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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

# 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

2008

OMB No 1545-0047

Open to Public Inspection

<b>B</b> Check	c if app	licable Please	C Name of organization Ball State University Foundation Inc			D Employer ider	itilication number
☐ Addre	ss char	nge use IRS label or	·			35-6024566	
Name	chang		Doing Business As			E Telephone nu	mber
┌─ Initial	_	type. See Specific				(765) 285-8	312
_		Instruc-	Number and street (or P O box if mai 2800 W Bethel Avenue	l is not delivered to street addre	ess) Room/suite	G Gross receipts	s \$ 80,972,733
Termi		tions.					
Amen	ded ret	turn	City or town, state or country, and ZIP Muncie, IN 47304	P + 4			
Applic	ation p	ending	Transle, IV 17501				
		F Na	— me and address of Principal Officei	r	H(a) Is thu	s a group return	for
			W Bahlmann CEO		affilia		⊤Yes ▼No
			W BETHEL AVENUE e,IN 47304				
<b>T</b> Tax-6	exempt	•	c) (3) <b>4</b> (insert no )			affiliates include	
_				1 327	7 .	•	See instructions )
J Web	site:	www bsu edu/	'bsufoundation/		H(c) Grou	p Exemption Nur	nder <b>F</b>
					<u> </u>		
<b>К</b> Туре с	of organ	nization J <b>∽</b> Corpora	ition trust association other		L Year of For	mation 1950   M S	State of legal domicile IN
Part		Summary					
1 41 6		-	ne organization's mission or most s	ignificant activities			
	В	ALL STATE UNI	IVERSITY FOUNDATION AIMS T	O MAXIMIZE SUSTAINA	BLE SUPPOR	T FOR BALL STA	ATE UNIVERSITY BY
ညီ			/ESTING, AND ADMINISTERING	GIFT SUPPORT AND PR	UDENTLY DIS	CHARGING ITS	FIDUCIARY
፱	0	BLIGATIONS					
<b>⊕</b>							
Governance	<b>2</b> C	heck this box	if the organization discontinued its	s operations or disposed o	of more than 2	5% of its assets	
	3 N	umber of voting	members of the governing body (Pa	art VI, line 1a)		з _	31
8	<b>4</b> N	umber of indepe	ndent voting members of the gover	ning body (Part VI, line 1	b)	. 4 _	28
Activities &	<b>5</b> T	otal number of e	mployees (Part V , line 2a)			5 _	18
를	<b>6</b> T	otal number of v	olunteers (estimate if necessary)			6 _	31
٩	<b>7</b> a T	otal gross unrela	ated business revenue from Part V	III, line 12, column (C)		7a _	-53,249
	<b>b</b> N	et unrelated bus	iness taxable income from Form 99	90-T, line 34		7b	-62,748
					Prio	r Year	Current Year
	8	Contributions an	nd grants (Part VIII, line 1h)			23,177,531	12,315,100
≗	9	Program service	revenue (Part VIII, line 2g)				0
Revenue		_	me (Part VIII, column (A), lines 3,			6,336,185	-4,879,254
#   1			Part VIII, column (A), lines 5, 6d, 8			36,943	-1,384
		•	add lines 8 through 11 (must equal		ie 🗀	,	,
		12)				29,550,659	7,434,462
1	L3	Grants and sımıl	ar amounts paid (Part IX, column (	A), lines 1-3)		22,776,772	21,784,157
1	L <b>4</b>	Benefits paid to	or for members (Part IX, column (A	), line 4)			0
1		•	ompensation, employee benefits (F	Part IX, column (A), lines	5 –		
δ 2		10)				1,283,420	1,443,710
Expenses			draising fees (Part IX, column (A),				0
<u> </u>	b	(Total fundraising ex	xpenses, Part IX, column (D), line 25 $\frac{3,659}{1}$	9,181)			
_	L7	Other expenses	(Part IX, column (A), lines 11a-11	ld, 11f-24f)		5,221,206	6,099,786
1	L8	Total expenses-	–add lines 13–17 (must equal Part	IX, line 25, column (A))		29,281,398	29,327,653
1	L9	Revenue less ex	penses Subtract line 18 from line	12		269,261	-21,893,191
8 <del>0</del> 0					Beginni	ng of Year	End of Year
හු කි. වේක   2	20	Total assets (Pa	irt X, line 16)			229,862,552	169,160,093
88   2		` Total liabilities (				24,543,708	26,225,208
정류		·	nd balances Subtract line 21 from	line 20		205,318,844	142,934,885
Part		Signature Bl		inie 20		203,310,044	142,554,005
rait	_		equry, I declare that I have examined this	roturn including accompanying	r cepodulos and s	tatements, and to th	no host of my knowledge
			correct, and complete Declaration of prep				
Pleas	e	*****			2010-	03-15	
Sign		Signature of office	er		Date		
Here	li	JEFFREY LANG V	P OF OPERATIONS, TREASURER				
		Type or print nam					
		Preparer's <b>L</b>		Date	Check If	Preparer's PTIN (	See Gen Inst )
Paid		signature Joyce	e A Dulworth		self- empolyed 🕨 🦵	,	·
r aid Prepare	<sub>er's</sub>	- Firm's name (or you	rs 🛦 BKD LLP		cilipolycu F	1	
Use On	ılv İr	f self-employed),	· • · · · · · · · · · · · · · · · · · ·			EIN 🕨	
	··•   a	address, and ZIP + 4	200 E Main St Suite 700			Dhone no 1 /2/	(0) 460 4000
			Fort Wayne, IN 46802			Phone no 🕨 (26	00) 400-4000 ———————————————————————————————
May the	e IRS	discuss this reti	urn with the preparer shown above?	(See instructions)			✓ Yes  No

Cat No 11282Y

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

1	Briefly describe the organization's mission				
See A	dditional Data Table				
2	Did the organization undertake any sig the prior Form 990 or 990-EZ?	gnıfıcant program ser	vices during the year	which were not listed on	Γ Yes <b>Γ</b> No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	g or make significant	changes in how it con	nducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revent	ns and 4947(a)(1) tr	usts are required to re	eport the amount of grants	•
4a	(Code ) (Expenses \$ SCHOLARSHIPS AND FINANCIAL AID ARE PRO WERE AWARDED TO 1,495 STUDENTS DURIN	OVIDED TO STUDENTS AT	including grants of \$ BALL STATE UNIVERSITY To	4,569,724 ) (Revenue \$ O FURTHER THEIR EDUCATIONA	· · · · · · · · · · · · · · · · · · ·
4Ь	(Code ) (Expenses \$ HELP RAISE FUNDS FOR THE ADDITION OF T SPECIALIZED FORMS OF CONDITIONING SUC RESEARCH, 20,000 SQUARE FOOT INDOOR T TRIPS	WO NEW GYMNASIUMS T TH AS YOGA AND MARTIAL	. ARTS, 3,000 SQUARE FEE	ET DEVOTED TO HUMAN PERFOR	O SQUARE FEET DEVOTED TO MANCE LABORATORY EXERCISE AND
4c	(Code ) (Expenses \$ SUPPORT IS PROVIDED TO BALL STATE UNIVI RESEARCH, FACULTY & STUDENT RECRUITM PROGRAMS SERVE TO ENHANCE EDUCATION	ERSITY IN THE FOLLOWIN IENT, PUBLIC SERVICE, EX	XTERNAL RELATIONSHIPS,	ARTWORK, LIBRARY MATERIALS	LOPMENT, FACULTY SUPPORT,
4d	Other program services (Describe ii	•	dr.	) (Payanya #	,
4e	(Expenses \$  Total program service expenses \$	including grants of 24,509,424	<u> </u>	) (Revenue \$ Line 25, column (B).	)
+=	i otai piogrami service expenses \$	24,5U9,424	· musi <del>c</del> qual rail 11,	Line 25, Coluilli (D).	

Part IV	Chec	klist o	f Reauire	d Sched	ules

			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		Νο
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		Νο
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		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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		Νο
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		Νο
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		Νο
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
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 $I$	25a		N o
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 VI . . .

## Part IV Checklist of Required Schedules (Continued)

			res	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
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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
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		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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					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	73			
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 ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	: •		<b>1</b> c	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	18			
b	If at least one is reported in 2a, did the organization file all required federal employs  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during				103	
Ju	return?		,	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	nedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities as			4a		
	account)?			70		No
D	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <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 duri	ıng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemplax Shelter Transaction?	ot Entit	ty 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 t			- Oa		110
	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 cor more?	ntrıbut	ion of \$75 or	7a	Yes	<u> </u>
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	provide	d?	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	erty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization, during the year, receive any funds, directly or indirectly, to pa	v nram	uume on a nareonal			
Č	benefit contract?	, prem		7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the	Spons	offing organization, have	8		
	year <sup>?</sup>				<u> </u>	
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	1? .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources	-				
_	against amounts due or received from them )	11b				
12~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 $\circ$	n liau -	of Form 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	eu (	 	128		
Đ	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 <i>I</i>	4. (	<u> Governin</u>	g Bod	ly and	<u>Management</u>	

		_		Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, descriprocesses, or changes in Schedule O. See instructions.	be the circumstances,					
1a	Enter the number of voting members of the governing body 1a	31					
Ь	Enter the number of voting members that are independent 1b	28					
2	Did any officer, director, trustee, or key employee have a family relationship or a business 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 one or governing body?	7a		Νo			
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or	other persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written actions und year by the following	dertaken 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		Νο		
b	If "Yes," does the organization have written policies and procedures governing the activitie affiliates, and branches to ensure their operations are consistent with those of the organiza	• • •	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was file must describe in Schedule O the process, if any, the organization uses to review the Form 9	_	10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who the organization's mailing address? If "Yes," provide the names and addresses in Schedule		11		Νο		

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b		Νo
Describe the process in Schedule O			
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	Yes	
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	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed  $\,$  IN
- 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. vanother's website. value 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

David W Bahlmann 2800 W Bethel Avenue Muncie, IN 47304 (765) 285-8312

# 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	(B) Average hours per week	<b>(C)</b> Position (check all that apply)							(E)	(F)
(A) Name and Title		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

	Pos	ition that			all		(D)  Reportable compensation from the organization (W- 2/1099MISC)	(5)	(F)
(A)  Name and Title  per  week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former		(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
		_	-	-		$\vdash$			
		+	+			1			
			1						
			<u> </u>	<u> </u>		1			
		+	1	-		$\vdash$			
		+	1	<del>                                     </del>		+			
			1	t		t			
			-	<u> </u>		1			
1b Total						<u> </u>	495,602	699,458	306,054

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►3

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		Νο
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 J for such individual			
	manyada	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 B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
CS Kern Inc 3401 S HAMILTON AVE MUNCIE, IN 47302	mailings	111,084
Hammond Associates 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105	INVESTMENT CONSLTNG	167,500
CPM Construction Planning 10053 NORTH HAGUE ROAD INDIANAPOLIS, IN 46258	construction	725,157
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	·	3

Dowt	Statement o	f Dayanua
Part	Statement o	ı kevenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
क क	1a	Federated camp	paigns 1a	1				311
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>. 1b</b>					
g. ∰C	c	Fundraising eve	ents <b>1c</b>					
a His His	d	Related organiz	ations 1d					
s, g Hii	e	Government grants	s (contributions) <b>1e</b>					
한 원	f		ons, gifts, grants, and <b>1f</b>	12,315,100				
호	_	similar amounts no	t included above butions included in					
H	g		1,223,392					
a Ç	h		s 1a-1f)		12,315,100			
				Business Code				
ше	2a							
eve	ь							
ক জু	c							
r MC	d							
33	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
<u>Ā</u>	g	0	s 2a-2f					
	3		ome (including dividen		-158,654		-53,249	-105,405
	۱,		nounts)		-138,634		-55,249	-103,403
	4 5				0			
	•	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(1) 110 211	(,				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)	<b>&gt;</b>				
	<del>-</del>	Tree remediation	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	68,774,816	(ii) o tilel				
		assets other than inventory						
	ь	Less cost or	73,495,416					
		other basis and sales expenses						
	C .	Gain or (loss)	-4,720,600		4 720 600			
	d		s)	<del>-</del>	-4,720,600			
	8a	Gross income fi events (not incl \$ 41	<del>-</del>					
Other Revenue		of contributions See Part IV , lin						
je v (			G if total exceeds					
r CC	ь		penses b					
the	٥		loss) from fundraising		-1,384			-1,384
0	9a		rom gaming activities					
		See part IV , lin Complete Schedu \$15,000	e 19 ule G ıf total exceeds					
	ь	Less directex	a penses b					
	c		loss) from gaming acti		0			
	10a	Gross sales of	inventory, less					
		returns and allo	owances . a					
	ь	Less cost of go	oods sold <b>b</b>					
	С		loss) from sales of inv		0			
		Miscellaneous	Revenue	Business Code				
	11a							
	Ь							
	C							
	d	All other revenu	ue					
	e		s 11a-11d					
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	, 5, 6d, 7d, 8c, ▶	7,434,462		-53,249	-106,789

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do r	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	17,214,433	17,214,433		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,569,724	4,569,724		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	4,309,724	4,309,724		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	495,602		247,900	247,702
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	593,358			291,130
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	136,505		68,961	67,544
9	Other employee benefits	141,420		71,444	69,976
10	Payroll taxes	76,825		38,811	38,014
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	78,199		78,199	
c	Accounting	83,507		83,507	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,500,711	1,500,711		
g	Other	14,849		14,849	
12	Advertising and promotion	0			
13	Office expenses	128,408		74,544	53,864
14	Information technology	30,245		20,955	9,290
15	Royalties	0			
16	Occupancy	47,958		26,377	21,581
17	Travel	24,792		24,792	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	72,358		30,773	41,585
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	24,176		24,176	
23	Insurance	28,225		15,524	12,701
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	MARKETING CAMPAIGN	1,224,556	1,224,556		
b	ALLOCATED FUNDRAISING COSTS	2,692,770	, = -,- = -		2,692,770
с	FUNDRAISING PROGRAMS	91,707			91,707
d	BOARD MEETING EXPENSES	35,456		35,456	· · ·
e	PROFESSIONAL ADVISOR RELATIONS	15,699			15,699
f	All other expenses	6,170		552	5,618
25	Total functional expenses. Add lines 1 through 24f	29,327,653	24,509,424	1,159,048	3,659,181
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	, =:,-30	,,	, 1,110	, -,

Part X	Balance	Sheet

					(A)		(B	-
	1	Cash—non-interest-bearing			Beginning of year	1	End of	year
	2	Savings and temporary cash investments			9,388,757	2		2,972,666
	3				21,563,680			1,234,999
	4	Pledges and grants receivable, net	73,611	-		46,964		
	_	Accounts receivable, net	73,611	4		40,904		
	5	Receivables from current and former officers, directors, trustees other related parties <i>Complete Part II of Schedule L</i>				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) <i>Complete Part II of</i> 3				6		
	7	Notes and loans receivable, net			2,237,572	7		0
	8	Inventories for sale or use				8		
ts	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	اءما	964 366				
⋖			10a	864,366				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	566,475	298,606	10c		297,891
	11	Investments—publicly traded securities			51,130,298	11	3	6,950,868
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII o	f	135,650,721	12	9	8,940,095
	13	Investments—program-related See Part IV, line 11 Complete Part IV.	art VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			9,519,307	15		8,716,610
	16	Total assets. Add lines 1 through 15 (must equal line 34)			229,862,552	16	16	9,160,093
	17	Accounts payable and accrued expenses .			5,420,107	17	1	0,024,434
	18	Grants payable			1,341,508	18		1,341,508
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
e)	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ja,		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties			15,000,000		1	2,340,358
	24	Unsecured notes and loans payable			, ,	24		
	25	Other liabilities Complete Part X of Schedule D			2,782,093	-		2,518,908
	26	Total liabilities. Add lines 17 through 25			24,543,708			6,225,208
Sá		Organizations that follow SFAS 117, check here 🕨 🔽 and comp	lete line	es 27				
nce	2.7	through 29, and lines 33 and 34.			20 500 000	╎╶╻├		3 840 430
Balance	27	Unrestricted net assets			29,588,966			3,840,139
	28	Temporarily restricted net assets			52,682,379			9,572,170
Fund	29	Permanently restricted net assets			123,047,499	29		7,202,854
or FL		Organizations that do not follow SFAS 117, check here ▶ ☐ and lines 30 through 34.	a compl	ete				
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net	33	Total net assets or fund balances		205,318,844	33	14	2,934,885	
_	34	Total liabilities and net assets/fund balances			229,862,552	34	16	9,160,093
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_		
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	Νo
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	
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	N o
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Employer identification number

# OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization Ball State University Foundation Inc

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

								35	-6024566	5	
Pa	rt I	Reason	for Public C	<b>harity Status</b> (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The o	organız	zation is not	a private found	ation because it is (Please	check onl	ly <b>one</b> org	anızatıon )	)			
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	170(b)(1)(	(A)(i).		
2	Γ	A school de	escribed in <b>Sec</b> t	t <b>ion 170(b)(1)(A)(ii).</b> (Attac	ch Schedu	ıle E )					
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in <b>Sec</b>	t ion 170(t	b)(1)(A)(i	ii). (Attac	h Schedul	e H )
4	Γ	A medical i	research organı	zation operated in conjunction	on with a l	hospital d	escribed ii	n <b>Section</b> :	170(b)(1)	( <b>A</b> )(iii). E	nter the
		hospital's r	name, city, and	state							
5	<u>~</u>	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	roperated	l by a gove	rnmental	unıt desc	rıbed ın
		Section 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	Γ	Anorganiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Pari	tII)						
8	Γ	A communi	ity trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Pari	tII)				
9	Г	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities re	ated 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	s taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	$\sqcap$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruct	tions )
11	Γ	An organiza	atıon organızed	and operated exclusively for	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe						Section 5	<b>09(a)(3).</b> Check
				type of supporting organizat				_	_	<b>⊢</b>	III Other
	_		• •				nally Integ		d		III - Other
е	ı			rtify that the organization is agers and other than one or			-				•
		section 50		agers and other than one or	more pub	псту зарру	orteu orga	IIIZations (	aescribeu	iii section	1303(4)(1) 01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organization,
		check this									Г
g		Since Augu following pe		as the organization accepted	d any gift	or contribi	ution from	any of the	!		
				r indirectly controls, either a	alone or to	aether wi	th persons	describe	d in (ii)		Yes No
			·	ng body of the the supported		_				11g	<del></del>
		· · · · · · · · · · · · · · · · · · ·	· -	erson described in (i) above	_					11g(	
			•	ty of a person described in (		bove?				11g(	
h				nation about the organizatio			supports				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
						,					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
	Supp	orted		(described on lines 1-9		atıon ın		nızatıon		ation in	support?
	0 rgan	ıızatıon		above or IRC section		listed in	1	i) of your		rganized	
				(See Instructions))	your go	verning ment?	supp	oort?	in the	US?	
					Yes	No	Yes	No	Yes	No	1
					1 45	140	165	140	1 es	140	
								-			
								-			

Total

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

	(Complete only if you chec	keu ille box o	11 IIIIe 5, 7, 0F	o oi Part I.)				
	ublic Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	19,557,852	37,075,520	20,563,537	23,177,531		12,356,571	112,731,011
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	19,557,852	37,075,520	20,563,537	23,177,531		12,356,571	112,731,011
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 shown on line 11, column							5,745,998
6	(f) <b>Public Support</b> subtract line 5 from line							106,985,013
	4							
	otal Support	( ) 2004	(1) 2005	( ) 2006	( N 2007		2000	/C) T
	endar year (or fiscal year beginning in)	(a) 2004 19,557,852	<b>(b)</b> 2005 2,730,356	(c) 2006 20,563,537	<b>(d)</b> 2007 23,177,531		2008	<b>(f)</b> Total 112,731,011
7	A mounts from line 4 Gross income from interest, dividends,	19,557,652	2,730,330	20,303,337	23,177,331	•	12,330,371	112,731,011
8	payments received on securities loans, rents, royalties and income from similar sources	2,218,402	2,730,356	3,144,656	635,819		-158,654	8,570,579
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	124,617	9,511	-42,586	36,943			128,485
11	Total Support (Add lines 7 through 10)							121,430,075
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, third	d, fourth, or fifth	tax year as a 5	01(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		88.104 %
15	Public Support Percentage for 2007 Sched		•	( //		15		62.578 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on				<b>▶</b>
	box and <b>stop here.</b> The organization qualifies <b>10% Facts and Circumstances Test - 2008.</b> Improve, and if the organization meets the "facts and circumstances are the "facts and circumstances" the "facts and circumstances" the "facts are the "fac	es as a publicly : If the organization	supported organ on did not check	ization a box on line 1:	3, 16a, or 16b a	and lin	e 14 ıs 10	<b>▶</b> % or
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	ances" test The Ifthe organization	e organization qu on did not check	ualifies as a pub a box on line 1	licly supported 3, 16a, 16b, or	organı 17a aı	zation nd line 15	<b>▶</b>
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did	ımstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	►□ ►□

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						
С	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

OMB No 1545-0047

2008

Open to Public Inspection

### SCHEDULE D (Form 990)

Department of the Treasury

► 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.

Name of the organization
Ball State University Foundation Inc

**Supplemental Financial Statements** 

	<u> </u>		_				35-6	02456	6		
Par	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99	0, Part IV, line	6.			ilar F				•	
		(a) Done	orady	vised	d funds		(	<b>b)</b> Fund	ds and o	ther accou	ints
	Total number at end of year										
	Aggregate Contributions to (during year)										
	Aggregate Grants from (during year)										
4 ,	Aggregate value at end of year										
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	-					nor advı	sed		☐ Yes	☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?			_	_		•	•		☐ Yes	┌ No
Par	Conservation Easements. Complete	ıf the organıza	tion	ansv	wered	"Yes" t	o Form	1990,	Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space	-	k all	Pre	eservat			-	nportant structu	ly land are	a
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ıfıed conservatıoı	n con	itribu	ition in	the form	n of a co	nserva	tıon eas	ement	
									Held at	the End of	the Year
а	Total number of conservation easements							2a			
b	Total acreage restricted by conservation easement	:s						2b			
c	Number of conservation easements on a certified hi	ıstorıc structure ı	includ	dedı	n (a)			2c			
d	Number of conservation easements included in (c) a	acquired after 8/1	17/06	6				2d			
	Number of conservation easements modified, transfe the taxable year 🟲	erred, released, e	xtıngı	uıs he	ed, or te	erminate	ed by th	e orgar	nızatıon	durıng	
4	Number of states where property subject to conserva	ation easement is	loca	ated	<b>-</b>						
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		nıtorı	ıng, ı	nspect	on, viol	ations,	and		☐ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforci	ng ea	asem	nents du	iring the	year 🕨	•			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing	ease	emen	nts durn	ng the y	ear ► \$				
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy	/ the	requ	ııremen	ts of sec	tion			☐ Yes	∏ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the text of the organization's accounting for conservation easer	the footnote to th									
	Organizations Maintaining Collection Complete if the organization answered	"Yes" to Form 9	90,	Part	t IV, lır	ne 8.					
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibit	tion, e	educ	atıon o	rresear	ch ın fuı				е,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition,									
	(i) Revenues included in Form 990, Part VIII, line 1							•	<b>+</b> \$		
	(ii) Assets included in Form 990, Part X							<b>&gt;</b>	\$		
2	If the organization received or held works of art, histofolioning amounts required to be reported under SFA					ssets f	or finan	ıal gaı	n, provid	de the	
а	Revenues included in Form 990, Part VIII, line 1							۰	\$		

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

Par	Organizations Maintaining Collection	ctions of Art, I	Histo	ric	<u>al Treasur</u>	es, or Other	r Similar Asse	ts (co	ntınued,
3	Using the organization's accession and other recitems (check all that apply)	cords, check any c	of the	follo	wing that are	a significant u	se of its collection	ı	
а	Public exhibition		d [	_	Loan or exch	ange programs			
ь	Scholarly research		e [	_	O ther				
С	Preservation for future generations								
4	Provide a description of the organization's collect Part XIV	ctions and explain	how t	hey	further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be							Yes	┌ No
Pai	tt IV Trust, Escrow and Custodial Arr					nization answ	ered "Yes" to Fo	orm 9	90,
	Part IV, line 9, or reported an amou								
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermedi	ary fo	rco	ntributions or	other assets r		Yes	☐ No
b	If "Yes," explain why in Part XIV and complete t	he following table							
							A mou	ınt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form	990, Part X, line 2	217				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if th							<b>.</b>	
1-	Beginning of year balance	(a)Current Year 133,900,847	<b>(b)</b> Pr	rior Y	ear (c) Iwo	Years Back (d)	Three Years Back   (e	)Four Ye	ears Back
1a b	Contributions	4,375,737							
c	Investment earnings or losses	-14,454,009							
d	Grants or scholarships	3,516,308							
e	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g	End of year balance	120,306,267							
2	Provide the estimated percentage of the year en	d balance held as							
а	Board designated or quasi-endowment 🕨	5 %							
Ь	Permanent endowment ► 51 %								
c	Term endowment ► 1 %								
За	Are there endowment funds not in the possessio	n of the organizati	on tha	at a	re held and ad	lmınıstered for	the		
	organization by						- 40	Yes	No
	(i) unrelated organizations		•	•			3a(i)	Yes	
h	(ii) related organizations						3a(ii)	Yes	
4	Describe in Part XIV the intended uses of the or						50	163	
Pai	rt VI Investments—Land, Buildings, a	nd Equipment	t. See	e Fo	rm 990, Pai	rt X, line 10.			
	Description of investment			(a)	Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d)</b> Bo	ok value
1a	Land					114,770			114,77
ь	Buildings		f			254,000	119,350		134,65
c	Leasehold improvements		.						
d	Equipment		.			196,959	196,959		
e	Other		ļ			298,637	250,166		48,47

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

297,891

Part VIII Investments—Other Securities.	See Form 990, Part X, line 12.	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of end-of-year market value
Closely-held equity interests		
Other ALTERNATIVE INVESTMENTS	98,940,095	F
Other ALTERNATIVE INVESTMENTS	98,940,093	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	98,940,095	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13	
		(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	) <b>}-</b>	
Part IX Other Assets. See Form 990, Part >>		
	scription	(b) Book value
PROPERTY HELD FOR SALE	·	2,142,508
BEN INT IN REMAINDER TRUSTS		1,519,384
SPLIT INTEREST AGREEMENTS		1,928,987
BOND ISSUE COSTS		285,253
CSV OF LIFE INSURANCE		894,626
BEN INT IN PERPETUAL TRUSTS		1,945,852
DEN INT IN TERRETORE TROOTS		1,545,632
Total. (Column (b) should equal Form 990, Part X, col.(B) I	ine 15 )	<b>.</b> 8,716,610
Part X Other Liabilities. See Form 990, Part X		8,/16,610
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
ANNUITY OBLIGATIONS	1,989,427	
TRUST OBLIGATIONS	529,481	
TROST OBLIGATIONS	323,401	
	<del>                                      </del>	
	<del> </del>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	) • 2 518 908	
iviai. (Column (D) Should Equal Follif 330, Fall A, COI (D) IINE 25	/ ■ 1 / 518 908 l	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts 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) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
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 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		leturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
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 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
_ C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		Inches de la 101
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	irt XIV,	lines 1b and 2b,
	, , , , , , , , , , , , , , , , , , , ,		

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

Ident if ier	Return Reference	Explanation
Part V, Line 4		THE FOUNDATION IS THE BENEFICIARY OF CHARITABLE REMAINDER TRUSTS AND VARIOUS PERPETUAL TRUSTS ADMINISTERED BY OUTSIDE PARTIES THE FOUNDATION'S ENDOWMENT CONSISTS OF NUMEROUS INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING SCHOLARSHIPS AND FINANCIAL AID EXPENSES, FACULTY COMPENSATION AND SUPPORT EXPENSES, ACADEMIC PROGRAM EXPENSES, RESEARCH EXPENSES, PUBLIC SERVICE EXPENSES, ATHLETICS, RECRUITMENT, PUBLIC SERVICE, EXTERNAL RELATIONS, ARTWORK, LIBRARY MATERIALS AND OTHER PROGRAMS MANAGED PER THE DONOR AGREEMENT THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS AND OTHER ITEMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT
FIN-48 FOOTNOTE		IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF POSITION NO FIN 48-3, THE FOUNDATION HAS ELECTED TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, UNTIL ITS FISCAL YEAR ENDED JUNE 30, 2010 THE FOUNDATION HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF FIN 48, SUCH AS FASE STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES, AND FASB STATEMENT NO 5, ACCOUNTING FOR CONTINGENCIES
	+	

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DLN: 93493105012060

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

SCHEDULE G

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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.

Open to Public

Internal Revenue Service	lines 17, 18, or 19, and	rm 990-EZ, line 6a.	Inspection			
Name of the organization Ball State University Foui	ndation Inc				Employer ide	ntification number
					35-6024566	
Part I Fundraisin	g Activities. Complete	e if the o	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
<ul> <li>Indicate whether the</li> <li>Mail solicitation</li> <li>Email solicitation</li> <li>Phone solicitation</li> <li>In-person solicitation</li> </ul>	ns ons	through a	ny of the	e Solicitation of	non-government grants government grants	
or key employees lis  b If "Yes," list the ten	have a written or oral agrested in Form 990, Part VII highest paid individuals or at least \$5,000 by the orga	) or entity entities (f	in conne fundraise	ction with professional f rs) pursuant to agreem	fundraising activities? ents under which the fui	
(i) Name of individuo or entity (fundraiser	I (III) Δ ct (V (t) /	(iii) Di fundraiser custody control contributi		(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			
 Total	I		<b>P</b>			
			•	<u> </u>	<u> </u>	·

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1  STUDENT T-SHIRT (event type)	(b) Event #2  ONLINE AUCTION (event type)	(c) O ther Events  5 (total number)	(d) Tot (Add col col		
Φ	1		23,493				4:	1,471
Revenue		Gross receipts Less Charitable	,	,	,			
Rey	2	contributions						
	3	Gross revenue (line 1 minus line 2)	23,493	8,173	9,805		41	1,471
	4	Cash Prizes						
nses	5	Non-cash Prizes						
<u>Ş</u>	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	23,413	1,836	17,606			2,855  2,855
ے	8	Direct expense summary Add line	es 4 through 7 in column	(d)				
	9	Net income summary Combine li						1,384
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repoi	rted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
	1	Gross revenue						
Ses	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ь Б	4	Rent/facility costs						
ā	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	┌ Yes	┌ Yes <u> </u>			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	•			
9 a		er the state(s) in which the organiza he organization licensed to operate				· 9a	Yes	No
b	If"	No," Explain						
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	10a		
11	— Daa	es the organization operate gaming a	activities with nonmombo	rc?				
12		he organization operate gaming a				11	† †	
		ned to administer charitable gaming				12		

			 <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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DLN: 93493105012060

OMB No 1545-0047

Employer identification number

Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Ball State University Foundation Inc

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

Open to Public Inspect ion

·						35-6024566	
Part I General Inform	nation on Gran	its and Assistance				•	
<ol> <li>Does the organization ma the selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	d to award the gran	ts or assistance?					<b>∀</b> Yes <b>⊢</b>
Form 990, Part I Part IV and Scho	IV, line 21 for an edule I-1 if addit	y recipient that rece	ived more than \$5,00	00. Check this box if	es. Complete if the or f no one recipient rece	eived more than \$5,0	
1(a) Name and address of organization or government	(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
Ball State University2000 W UNIVERSITY AVENUE MUNCIE,IN 47306	35-6000221	501c3	17,214,433				
2 Enter total number of sec organizations		-					1
3 Enter total number of other							. 0
For Paperwork Reduction Act Noti				Cat No 50055P			edule I (Form 990) 2008

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

(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
Scholarships	1495	4,569,724			

**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

Ident if ier	Return Reference	Explanation
Procedures for Monitoring the use of grant funds to U S		SUPPORT TO BALL STATE UNIVERSITY IS PROVIDED THROUGH TRANSFER OF CASH OR NONCASH ITEMS THE USE OF THE SUPPORT IS SPECIFIED AT THE TIME OF THE TRANSFER SCHOLARSHIPS ARE PROVIDED TO BALL STATE UNIVERSITY TO BE APPLIED AS A CREDIT TO THE STUDENT ACCOUNT THE FOUNDATION AND THE UNIVERSITY RECONCILE THEIR ACCOUNTS TO BE SURE THAT ALL ITEMS WERE RECORDED PROPERLY
1		

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DLN: 93493105012060

**Employer identification number** 

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

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

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

2008 No 1545-0047

Open to Public Inspection

Ball State University Foundation Inc 35-6024566 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

### 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other compensation		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DAVID W BAHLMANN	(ı) (ıı)	179,360 0	0	13,500 0	25,890 0	25,640 0	244,390 0	0 0
DR JO ANN M GORA	(I) (II)	0 310,104	0	0 1,446	0 56,000	0 33,096	0 400,646	0 0
DR BEN E HANCOCK JR	(ı) (ıı)	0 214,433	0	0 5,944	0 26,411	0 817	0 247,605	0 0
THOMAS J KINGHORN	(ı) (ıı)	0 164,188	0	0 3,343	0 21,919	0 47,986	0 237,436	0 0
PHILLIP PURCELL	(ı) (ıı)	137,703 0	0	13,569 0	18,258 0	5,097 0	174,627 0	0 0
THOMAS HECK	(I)	149,736 0	0	129 0	20,025 0	13,464 0	183,354 0	0
	(i) (ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i) (ii)							

## 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	Return Reference	Explanation
EXPLANATION OF BENEFITS PROVIDED		CHARTER TRAVEL AND TRAVEL FOR COMPANIONS IS A BENEFIT MADE AVAILABLE TO SELECT OFFICERS AND DIRECTORS WHEN THERE IS ROOM AVAILABLE ON THE CHARTER PLANE USED BY THE ATHLETIC DEPARTMENT THIS USE IS ONLY FOR BUSINESS PURPOSES COUNTRY CLUB DUES WERE PROVIDED FOR SELECT OFFICERS AND DIRECTORS FOR BUSINESS USE ONLY

Schedule J (Form 990) 2008

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DLN: 93493105012060

OMB No 1545-0047

### **SCHEDULE M** (Form 990)

To be completed by organizations that answered

Non-Cash Contributions

Internal Revenue Service

"Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Department of the Treasury Inspection Name of the organization **Employer identification number** Ball State University Foundation Inc 35-6024566 Part I Types of Property (b) (d) (a) (c) Check Number of Contributions Revenues reported on Method of determining ıf Form 990, Part VIII, line revenues applicable 178,260 APPRAISAL Х Art-Works of art . . Art-Historical treasures Art-Fractional interests Books and publications

Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . 123,900 FAIR MARKET VALUE 8 Intellectual property 2 9 Securities—Publicly traded . Х 23 851,082 STOCK QUOTE 10 Securities—Closely held stock Securities—Partnership, LLC, or trust interests . . . . Securities—Miscellaneous . . Qualified conservation contribution (historic structures) . . . 14 Qualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . Collectibles . . . . 18 Food inventory . . . 19 20 Drugs and medical supplies . Taxidermy . . . . Historical artifacts . . . . Scientific specimens . . 24 Archeological artifacts . . 25 Other (describe PLANTS AND GREENHOUSE EQUIPMENT ) 93,445 FAIR MARKET VALUE Х 3 26 Other (describe SOFTWARE TECHNOLOGY) 2 123,900 FAIR MARKET VALUE Х BABY GRAND Other (describe <u>PIANO</u> 8,443 FAIR MARKET VALUE Χ 28 Other (describe PRINTERS 1 10,481 FAIR MARKET VALUE Х MUSIC Other (describe SYSTEM Х 1 15,000 FAIR MARKET VALUE

automobile 32,400 FAIR MARKET VALUE Other (describe leases

which the organization completed Form 8283, Part IV, Donee Acknowledgement . . .

Number of Forms 8283 received by the organization during the tax year for contributions for

ua	hold for at			
	least three years from the date of the initial contribution, and which is not required to be used for exempt purposes			
	for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
1	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
2a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
		32a	162	
h	If "Yes" describe in Part II			

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

checked, describe in Part II

0

No

Yes

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. ReturnReference Identifier Explanation Part I, Question 32b BSUF USES THIRD PARTY REALTORS TO SELL GIFTS OF noncash contributions REALESTATE

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE 0**

(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.

**Supplemental Information to Form 990** 

Name of the organization Ball State University Foundation Inc Employer identification number

35-6024566

ldentifier	Return Reference	Explanation
PART IV QUESTION 12 & PART XI QUESTION 2		THE AUDITED FINANCIAL STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES ON A CONSOLIDATED BASIS THE AUDIT COMMITTEE OF THE BOARD ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT AUDITOR

ldentifier	Return Reference	Explanation
Part VI, Question 1		JO ANN M GORA - PRESIDENT OF BALL STATE UNIVERSITY BEN E HANCOCK JR - VICE PRESIDENT FOR ADVANCEMENT AT BALL STATE UNIVERSITY THOMAS J KINGHORN - VICE PRESIDENT FOR BUSINESS AFFAIRS AT BALL STATE UNIVERSITY

Identifier	Return Reference	Explanation
Part VI, Question 10		A THOROUGH REVIEW OF THE FORM 990 AND RELATED SCHEDULES IS PERFORMED BY THE CONTROLLER, CFO AND AUDIT COMMITTEE FOLLOWING THIS REVIEW, THE FORM 990 AND SCHEDULES ARE PROVIDED TO THE FULL BOARD FOR REVIEW THE CONTROLLER PRESENTS KEY ISSUES TO THE BOARD AND ANSWERS QUESTIONS REGARDING THE FORM THE FORM IS THEN SUBMITTED TO THE IRS

ldentifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990 PAGE 1	BEGINNING NET ASSETS 205,318,844 INCOME/(LOSS) (21,893,191) UNREALIZED LOSS ON INVESTMENTS (39,905,220) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (585,548) ENDING NET ASSETS 142,934,885

ldentifier	Return Reference	Explanation
PART VI QUESTION 12C		AN ANNUAL QUESTIONNAIRE IS COMPLETED BY EVERY OFFICER, DIRECTOR AND KEY EMPLOYEE THE QUESTIONNAIRE REQUIRES ALL INTERESTED PERSONS TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST UPON DISCLOSURE OF AN INTEREST, THE BOARD DISCUSSES THE POTENTIAL CONFLICT WITHOUT THE INTERESTED PERSON PRESENT TO DETERMINE IF A CONFLICT ACTUALLY EXISTS THE BOARD THEN DETERMINES THE APPROPRIATE ACTION AFTER ANALYZING THE CONFLICT

ldentifier	Return Reference	Explanation
PART VI QUESTION 15A & 15B		AN ANNUAL REVIEW IS PERFORMED FOR THE PRESIDENT THIS REVIEW ANALYZES COMPENSATION AS WELL AS GOALS AND OBJECTIVES SET FORTH AND ACCOMPLISHED A COMPARABILITY STUDY IS PERFORMED WITH INFORMATION FROM FORM 990S OF SIMILAR ORGANIZATIONS THE INFORMATION COLLECTED IS REVIEWED BY A COMMITTEE OF THE BOARD AND APPROVED IN 2005, AN INDEPENDENT STUDY WAS PERFORMED THROUGH THE ASSOCIATION OF GOVERNING BOARDS THIS STUDY WILL BE REPEATED IN 2010 OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY THE PRESIDENT BASED ON GOALS AND OBJECTIVES SET FORTH AND ACHIEVED

ldentifier	Return Reference	Explanation
PART VI QUESTION 18 & 19		BALL STATE UNIVERSITY FOUNDATION MAKES GOVERNING DOCUMENTS, FORM 990, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

### DLN: 93493105012060

# OMB No 1545-0047 2008

Open to Public Inspection

Schedule R (Form 990) 2008

### **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990)

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

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.

Name of the organization Ball State University Foundation Inc	Employer identification number					
	35-6024566					
Part I Identification of Disregarded Entities						
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income E	( <b>E)</b> ind-of-year assets	<b>(F)</b> Direct controlling entity	
Part II Identification of Related Tax-Exempt Organiza	tions					
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	(E) Public charity stat (if section 501(c)(	( <b>F)</b> tus Direct controlling 3)) entity	
Ball State University						
2000 W UNIVERSITY AVENUE MUNCIE, IN47306 35-600221	University	IN	501c3	2		
Cardinal Funds  PO BOX 672  MUNCIE, IN47306 20-5733080	INVESTMENTS	IN	501c3	7		
Cardinal Properties						
PO BOX 672 MUNCIE, IN47306 20-1872207	REAL ESTATE	IN	501c3	11A		

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	(E) lominant le(related, lestment, 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 organ		(B) Primary activity		(C) 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		

Part V	Transactions	with Related	Organizations
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Par	V Transactions with Related Organizations			
r	lote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Dur	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
Ь	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c (	Gift, grant, or capital contribution from other organization(s)	<b>1</b> c		No
d l	oans or loan guarantees to or for other organization(s)	1d		No
e	oans or loan guarantees by other organization(s)	1e		No
f	sale of assets to other organization(s)	1f		No
	Purchase of assets from other organization(s)	<b>1</b> g		No
	Exchange of assets	1h		No
	ease of facilities, equipment, or other assets to other organization(s)	1i	Yes	1
				+
j L	ease of facilities, equipment, or other assets from other organization(s)	1j	Yes	1
k I	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I P	erformance of services or membership or fundraising solicitations by other organization(s)	11		No
m s	haring of facilities, equipment, mailing lists, or other assets	1n	Yes	
n :	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
q (	Other transfer of cash or property to other organization(s)	<b>1</b> q		No
r	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 rela	ationships and transaction thresholds
2	If the answer to any of the above is Tes	, see the histractions for information on who	mast complete this line, including covered len	thonships and transaction thresholds

	( <b>A)</b> Name of other organization(s)	( <b>B</b> ) Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	BALL STATE UNIVERSITY	В, К,	17,214,433
(2)	CARDINAL FUNDS	В, М,	1,867,348
(3)	CARDINAL PROPERTIES	В, М,	522,070
(4)	BALL STATE UNIVERSITY	I, J	31,608
(5)			
(6)			

### 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

<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) organization	s?	<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

# Software ID: Software Version:

**EIN:** 35-6024566

Name: Ball State University Foundation Inc

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

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> 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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
J RICHARD EMENS , CHAIRMAN	2 0	Х						0	0	0
STEFAN S ANDERSON , VICE- CHAIRMAN	2 0	Х						0	0	0
PETER F CAMPANELLA , SECRETARY	2 0	Х						0	0	0
ANTHONY L SCHNEIDER , IMMEDIATE PAST CHAIRMAN	2 0	Х						0	0	0
FRANK A BRACKEN , BOARD MEMBER	2 0	Х						0	0	0
DR LAURA HANSEN DEAN , BOARD MEMBER	2 0	Х						0	0	0
THOMAS L DEWEESE , BOARD MEMBER	2 0	Х						0	0	0
MARK A ERVIN , BOARD MEMBER	2 0	Х			_			0	0	0
R WAYNE ESTOPINAL , BOARD MEMBER	2 0	Х						0	0	0
COL AARON B FLOYD , BOARD MEMBER	2 0	Х						0	0	0
DR BRIAN A GALLAGHER , BOARD MEMBER	2 0	×						0	0	0
JOHN C GAYLOR , BOARD MEMBER	2 0	Х						0	0	0
DR JO ANN M GORA , BOARD MEMBER	2 0	Х						0	311,550	89,096
DR BEN E HANCOCK JR , BOARD MEMBER	2 0	Х						0	220,377	27,228
HOLLIS E HUGHES JR , BOARD MEMBER	2 0	×						0	0	0
THOMAS J KINGHORN , BOARD MEMBER	2 0	Х						0	167,531	69,905
PAUL L KOZEL , BOARD MEMBER	2 0	Х						0	0	0
MATTHEW J MOMPER , BOARD MEMBER	2 0	×						0	0	0
KENT C OZ NELSON , BOARD MEMBER		Х						0		0
DONNA M OKLAK, BOARD MEMBER	2 0	Х						0	0	0
RANDALL E POND , BOARD MEMBER	2 0	X						0	0	0
DR PENNY A RALSTON , BOARD MEMBER	2 0	Х						0	0	0
BETSY M ROSS , BOARD MEMBER	2 0	Х						0	0	0
PATRICIA SCHAEFER , BOARD MEMBER	2 0	Х						0	0	0
DR JOHN R SEFFRIN , BOARD MEMBER		X						0		0
MICHAEL P SMITH , BOARD MEMBER	2 0	X		<u> </u>				0	0	0
A UMIT TAFTALI, BOARD MEMBER	2 0 2 0	X						0	0	0
C KEN WHITE , BOARD MEMBER DR JOHN E WORTHEN , BOARD	2 0	X						0	0	0
MEMBER MICHAEL L COX , BOARD MEMBER	2 0	Х						0	0	0
MIGHAEL LOOK, BOARD MEMBER	l 20	_ ^	I	I	1	<u> </u>	I	<u> </u>	ı	·

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)				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
WILLIAM L SKINNER , BOARD MEMBER	2 0	Х						0	0	0
DAVID W BAHLMANN , PRESIDENT	50 0			X				192,860	0	51,530
JEFFREY R LANG , TREASURER - HIRED 11/08	50 0			х				1,605	0	11,451
PHILLIP PURCELL , VP PLANNED & ENDOWMENT GIVING	50 0				Х			151,272	0	23,355
THOMAS HECK , VP OPERATIONS - LEFT 11/08	50 0				х			149,865	0	33,489

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

THE MISSION OF THE BALL STATE UNIVERSITY FOUNDATION IS TO MAXIMIZE SUSTAINABLE SUPPORT FOR BALL STATE UNIVERSITY BY OBTAINING, INVESTING, AND ADMINISTERING PRIVATE GIFT SUPPORT AND PRUDENTLY DISCHARGING ITS FIDUCIARY OBLIGATIONS TO THE UNIVERSITY, DONORS, AND DESIGNATED BENEFICIARIES. THE BALL STATE UNIVERSITY FOUNDATION WILL SUPPORT THE CONTINUING DEVELOPMENT OF BALL STATE UNIVERSITY BY CONTINUING TO BE A FOUNDATION OF EXCELLENCE, PROMOTING AND FACILITATING A CULTURE OF PHILANTHROPY, SERVICE, VOLUNTEER LEADERSHIP, AND EXEMPLARY FIDUCIARY RESPONSIBILITY.