2	12,309				
T & C Pemberton Alumnı Laureate Endwmt	1	8,110				
Charlotte R Schmidlapp Scholarship	7	6,935				
Inst for Excel in Svcs Partnership Schol	3	7,000				
Alma J Payne Non-Traditional Stdt Schol	2	5,600				
Institute for Excellence in Svcs Mktg	10	5,700				
Hoskins Student Study Abroad Award	6	7,000	1			
Various academic assitance	688	1,505,288				

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As Filed Data -

DLN: 93493089005020

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

2008

Department of the Treasury Internal Revenue Service

Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization BOWLING GREEN STATE UNIVERSITY FOUNDATIONING **Employer identification number** 

34-6007199

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	$\vdash$	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N		, , ,	1b	Yes	
2	Did the organization require substantiation prior to	reımbur	sing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive	Direct	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t		·			
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>  -                                   </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	empensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			R		N o

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Cartwright Carol	(I) (II)	0 135,385		0 906	0	0 18,999	0 155,290	0
Williams Ellen	(I) (II)		0	0	0 0	0 27,791	0 191,806	_
Smith J Douglas	(I) (II)		1	6,396 0	0	0 36,579	6,396 225,510	
Latta Marcıa	(ı) (ıı)	0 153,730		2,863	0	0 23,684	2,863 192,084	
	(i)	<u> </u>	<b>4</b>			<u> </u>		_
	(ii)	<u> </u>	<del> </del>			<del> </del>		-
	(i) (ii)		<u></u>	-	<del> </del> '	-	-	-
	(i)			-	<u> </u>			1
	(ii)	+		<u> </u>	<del> </del>		<u> </u>	1
	(i)							1
	(ii)			,				_
	(i)	!	<u></u>					
	(ii)	<u> </u>	<b></b> '	<u> </u>	<u> </u>	<b></b>		_
	(i)	<u> </u>	<del> </del>		<u> </u>	<b></b>	<u> </u>	_
	(ii)	1	1	'	1	1	1	

#### 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

Ident if ier	Ret urn Ref erence	Explanation
SCH J, PART I, LINE 1A		The Foundation pays annual membership dues of \$2,236 56 to Belmont Country Club for the University President to provide a facility for donors meetings. The Foundation maintains this membership on behalf of the University President for business purposes only

Schedule J (Form 990) 2008

# **Non-Cash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

Name of the organization BOWLING GREEN STATE UNIVERSITY FOUNDATIONING Employer identification number

34-6007199

Pa	<b>rt I</b> Types of Property							
		(a) Check ıf	<b>(b)</b> Number of Contributions	<b>(c)</b> Revenues reported on Form 990, Part VIII, line	<b>(d)</b> Method of de reven	etermii	nıng	
		applicable		1 g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
7	'							
	Intellectual property							
	Securities—Publicly traded .	X	23		comparable price			
	Securities—Closely held stock .	X	2	250,000	opinions of experts			
	Securities—Partnership, LLC, or trust interests							
	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	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			
	<del>-</del>						Yes	No
30a	During the year, did the organiza hold for at	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date o			not required to be used for e	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme						V	
31	Does the organization have a gif	•		·		31	Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
Ь	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							

<b>Supplemental Infor</b> 32b, and 33. Also com	<b>mation.</b> Complete this part to property the property and the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
	Schedule M line 32 b	The Foundation utilizes UBS as a broker to sell all donated publicly traded stocks and securities

TELEVISION STATION

# OMB No 1545-0047

**Employer identification number** 

34-6007199

0000

2008

Open to Public Inspection

### **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form 990)

4D

# Supplemental Information to Form 990

► 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.

Name of the organization BOWLING GREEN STATE UNIVERSITY FOUNDATIONING

 Identifier
 Return Reference
 Explanation

 PART III, LINE
 OTHER PROGRAM SERVICES INCLUDE PROVIDING SUPPORT TO UNIVERSITY INSTITUTIONS AND CENTERS, ATHLETIC AND RECREATIONAL PROGRAMS AND WBGU-TV, THE BOWLING GREEN STATE UNIVERSITY

ldentifier	Return Reference	Explanation
PART VI, SECTION A, LINE 10	ORGANIZATION'S GOVERNING BODY PROCEDURES FOR FORM 990 REVIEW	A completed final Draft copy of the Form 990 is reviewed by the Audit Committee and Nominating and Governance Committee of the Foundation's Board of Directors via a telephone-conference Subsequent to any revisions from this review, a final Form 990 is e-mailed to all Foundation Directors for their review Questions, comments and corrections are communicated to the Controller for follow-up. Any final changes are communicated back to all Board members Subsequent to these revisions the Form 990 is then filed.

ldentifier	Return Reference	Explanation
PART VI, SECTION B, LINE 12C	WRITTEN CONFLICT OF INTEREST POLICY ENFORCEMENT	All Foundation Board of Directors are required to read, sign and submit a copy of the Foundation's Code of Conduct Policy The Administrative Assistant to the Foundation President/CEO distributes a copy to all Board members in the Fall and monitors their return. Any late returns (due by October 31st) are brought to the attention of the President/CEO for follow up. In addition, any exceptions to the Policy as noted by the Board member are brought to the attention of the President/CEO for his disposition.

ldentifier	Return Reference	Explanation
PART VI, SECTION B, LINE 15A & 15B	DETERMINATION OF COMPENSATION FOR CEO, EXEC DIRECTOR, & TOP MANAGEMENT	The officers of the Foundation (President/CEO, Vice President, Controller) are employees of Bow ling Green State University and are therefore subject to the Personnel Policies of the University. The Chairman of the Foundation Board with the Executive Committee of the Board is responsible for the annual review of the President/CEO. The President/CEO is responsible for the annual review of both the Vice President and Controller. The President of the University performs a final review and approval of the annual review/compensation of the officers of the Foundation. The Foundation Executive Committee is also responsible for the final review and approval of the annual incentive compensation awards.

ldentifier	Return Reference	Explanation
PART VI, SECTION C, LINE 19	PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS, AND POLICY	The Foundation's governing documents, conflict of interest policy, and financial statements are available upon request at the Foundation's offices at Mileti Alumni Center, Bow ling Green, Ohio

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493089005020

OMB No 1545-0047

**Employer identification number** 

2008

Open to Public Inspection

Schedule R (Form 990) 2008

# SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

BOWLING GREEN STATE UNIVERSITY FOUNDATIONING 34-6007199 Part I **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity (D) Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity Bowling Green State Univ Foundation LLC BGSU fdn Mıletı Alumnı Center 350,000 R E MGMT ОН 0 Bowling Green, OH 43403 34-6007199 **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Direct controlling Exempt Code section Public charity status Primary activity or foreign country) (if section 501(c)(3)) entity Bowling Green State University NA 319 Administration Building Education ОН 115 Bowling Green, OH43403 34-6402018

Cat No 50135Y

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom inve	(E) ominant e(related, estment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> 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 organization		(B) Primary activity		Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(5)

(6)

Part V	<b>Transactions with Related Organizations</b>
	ilandactions mith iterated organizations

Pa	rt V Transactions with Related Organizations								
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No					
<b>1</b> D	Ouring the tax year, did the orgranization engage in any of the following transactions 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 entity	1a		No					
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes						
c	Gift, grant, or capital contribution from other organization(s)	1c		No					
d	Loans or loan guarantees to or for other organization(s)	1d		No					
e	Loans or loan guarantees by other organization(s)	1e		No					
f	Sale of assets to other organization(s)	1f		No					
g	Purchase of assets from other organization(s)	1g		No					
h	Exchange of assets	1h		No					
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No					
j Lease of facilities, equipment, or other assets from other organization(s)									
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes						
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No					
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes						
n	Sharing of paid employees	1n	Yes						
0	Reimbursement paid to other organization for expenses	10	Yes						
p	Reimbursement paid by other organization for expenses	1р	Yes						
q	O ther transfer of cash or property to other organization(s)	1q	Yes						
r	O ther transfer of cash or property from other organization(s)	1r		No					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
	(A) Name of other organization(s)  (B) Transaction type(a-r)  (C) Amount Involved								
(1)									
(2)									
(3)									
(4)									
/									

#### 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

	T	ı	(5)		· -			1	1	
<b>(A)</b> Name, address, and EIN of entity	( <b>B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	( <b>F</b> ) Dispropition allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1				ı		1		