** PUBLIC DISCLOSURE COPY **

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

**2023**
Open to Public Inspection

**A** For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

**B** Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

**C** Name of organization: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 8053 | Room/suite
City or town, state or province, country, and ZIP or foreign postal code: STATESBORO, GA 30460

**D** Employer identification number: 58-6034031
**E** Telephone number: 912-478-5519
**G** Gross receipts $ 26,706,943.

**F** Name and address of principal officer: TRIP C. ADDISON
SAME AS C ABOVE

**H(a)** Is this a group return for subordinates? [ ] Yes [X] No
**H(b)** Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions
**H(c)** Group exemption number

**I** Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527
**J** Website: SEE SCHEDULE O
**K** Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other
**L** Year of formation: 1963 **M** State of legal domicile: GA

## Part I Summary

**Activities & Governance**

| | | | |
|---|---|---|---|
| 1 | Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | |
| 2 | Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 21 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 37 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 100 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -162,627. |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 8,385,818. | 8,618,762. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,266,162. | 5,268,308. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,886. | -16,644. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,656,866. | 13,870,426. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 6,022,757. | 10,316,039. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 126,514. | 36,156. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 944,470. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,766,473. | 4,761,858. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 9,915,744. | 15,114,053. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,741,122. | -1,243,627. |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 127,070,383. | 136,999,796. |
| | 21 | Total liabilities (Part X, line 26) | 702,346. | 878,452. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 126,368,037. | 136,121,344. |

## Part II Signature Block

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

**Sign Here**
Signature of officer | Date
TRIP C. ADDISON, PRESIDENT
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check [ ] if self-employed | PTIN |
|---|---|---|---|---|
| MELISSA SEWARD | MELISSA SEWARD | 03/31/25 | | P02145103 |

Firm's name: MAULDIN & JENKINS, LLC | Firm's EIN 58-0692043
Firm's address: 200 GALLERIA PKWY SE STE 1700, ATLANTA, GA 30339-5946 | Phone no. 770-955-8600

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 12,894,124. including grants of $ 10,316,039. ) (Revenue $ )
THE GEORGIA SOUTHERN UNIVERSITY FOUNDATION EXISTS TO ASSIST GEORGIA SOUTHERN UNIVERSITY IN FULFILLING ITS MULTIFACETED MISSION AND ITS EFFORTS TO ACHIEVE EDUCATIONAL EXCELLENCE. THE FOUNDATION PRIMARILY ACCOMPLISHES THIS MISSION BY PROVIDING LEADERSHIP IN OBTAINING THE RESOURCES NEEDED TO ATTAIN UNIVERSITY GOALS AND THROUGH RESPONSIBLE STEWARDSHIP OF FUNDS AND OTHER ASSETS ENTRUSTED TO IT. THE GEORGIA SOUTHERN UNIVERSITY FOUNDATION RAISES, INVESTS, AND DISTRIBUTES PRIVATE DOLLARS NEEDED TO FUND THE PROGRAMS, PROJECTS, SCHOLARSHIPS, EQUIPMENT, AND BUILDINGS THAT HELP GEORGIA SOUTHERN UNIVERSITY EARN AND MAINTAIN A REPUTATION FOR EXCELLENCE.

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses 12,894,124.

**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 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | X | |
| 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 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | X | |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions | 17 | X | |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | X | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | 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), 501(c)(4), and 501(c)(29) 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 | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 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 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 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 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O | 38 | X | |

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

Check if Schedule O contains a response or note to any line in this Part V [X]

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 57 | | | |
| b | Enter the number of Forms W-2G included on 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 | X | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 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 | 37 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | X | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O* | | | 3b | X | |
| 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 | | X |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | 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).** | | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | | |
| a | 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: | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | **Note:** See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O* | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | **Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |

**Part VI Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year ..... 1a 21 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent ..... 1b 20 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O* | 9 | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | X | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 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 | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 GA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

CRAIG BROWN - 912-478-5519

PO BOX 8053, STATESBORO, GA 30460

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) MR. TRIP C. ADDISON<br>PRESIDENT | 40.00 | X | | X | | | | 242,898. | 0. | 41,569. |
| (2) JULIE GERBSCH<br>EXECUTIVE DIRECTOR DEVELOP | 40.00 | | | | | X | | 173,753. | 0. | 16,168. |
| (3) CRAIG BROWN<br>CFO | 40.00 | | | X | | | | 130,609. | 0. | 23,542. |
| (4) MR. STEPHEN MILNER<br>CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) MRS. DANA A. POTTS<br>TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) MR. RICHARD TIMOTHY EVANS, JR.<br>SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (7) DR. DON AARON, JR.<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) AMES BARNETT<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) MS. ELLEN BOLCH<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) MR. DAVID H. BROOKER<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) MR. BRANDON BUTLER<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) DR. HARRY CARTER<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) DR. KELLEY CHESTER<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) MR. BILL CRIDER<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) MR. DAVID R. EDWARDS<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) MR. PRESTON ETHERIDGE<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) CHRISTIAN FLATHMAN<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) MS. KIM HARTSOCK<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) MR. J. RAY HENDLEY, SR.<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) MR. CEDRIC D. HENRY<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) DR. JOHN T. HODGES<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) MR. ERIC JOHNSON<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) MR. RONNY JUST<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) DEBORAH NELSON<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) MR. DAVID PADDISON<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) MS. SHARON PONDER<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| **1b Subtotal** | | | | | | | | 547,260. | 0. | 81,279. |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | 0. | 0. | 0. |
| **d Total (add lines 1b and 1c)** | | | | | | | | 547,260. | 0. | 81,279. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 3

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | X |
| 4 For any individual listed on line 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* | 4 | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | X | |

**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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| STAGE FRONT<br>6 SOUTHERN OAKS DRIVE, SAVANNAH, GA 31405 | EVENT AV SERVICES | 226,839. |
| THE AUGUST JACKSON COMPANY, 189 KENTLANDS BLVD. SUITE 200, GAITHERSBURG, MD 20878 | CAMPAIGN EVENT CONSULTING | 185,000. |
| FUND EVALUATION GROUP, 201 EAST FIFTH STREET, SUITE 1600, CINCINNATI, OH 45202 | INVESTMENT ADVISOR | 147,428. |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS



332008 12-21-23

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (27) MR. MICHAEL R. SANDERS (DECEASE<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) MS. DENNETTE THORNTON<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) KASH TRIVEDI<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) MR. JAMES A. VAN EPPS<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

**Part VIII** **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 111,652. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 8,507,110. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ 215,807. | | | | |
| | h **Total.** Add lines 1a-1f | | | 8,618,762. | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g **Total.** Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 3,426,448. | | -162,627. | 3589075. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | 65,418. | | | 65,418. |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a Gross rents (6a) | | | | | | |
| | b Less: rental expenses (6b) | | | | | | |
| | c Rental income or (loss) (6c) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7 a Gross amount from sales of assets other than inventory (7a) | 14,527,614. | | | | | |
| | b Less: cost or other basis and sales expenses (7b) | 12,685,754. | | | | | |
| | c Gain or (loss) (7c) | 1,841,860. | | | | | |
| | d Net gain or (loss) | | | 1,841,860. | | | 1841860. |
| | 8 a Gross income from fundraising events (not including $ 111,652. of contributions reported on line 1c). See Part IV, line 18 | 8a | 21,819. | | | | |
| | b Less: direct expenses | 8b | 150,763. | | | | |
| | c Net income or (loss) from fundraising events | | | -128,944. | | | -128,944. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | 6,116. | | | | |
| | b Less: direct expenses | 9b | 0. | | | | |
| | c Net income or (loss) from gaming activities | | | 6,116. | | | 6,116. |
| | 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| | 11 a REFUNDS, REIMBURSEMENTS, ETC. | 900099 | | 40,766. | | | 40,766. |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d | | | 40,766. | | | |
| | 12 **Total revenue.** See instructions | | | 13,870,426. | 0. | -162,627. | 5414291. |

**Part IX Statement of Functional Expenses**

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*

Check if Schedule O contains a response or note to any line in this Part IX ☐

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 10,316,039. | 10,316,039. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 500. | 234. | 88. | 178. |
| c Accounting | 38,254. | | 38,254. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 36,156. | | | 36,156. |
| f Investment management fees | 961,630. | | 961,630. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 374,116. | 225,510. | 27,437. | 121,169. |
| 12 Advertising and promotion | 41,810. | 24,293. | 1,120. | 16,397. |
| 13 Office expenses | 561,171. | 399,577. | 22,262. | 139,332. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 118,256. | 118,256. | | |
| 17 Travel | 848,088. | 660,370. | 28,198. | 159,520. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 530,588. | 413,146. | 17,642. | 99,800. |
| 20 Interest | 19,658. | 19,658. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 43,506. | 43,506. | | |
| 23 Insurance | 32,785. | 10,745. | 22,040. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a PROMOTION, CULTIVATION | 644,499. | 462,070. | 21,306. | 161,123. |
| b SUPPLIES AND EQUIPMENT | 153,038. | | 19,459. | 133,579. |
| c DUES AND SUBSCRIPTIONS | 135,566. | 63,464. | 23,806. | 48,296. |
| d RECOGNITION AND ACHIEVE | 98,087. | 69,424. | 3,645. | 25,018. |
| e All other expenses | 160,306. | 67,832. | 88,572. | 3,902. |
| 25 **Total functional expenses.** Add lines 1 through 24e | 15,114,053. | 12,894,124. | 1,275,459. | 944,470. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) | | | | |

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| **Assets** | 1 | Cash - non-interest-bearing | | 357,827. | 1 | 299,941. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 5,518,388. | 3 | 4,262,971. |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,864,599. | | | |
| | b | Less: accumulated depreciation | 10b 437,385. | 1,470,720. | 10c | 1,427,214. |
| | 11 | Investments - publicly traded securities | | 41,043,763. | 11 | 45,390,740. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 73,487,632. | 12 | 80,506,806. |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 5,192,053. | 15 | 5,112,124. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 127,070,383. | 16 | 136,999,796. |
| **Liabilities** | 17 | Accounts payable and accrued expenses | | 702,346. | 17 | 878,452. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 702,346. | 26 | 878,452. |
| **Net Assets or Fund Balances** | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 8,619,067. | 27 | 9,153,195. |
| | 28 | Net assets with donor restrictions | | 117,748,970. | 28 | 126,968,149. |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| | 32 | Total net assets or fund balances | | 126,368,037. | 32 | 136,121,344. |
| | 33 | Total liabilities and net assets/fund balances | | 127,070,383. | 33 | 136,999,796. |

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 13,870,426. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,114,053. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,243,627. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 126,368,037. |
| 5 | Net unrealized gains (losses) on investments | 5 | 12,246,934. |
| 6 | Donated services and use of facilities | 6 | -1,250,000. |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 136,121,344. |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br>☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes" to line 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 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | | |

**SCHEDULE A**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**Attach to Form 990 or Form 990-EZ.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047
**2023**
**Open to Public Inspection**

**Name of the organization** GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.
**Employer identification number** 58-6034031

**Part I** **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______
5 [X] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ______
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations ......
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4068017. | 10775129. | 8315437. | 8385818. | 8618762. | 40163163. |
| 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 | 3097517. | 2732002. | 2686400. | 2922339. | 3205897. | 14644155. |
| 4 **Total.** Add lines 1 through 3 | 7165534. | 13507131. | 11001837. | 11308157. | 11824659. | 54807318. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 2953895. |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 51853423. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 7165534. | 13507131. | 11001837. | 11308157. | 11824659. | 54807318. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2111228. | 1611055. | 2977415. | 2583873. | 3491866. | 12775437. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | 5,381. | 113,319. | 13,911. | | 132,611. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 17,729. | 11,723. | 50,292. | 50,631. | 40,766. | 171,141. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 67886507. |

12 Gross receipts from related activities, etc. (see instructions) ..... 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) ..... 14 76.38 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 ..... 15 71.47 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 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 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on 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 VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2022** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2023.** 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 ☐

b **33 1/3% support tests - 2022.** 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 ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.** | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.** | 9b | | |
| c | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)* | 10b | | |

**Part IV Supporting Organizations** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.** | 11c | | |

## Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.* | 2 | | |

## Section C. Type II Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | 1 | | |

## Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.* | 3 | | |

## Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test. **Answer lines 2a and 2b below.** | | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations. **Answer lines 3a and 3b below.** | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.** | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* | 3b | | |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| **Section A - Adjusted Net Income** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) | 8 | | |

| **Section B - Minimum Asset Amount** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

| **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V** **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

| **Section D - Distributions** | | **Current Year** |
|---|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| **4** Amounts paid to acquire exempt-use assets | 4 | |
| **5** Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**) | 5 | |
| **6** Other distributions (*describe in* **Part VI**). See instructions. | 6 | |
| **7** **Total annual distributions.** Add lines 1 through 6. | 7 | |
| **8** Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions. | 8 | |
| **9** Distributable amount for 2023 from Section C, line 6 | 9 | |
| **10** Line 8 amount divided by line 9 amount | 10 | |

| **Section E - Distribution Allocations** (see instructions) | **(i)** **Excess Distributions** | **(ii)** **Underdistributions Pre-2023** | **(iii)** **Distributable Amount for 2023** |
|---|---|---|---|
| **1** Distributable amount for 2023 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2023 | | | |
| **a** From 2018 | | | |
| **b** From 2019 | | | |
| **c** From 2020 | | | |
| **d** From 2021 | | | |
| **e** From 2022 | | | |
| **f** **Total** of lines 3a through 3e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2023 distributable amount | | | |
| **i** Carryover from 2018 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| **4** Distributions for 2023 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2023 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| **5** Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions. | | | |
| **6** Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions. | | | |
| **7** **Excess distributions carryover to 2024.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2019 | | | |
| **b** Excess from 2020 | | | |
| **c** Excess from 2021 | | | |
| **d** Excess from 2022 | | | |
| **e** Excess from 2023 | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REFUNDS, REIMBURSEMENTS, ETC

2019 AMOUNT: $ 17,729.

2020 AMOUNT: $ 11,723.

2021 AMOUNT: $ 50,292.

2022 AMOUNT: $ 50,631.

2023 AMOUNT: $ 40,766.

# Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

## Schedule of Contributors

**Attach to Form 990, 990-EZ, or 990-PF.**
**Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

**2023**

| Name of the organization | Employer identification number |
|---|---|
| GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC. | 58-6034031 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

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

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

**General Rule**

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ........ $ ______

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

Employer identification number: 58-6034031

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | | $ 2,000,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 2 | | $ 860,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 3 | | $ 499,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 4 | | $ 300,300. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 5 | | $ 300,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 6 | | $ 200,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

| Name of organization | Employer identification number |
|---|---|
| GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC. | 58-6034031 |

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 7 | | $ 180,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

| Name of organization | Employer identification number |
|---|---|
| GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC. | 58-6034031 |

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

Name of organization

GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Employer identification number**

58-6034031

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

**Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047
**2023**
**Open to Public Inspection**

**Name of the organization** GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Employer identification number** 58-6034031

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included on line 2a | 2c | |
| d | Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d | |

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

4 Number of states where property subject to conservation easement is located ________

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ________

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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)** Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ ________

b Assets included in Form 990, Part X $ ________

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

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

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

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

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

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

| | | Amount |
|---|---|---|
| c 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 Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 94,271,012. | 87,933,188. | 89,450,371. | 67,120,492. | 56,323,734. |
| b Contributions | 1,808,292. | 2,943,038. | 3,773,842. | 4,064,405. | 705,532. |
| c Net investment earnings, gains, and losses | 13,083,371. | 6,335,930. | -2,868,037. | 20,458,581. | -447,768. |
| d Grants or scholarships | 1,517,117. | 1,354,948. | 1,054,528. | 1,070,596. | 1,063,778. |
| e Other expenditures for facilities and programs | 839,147. | 805,350. | 573,164. | 526,521. | -12,213,233. |
| f Administrative expenses | 845,707. | 780,846. | 795,296. | 595,990. | 610,461. |
| g End of year balance | 105,960,704. | 94,271,012. | 87,933,188. | 89,450,371. | 67,120,492. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %
b Permanent endowment 39.6260 %
c Term endowment 60.3737 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

| | | Yes | No |
|---|---|---|---|
| (i) Unrelated organizations? | 3a(i) | | X |
| (ii) Related organizations? | 3a(ii) | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

**Part VI** **Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 890,860. | | 890,860. |
| b Buildings | | 973,739. | 437,385. | 536,354. |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))* | | | | 1,427,214. |

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) HEDGE FUNDS | 21,042,724. | END-OF-YEAR MARKET VALUE |
| (B) PRIVATE EQUITY & | | |
| (C) PARTNERSHIP FUNDS | 43,763,304. | END-OF-YEAR MARKET VALUE |
| (D) FIXED INCOME FUNDS | 15,700,778. | END-OF-YEAR MARKET VALUE |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 80,506,806. | |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))* | |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))* | |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 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: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| 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 XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

**Part XIII Supplemental Information**

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

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO FUND ACADEMIC SCHOLARSHIPS AT GEORGIA SOUTHERN UNIVERSITY ALONG WITH OTHER UNIVERSITY OPERATIONAL COSTS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.  THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

**Part XIII** **Supplemental Information** *(continued)*

**SCHEDULE G (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**

**Attach to Form 990 or Form 990-EZ.**

**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Employer identification number** 58-6034031

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2 a 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 services? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | No | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| ALEXANDER HAAS - FUNDRAISING COUNSEL - 3520 PIEDMONT RD | DIRECT MAIL SOLICITATION | | X | 0. | 36,156. | -36,156. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | 36,156. | -36,156. |

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

GA



SEE PART IV FOR CONTINUATIONS

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 PCOB BUSINESS GAL (event type) | (b) Event #2 CEIT ANNUAL GOLF TOURNAM (event type) | (c) Other events 1 (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 107,481. | 18,328. | 7,662. | 133,471. |
| | 2 Less: Contributions | 86,373. | 18,218. | 7,061. | 111,652. |
| | 3 Gross income (line 1 minus line 2) | 21,108. | 110. | 601. | 21,819. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 13,300. | 1,905. | | 15,205. |
| | 6 Rent/facility costs | 71,915. | 2,661. | 2,880. | 77,456. |
| | 7 Food and beverages | 1,431. | 5,674. | | 7,105. |
| | 8 Entertainment | 250. | | | 250. |
| | 9 Other direct expenses | 9,276. | 41,471. | | 50,747. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 150,763. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -128,944. |

**Part III** **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: ____________

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____________

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____________

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter 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? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ALEXANDER HAAS - FUNDRAISING COUNSEL

(I) ADDRESS OF FUNDRAISER: 3520 PIEDMONT RD NE, ATLANTA, GA 30305

**Part IV** **Supplemental Information** *(continued)*

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047
**2023**
**Open to Public Inspection**

Name of the organization GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Employer identification number** 58-6034031

**Part I** **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| **1 (a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section (if applicable) | **(d)** Amount of cash grant | **(e)** Amount of noncash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of noncash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| GEORGIA SOUTHERN UNIVERSITY<br>PO BOX 8129<br>STATESBORO, GA 30460 | 58-6002059 | STATE OF GEORGIA | 10,309,519. | 6,520. | FMV | ARCHEOLOGICAL COLLECTION | OPERATIONAL SUPPORT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ........ 1.

3 Enter total number of other organizations listed in the line 1 table ........ 0.

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

USE OF GRANT FUNDS IS CONSISTENT WITH THE EXEMPT PURPOSE OF GEORGIA SOUTHERN UNIVERSITY FOUNDATION.

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Employer identification number** 58-6034031

**Part I | Questions Regarding Compensation**

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef) | | | |
| **b** | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ Form 990 of other organizations ☐ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | X |
| **b** | Participate in or receive payment from a supplemental nonqualified retirement plan? | **4b** | | X |
| **c** | Participate in or receive payment from an equity-based compensation arrangement? | **4c** | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on 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** | | X |
| **b** | Any related organization? | **5b** | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | **6a** | | X |
| **b** | Any related organization? | **6b** | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | **7** | | X |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | **8** | | X |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | **9** | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| (1) MR. TRIP C. ADDISON | (i) | 242,898. | 0. | 0. | 22,738. | 18,831. | 284,467. | 0. |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JULIE GERBSCH | (i) | 173,753. | 0. | 0. | 15,972. | 196. | 189,921. | 0. |
| EXECUTIVE DIRECTOR DEVELOP | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CRAIG BROWN | (i) | 130,609. | 0. | 0. | 12,591. | 10,951. | 154,151. | 0. |
| CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990 PART VII, SECTION A, LINE 5:

THE FOLLOWING INDIVIDUALS WERE COMPENSATED FOR FULL-TIME SERVICES PROVIDED TO THE FOUNDATION BY AN UNRELATED ORGANIZATION, GEORGIA SOUTHERN UNIVERSITY:

TRIP ADDISON $284,467

JULIE GERBESCH $189,921

CRAIG BROWN $154,151

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

**Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Employer identification number** 58-6034031

**Part I — Types of Property**

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|---|
| 1 | Art - Works of art | X | 1 | 4,750. | FMV |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | X | | 125. | THRIFT VALUE |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 6 | 122,256. | AVG OF HI/LO STK PRI |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | X | 2 | 453. | FMV |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ( ANTIQUE MUSICAL ) | X | 2 | 60,000. | FMV |
| 26 | Other ( EQUIPMENT AND S ) | X | 8 | 23,042. | FMV |
| 27 | Other ( AUCTION ITEMS ) | X | 14 | 5,181. | RETAIL VALUE |
| 28 | Other ( ) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 | 0

| | | | Yes | No |
|---|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | 31 | X | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | X |
| b | If "Yes," describe in Part II. | | | |
| 33 | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTORS.

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

Employer identification number: 58-6034031

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE GEORGIA SOUTHERN UNIVERSITY FOUNDATION WAS ESTABLISHED IN 1963 TO RECEIVE, MANAGE, AND ADMINISTER PRIVATE GIFTS IN SUPPORT OF THE GEORGIA SOUTHERN UNIVERSITY MISSION AND PRIORITIES. THE FOUNDATION PRIMARILY ACCOMPLISHES THIS MISSION BY PROVIDING LEADERSHIP IN OBTAINING THE RESOURCES NEEDED TO ATTAIN UNIVERSITY GOALS AND THROUGH RESPONSIBLE STEWARDSHIP OF FUNDS AND OTHER ASSETS ENTRUSTED TO IT. THE GEORGIA SOUTHERN UNIVERSITY FOUNDATION RAISES, INVESTS AND DISTRIBUTES PRIVATE DOLLARS NEEDED TO FUND THE PROGRAMS, PROJECTS, SCHOLARSHIPS, EQUIPMENT AND BUILDINGS THAT HELP GEORGIA SOUTHERN UNIVERSITY EARN AND MAINTAIN A REPUTATION FOR EXCELLENCE.

FORM 990 PART I, ITEM J, WEBSITE:

HTTPS://WWW.GEORGIASOUTHERN.EDU/OFFICES/GEORGIA-SOUTHERN-UNIVERSITY-FOUN
DATION

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE GEORGIA SOUTHERN UNIVERSITY FOUNDATION, INC. WAS CREATED TO RAISE PRIVATE FUNDING TO MEET CERTAIN EDUCATIONAL AND INSTITUTIONAL NEEDS AT GEORGIA SOUTHERN UNIVERSITY NOT ADDRESSED BY STATE ALLOCATIONS. THE FOUNDATION'S PRIMARY MISSION IS TO "PROMOTE THE CAUSE OF HIGHER EDUCATION" BY ASSISTING GEORGIA SOUTHERN UNIVERSITY IN FULFILLING ITS MULTIFACETED MISSION:

Name of the organization GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC. | Employer identification number 58-6034031

-TO SUPPORT CULTURAL OPPORTUNITIES, ECONOMIC GROWTH, ENVIRONMENTAL QUALITY, SCIENTIFIC AND TECHNOLOGICAL PROGRESS AND SOCIAL AND PERSONAL WELL-BEING.

-TO GRADUATE KNOWLEDGEABLE, CLEAR-THINKING, ARTICULATE STUDENTS.

-TO EXPAND HORIZONS THROUGH OUTREACH IN SCIENCES AND LIBERAL ARTS, PRESERVATION OF DISTINCTIVE CULTURAL LEGACIES AND ATTENTION TO THE INTEGRITY OF SOUTH GEORGIA'S ENVIRONMENT.

FORM 990 PART I LINE 5 AND PART V LINE 2A AND 2B:

THE GEORGIA SOUTHERN UNIVERSITY FOUNDATION DOES NOT HAVE ANY W-2 EMPLOYEES. ALL EMPLOYEES ARE EMPLOYED BY REPORTING AGENT GEORGIA SOUTHERN UNIVERSITY, EIN 58-6002059, AN UNRELATED ORGANIZATION. THERE WERE 37 EMPLOYEES THAT WORKED FULL OR PART-TIME FOR GEORGIA SOUTHERN UNIVERSITY FOUNDATION AND WERE COMPENSATED BY GEORGIA SOUTHERN UNIVERSITY.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD MEMBERS ARE PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING AND ENCOURAGED TO ASK QUESTIONS AND REQUEST EDITS TO MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

VICE PRESIDENT'S OFFICE MONITORS CODE OF CONDUCT PROCESS AND ENSURES EACH TRUSTEE UPDATES ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

Employer identification number 58-6034031

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990 PART XII LINE 2

THERE HAS BEEN NO CHANGE IN THE AUDIT FIRM. THE PROCESS FOR OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED.

**SCHEDULE R (Form 990)**

Department of the Treasury Internal Revenue Service

# Related Organizations and Unrelated Partnerships

**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Employer identification number** 58-6034031

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| GEORGIA SOUTHERN UNIVERSITY FOUNDATION REAL ESTATE, LLC, P.O. BOX 8129, STATESBORO, GA 30460 | REAL ESTATE HOLDING COMPANY | GEORGIA | 0. | 2,493. | GEORGIA SOUTHERN UNIVERSITY FOUNDATION, INC. |
| GEORGIA SOUTHERN UNIVERSITY FOUNDATION REAL ESTATE HOLDINGS, LLC, P.O. BOX 8129, STATESBORO, GA 30460 | REAL ESTATE HOLDING COMPANY | GEORGIA | 0. | 148,663. | GEORGIA SOUTHERN UNIVERSITY FOUNDATION, INC. |
| GEORGIA SOUTHERN UNIVERSITY FOUNDATION BOTANICAL GARDENS REAL ESTATE, LLC, P.O. BOX 8129, STATESBORO, GA 30460 | REAL ESTATE HOLDING COMPANY | GEORGIA | 0. | 781,339. | GEORGIA SOUTHERN UNIVERSITY FOUNDATION, INC. |
| GEORGIA SOUTHERN UNIVERSITY FOUNDATION GUYTON REAL ESTATE, LLC, P.O. BOX 8129, STATESBORO, GA 30460 | REAL ESTATE HOLDING COMPANY | GEORGIA | 0. | 495,322. | GEORGIA SOUTHERN UNIVERSITY FOUNDATION, INC. |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|---|---|---|---|
| **1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | | |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | | |
| **e** Loans or loan guarantees by related organization(s) | 1e | | |
| **f** Dividends from related organization(s) | 1f | | |
| **g** Sale of assets to related organization(s) | 1g | | |
| **h** Purchase of assets from related organization(s) | 1h | | |
| **i** Exchange of assets with related organization(s) | 1i | | |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| **o** Sharing of paid employees with related organization(s) | 1o | | |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | | |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | | |
| **r** Other transfer of cash or property to related organization(s) | 1r | | |
| **s** Other transfer of cash or property from related organization(s) | 1s | | |

**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 related organization | **(b)** Transaction type (a-s) | **(c)** Amount involved | **(d)** Method of determining amount involved |
|---|---|---|---|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
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**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

UNRELATED BUSINESS INCOME

# CARRYOVER DATA TO 2024

Name GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

Employer Identification Number 58-6034031

**Based on the information provided with this return, the following are possible carryover amounts to next year.**

| | |
|---|---|
| FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT IN PUBLICL | 340,801. |
| FEDERAL PRE-2018 NET OPERATING LOSS | 703. |
| FEDERAL CONTRIBUTION - 50% CASH | 19,743,363. |

Name: GEORGIA SOUTHERN UNIVERSITY FOUNDATI FEIN: 58-6034031

Type and Entity: INVESTMENT IN PUBLICLY POST-2017 NO

## DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

| | Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for 06/30/22 | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 2018 | 86,129. | 30,368. | 30,368. | | | | | | | | |
| B | 2019 | 9,287. | | | | | | | | | | |
| C | 2022 | 42,407. | | | | | | | | | | |
| D | 2023 | 233,346. | | | | | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |
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| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |

| | Detail Type | ESBC | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | | | | | | | | | | | | | |
| B | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
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| U | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | |
| W | | | | | | | | | | | | | |

Name: GEORGIA SOUTHERN UNIVERSITY FOUNDATI FEIN: 58-6034031

Type and Entity: PRE-2018 NOL FED

## DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation Section 382 Carryover

| | Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for 06/30/21 | Amount Used for 06/30/22 | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 2015 | 52,391. | 52,391. | 5,381. | 47,010. | | | | | | | |
| B | 2016 | 24,685. | 24,685. | | 24,685. | | | | | | | |
| C | 2017 | 3,664. | 2,961. | | 2,961. | | | | | | | |
| D | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
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| T | | | | | | | | | | | | |
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| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |

| | Detail Type | ESBC | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | | | | | | | | | | | | | |
| B | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | |
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| U | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | |
| W | | | | | | | | | | | | | |

Name: GEORGIA SOUTHERN UNIVERSITY FOUNDATI FEIN: 58-6034031

Type and Entity: CONTRIBUTION - 50% CASH FED

## DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation Section 382 Carryover

| | Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 2021 | 4,358,616. | | | | | | | | | | |
| B | 2022 | 5,068,689. | | | | | | | | | | |
| C | 2023 | 10,316,058. | | | | | | | | | | |
| D | | | | | | | | | | | | |
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| T | | | | | | | | | | | | |
| U | | | | | | | | | | | | |
| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |

| | Detail Type | ESBC | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | | | | | | | | | | | | | |
| B | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
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| W | | | | | | | | | | | | | |

GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC. 58-6034031

Form **990-W** (Worksheet)

# Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

**(and on Investment Income for Private Foundations)** FORM 990-T

**2024**

▶ **Keep for your records. Do not send to the Internal Revenue Service.**

| | | | |
|---|---|---|---|
| 1 | Unrelated business taxable income expected in the tax year | 1 | |
| 2 | **Tax on the amount on line 1** | 2 | |
| 3 | Alternative minimum tax for trusts | 3 | |
| 4 | Total. Add lines 2 and 3 | 4 | |
| 5 | Estimated tax credits | 5 | |
| 6 | Subtract line 5 from line 4 | 6 | |
| 7 | Other taxes | 7 | |
| 8 | Total. Add lines 6 and 7 | 8 | |
| 9 | Credit for federal tax paid on fuels | 9 | |
| 10a | Subtract line 9 from line 8. **Note:** If less than $500, the organization does not need to make estimated tax payments | 10a | |
| b | Enter the tax shown on the 2023 return. **Caution:** If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c | 10b | |
| c | **2024 Estimated Tax.** Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c | 10c | |

| | | | (a) | (b) | (c) | (d) |
|---|---|---|---|---|---|---|
| 11 | **Installment due dates** | 11 | | | | |
| 12 | **Installments.** Enter 25% of line 10c in columns **(a)** through **(d)** | 12 | | | | |
| 13 | **2023 Overpayment** | 13 | | | | |
| 14 | **Payment due** (Subtract line 13 from line 12) | 14 | | | | |

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 20 24

**Do not send to the IRS. Keep for your records.**

**Go to www.irs.gov/Form8879TE for the latest information.**

OMB No. 1545-0047

**2023**

Name of filer: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

EIN or SSN: 58-6034031

Name and title of officer or person subject to tax: TRIP C. ADDISON, PRESIDENT

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1a | **Form 990** check here | [ ] | b | **Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a | **Form 990-EZ** check here | [ ] | b | **Total revenue,** if any (Form 990-EZ, line 9) | 2b | |
| 3a | **Form 1120-POL** check here | [ ] | b | **Total tax** (Form 1120-POL, line 22) | 3b | |
| 4a | **Form 990-PF** check here | [ ] | b | **Tax based on investment income** (Form 990-PF, Part V, line 5) | 4b | |
| 5a | **Form 8868** check here | [ ] | b | **Balance due** (Form 8868, line 3c) | 5b | |
| 6a | **Form 990-T** check here | [X] | b | **Total tax** (Form 990-T, Part III, line 4) | 6b | 0. |
| 7a | **Form 4720** check here | [ ] | b | **Total tax** (Form 4720, Part III, line 1) | 7b | |
| 8a | **Form 5227** check here | [ ] | b | **FMV of assets at end of tax year** (Form 5227, Item D) | 8b | |
| 9a | **Form 5330** check here | [ ] | b | **Tax due** (Form 5330, Part II, line 19) | 9b | |
| 10a | **Form 8038-CP** check here | [ ] | b | **Amount of credit payment requested** (Form 8038-CP, Part III, line 22) | 10b | |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ______, (EIN) ______ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

[X] I authorize MAULDIN & JENKINS, LLC (ERO firm name) to enter my PIN 06320 (Enter five numbers, but do not enter all zeros)

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ______ Date ______

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 58776911111 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: MAULDIN & JENKINS, LLC Date: 03/31/25

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **8868** (Rev. January 2024)
Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

**File a separate application for each return.**
**Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

**Type or Print**

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

Taxpayer identification number (TIN)
58-6034031

Number, street, and room or suite no. If a P.O. box, see instructions.
P.O. BOX 8053

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
STATESBORO, GA 30460

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 07

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | | |

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name
Plan Number
Plan Year Ending (MM/DD/YYYY)

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of CRAIG BROWN
PO BOX 8053 - STATESBORO, GA 30460

Telephone No. 912-478-5519 Fax No.

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ..... ☐ . If it is for part of the group, check this box ..... ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 ______ or
X tax year beginning JUL 1, 20 23, and ending JUN 30, 2024

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|---|---|---|
| **3a** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | **3a** | $ 0. |
| **b** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | **3b** | $ 0. |
| **c** | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | **3c** | $ 0. |

EXTENDED TO MAY 15, 2025

Form **990-T**

Department of the Treasury
Internal Revenue Service

# Exempt Organization Business Income Tax Return
**(and proxy tax under section 6033(e))**

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024.

**Go to www.irs.gov/Form990T for instructions and the latest information.**
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

OMB No. 1545-0047

**2023**

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
P.O. BOX 8053

City or town, state or province, country, and ZIP or foreign postal code
STATESBORO, GA 30460

C Book value of all assets at end of year ............ 136,999,796.

D Employer identification number
58-6034031

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of CRAIG BROWN Telephone number 912-478-5519

## Part I Total Unrelated Business Taxable Income

| | | | |
|---|---|---|---|
| 1 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 0. |
| 2 | Reserved | 2 | |
| 3 | Add lines 1 and 2 | 3 | |
| 4 | Charitable contributions (see instructions for limitation rules) | 4 | 0. |
| 5 | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | |
| 6 | Deduction for net operating loss. See instructions | 6 | 0. |
| 7 | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | |
| 8 | Specific deduction (generally $1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 | **Trusts.** Section 199A deduction. See instructions | 9 | |
| 10 | **Total deductions.** Add lines 8 and 9 | 10 | 1,000. |
| 11 | **Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0. |

## Part II Tax Computation

| | | | |
|---|---|---|---|
| 1 | **Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 | **Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) | 2 | |
| 3 | **Proxy tax.** See instructions | 3 | |
| 4 | Other tax amounts. See instructions | 4 | |
| 5 | Alternative minimum tax | 5 | |
| 6 | **Tax on noncompliant facility income.** See instructions | 6 | |
| 7 | **Total.** Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0. |

## Part III Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | | |
| b | Other credits (see instructions) | 1b | | | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | | | |
| d | Credit for prior-year minimum tax (attach Form 8801 or 8827) | 1d | | | |
| e | **Total credits.** Add lines 1a through 1d | | | 1e | |
| 2 | Subtract line 1e from Part II, line 7 | | | 2 | 0. |
| 3a | Amount due from Form 4255 | 3a | | | |
| b | Amount due from Form 8611 | 3b | | | |
| c | Amount due from Form 8697 | 3c | | | |
| d | Amount due from Form 8866 | 3d | | | |
| e | Other amounts due (see instructions) | 3e | | | |
| f | Total amounts due. Add lines 3a through 3e | | | 3f | 0. |
| 4 | **Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here | | | 4 | 0. |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | | | 5 | 0. |

## Part III Tax and Payments *(continued)*

| | | | |
|---|---|---|---|
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies ☐ | 6b | |
| c | Tax deposited with Form 8868 | 6c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | |
| e | Backup withholding (see instructions) | 6e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | |
| g | Elective payment election amount from Form 3800 | 6g | |
| h | Payment from Form 2439 | 6h | |
| i | Credit from Form 4136 | 6i | |
| j | Other (see instructions) | 6j | |
| 7 | **Total payments.** Add lines 6a through 6j | 7 | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ | 8 | |
| 9 | **Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | |
| 10 | **Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | |
| 11 | Enter the amount of line 10 you want: **Credited to 2024 estimated tax** Refunded | 11 | |

## Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 1 | At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year $ | | |
| 4 | Enter available pre-2018 NOL carryovers here $ 703. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |

| Business Activity Code | Available post-2017 NOL carryover |
|---|---|
| 901101 | $ 107,455. |
| | $ |
| | $ |
| | $ |

6 a Reserved for future use

b Reserved for future use

## Part V Supplemental Information

Provide any additional information. See instructions.

**Sign Here**

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

| Signature of officer | Date | Title |
|---|---|---|
| | | PRESIDENT |

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

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| MELISSA SEWARD | MELISSA SEWARD | 03/31/25 | | P02145103 |

Firm's name MAULDIN & JENKINS, LLC — Firm's EIN 58-0692043

Firm's address 200 GALLERIA PKWY SE STE 1700, ATLANTA, GA 30339-5946 — Phone no. 770-955-8600



323711 11-20-23

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 1

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|---|---|---|---|---|
| 06/30/16 | 52,391. | 52,391. | 0. | 0. |
| 06/30/17 | 24,685. | 24,685. | 0. | 0. |
| 06/30/18 | 3,664. | 2,961. | 703. | 703. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 703. | 703. |

**SCHEDULE A (Form 990-T)**

Department of the Treasury
Internal Revenue Service

# Unrelated Business Taxable Income From an Unrelated Trade or Business

**Go to www.irs.gov/Form990T for instructions and the latest information.**
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

OMB No. 1545-0047

**2023**

Open to Public Inspection for 501(c)(3) Organizations Only

**A** Name of the organization GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**B Employer identification number** 58-6034031

**C** Unrelated business activity code (see instructions) 901101

**D** Sequence: 1 of 1

**E** Describe the unrelated trade or business INVESTMENT IN PUBLICLY TRADED PARTNERSHIPS

## Part I Unrelated Trade or Business Income

| | Line | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|
| 1a Gross receipts or sales | | | | |
| b Less returns and allowances c Balance | 1c | | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | 1,386. | | 1,386. |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 2 | 5 | -164,376. | | -164,376. |
| 6 Rent income (Part IV) | 6 | | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 Advertising income (Part IX) | 11 | | | |
| 12 Other income (see instructions; attach statement) STMT 3 | 12 | 363. | | 363. |
| 13 **Total.** Combine lines 3 through 12 | 13 | -162,627. | | -162,627. |

## Part II Deductions Not Taken Elsewhere.

See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | Line | Amount |
|---|---|---|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 Salaries and wages | 2 | |
| 3 Repairs and maintenance | 3 | |
| 4 Bad debts | 4 | |
| 5 Interest (attach statement). See instructions | 5 | |
| 6 Taxes and licenses | 6 | |
| 7 Depreciation (attach Form 4562). See instructions — 7 | | |
| 8 Less depreciation claimed in Part III and elsewhere on return — 8a | 8b | |
| 9 Depletion | 9 | |
| 10 Contributions to deferred compensation plans | 10 | |
| 11 Employee benefit programs | 11 | |
| 12 Excess exempt expenses (Part VIII) | 12 | |
| 13 Excess readership costs (Part IX) | 13 | |
| 14 Other deductions (attach statement) SEE STATEMENT 4 | 14 | 70,719. |
| 15 **Total deductions.** Add lines 1 through 14 | 15 | 70,719. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | -233,346. |
| 17 Deduction for net operating loss. See instructions | 17 | 0. |
| 18 **Unrelated business taxable income.** Subtract line 17 from line 16 | 18 | -233,346. |

## Part III Cost of Goods Sold

Enter method of inventory valuation

| | | | |
|---|---|---|---|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | **Total.** Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | **Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

## Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

| | A | B | C | D |
|---|---|---|---|---|
| **2** Rent received or accrued | | | | |
| **a** From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| **b** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| **c** Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

| | A | B | C | D |
|---|---|---|---|---|
| **4** Deductions directly connected with the income in lines 2a and 2b (attach statement) | | | | |

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

## Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

| | A | B | C | D |
|---|---|---|---|---|
| **2** Gross income from or allocable to debt-financed property | | | | |
| **3** Deductions directly connected with or allocable to debt-financed property | | | | |
| **a** Straight line depreciation (attach statement) | | | | |
| **b** Other deductions (attach statement) | | | | |
| **c** Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| **4** Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| **5** Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| **6** Divide line 4 by line 5 | % | % | % | % |
| **7** Gross income reportable. Multiply line 2 by line 6 | | | | |

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

| | A | B | C | D |
|---|---|---|---|---|
| **9** Allocable deductions. Multiply line 3c by line 6 | | | | |

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

## Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|---|---|---|---|---|---|
| **1.** Name of controlled organization | **2.** Employer identification number | **3.** Net unrelated income (loss) (see instructions) | **4.** Total of specified payments made | **5.** Part of column 4 that is included in the controlling organization's gross income | **6.** Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| **7.** Taxable Income | **8.** Net unrelated income (loss) (see instructions) | **9.** Total of specified payments made | **10.** Part of column 9 that is included in the controlling organization's gross income | **11.** Deductions directly connected with income in column 10 |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). |
| **Totals** | | | 0. | 0. |

## Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| **1.** Description of income | **2.** Amount of income | **3.** Deductions directly connected (attach statement) | **4.** Set-asides (attach statement) | **5. Total deductions and set-asides** (add cols 3 and 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Add amounts in column 2. Enter here and on Part I, line 9, column (A). | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| **Totals** | 0. | | | 0. |

## Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|---|---|---|
| 1 | Description of exploited activity: | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|---|---|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0. |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0. |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 ........ 0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| **Total.** Enter here and on Part II, line 1 | | | 0. |

**Part XI Supplemental Information** (see instructions)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 2

| DESCRIPTION | NET INCOME OR (LOSS) |
|---|---|
| AG REALTY FUND IX - ORDINARY BUSINESS INCOME (LOSS) | -8,674. |
| AG REALTY FUND IX - NET RENTAL REAL ESTATE INCOME | 667. |
| COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - INTEREST INCOME | 1. |
| COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER PORTFOLIO INCOME (L | -1. |
| COMMONFUND CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS) | 2,498. |
| COMMONFUND CAPITAL PARTNERS V, LP - INTEREST INCOME | 91. |
| COMMONFUND CAPITAL PARTNERS V, LP - DIVIDEND INCOME | 1. |
| COMMONFUND CAPITAL PARTNERS V, LP - OTHER INCOME (LOSS) | -251. |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, - ORDINARY BUSINESS INCOME ( | 1,006. |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, - NET RENTAL REAL ESTATE INC | -73. |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, - INTEREST INCOME | 33. |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, - OTHER INCOME (LOSS) | -27. |
| COMMONFUND CAPITAL VENTURE PARTNERS VIII, L.P. - OTHER INCOME (LOSS) | 9. |
| GEM REALTY FUND V, L.P. - ORDINARY BUSINESS INCOME (LOSS) | -64. |
| GEM REALTY FUND V, L.P. - NET RENTAL REAL ESTATE INCOME | -5,169. |
| HRJ SPECIAL OPPORTUNITIES II (U.S.), L.P. - ORDINARY BUSINESS INCOME (LOSS) | -3,455. |
| HRJ SPECIAL OPPORTUNITIES II (U.S.), L.P. - NET RENTAL REAL ESTATE INCOME | -958. |
| HRJ SPECIAL OPPORTUNITIES II (U.S.), L.P. - OTHER NET RENTAL INCOME (LOSS) | 42. |
| LANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS INCOME (LOSS) | 134. |
| LANDMARK EQUITY PARTNERS XIV, LP - NET RENTAL REAL ESTATE INCOME | -8. |
| LANDMARK EQUITY PARTNERS XIV, LP - INTEREST INCOME | 34. |
| LANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) | -268. |
| METROPOLITAN REAL ESTATE PARTNERS GLOBAL III, LP - ORDINARY BUSINESS INCOME | -195. |
| RCP FUND X, LP - ORDINARY BUSINESS INCOME (LOSS) | 4,664. |
| RCP FUND X, LP - INTEREST INCOME | 239. |
| RCP FUND X, LP - OTHER INCOME (LOSS) | 685. |
| RCP FUND IX, LP - ORDINARY BUSINESS INCOME (LOSS) | -3,974. |
| RCP FUND IX, LP - NET RENTAL REAL ESTATE INCOME | 6. |
| RCP FUND IX, LP - INTEREST INCOME | 6. |
| RCP FUND IX, LP - OTHER INCOME (LOSS) | 1,298. |
| VIA ENERGY II LP - ORDINARY BUSINESS INCOME (LOSS) | 14,707. |
| VIA ENERGY II LP - NET RENTAL REAL ESTATE INCOME | 1. |
| VIA ENERGY II LP - OTHER NET RENTAL INCOME (LOSS) | 1,176. |
| VIA ENERGY II LP - INTEREST INCOME | 5. |
| VIA ENERGY II LP - OTHER INCOME (LOSS) | -4,583. |
| VIA ENERGY III LP - ORDINARY BUSINESS INCOME (LOSS) | 45,645. |
| VIA ENERGY III LP - NET RENTAL REAL ESTATE INCOME | 1. |
| VIA ENERGY III LP - INTEREST INCOME | 89. |

| | |
|---|---|
| VIA ENERGY III LP - ROYALTIES | 398. |
| VIA ENERGY III LP - OTHER PORTFOLIO INCOME (LOSS) | -1. |
| VIA ENERGY III LP - OTHER INCOME (LOSS) | -38,816. |
| SRE OPPORTUNITY FUND III - NET RENTAL REAL ESTATE INCOME | -637. |
| RIVERCREST CAPITAL PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS) | 442. |
| RIVERCREST CAPITAL PARTNERS LP - ROYALTIES | 9,387. |
| RIVERCREST CAPITAL PARTNERS LP - OTHER INCOME (LOSS) | -8,945. |
| AUDAX DIRECT LENDING SOLUTIONS, FUND-C - ORDINARY BUSINESS INCOME (LOSS) | 12,135. |
| MARANON SENIOR CREDIT FUND V-UNLEVERED LP - ORDINARY BUSINESS INCOME (LOSS) | -116. |
| BPC OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME (LOSS) | -17,523. |
| BPC OPPORTUNITIES FUND IV LP - NET RENTAL REAL ESTATE INCOME | -2,783. |
| ROCKLAND POWER PARTNERS IV - ORDINARY BUSINESS INCOME (LOSS) | -170,604. |
| SRE OPPORTUNITY FUND IV - ORDINARY BUSINESS INCOME (LOSS) | -7,387. |
| SRE OPPORTUNITY FUND IV - INTEREST INCOME | 4,599. |
| AUDAX DIRECT LENDING SOLUTIONS, FUND II-A - ORDINARY BUSINESS INCOME (LOSS) | 36,760. |
| BPC OPPORTUNITIES FUND V LP - ORDINARY BUSINESS INCOME (LOSS) | 3,074. |
| KOHLBERG TE INVESTORS X LP - OTHER INCOME (LOSS) | -29,697. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | -164,376. |

FORM 990-T (A) OTHER INCOME STATEMENT 3

| DESCRIPTION | AMOUNT |
|---|---|
| CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS V, LP | 101. |
| CANCELLATION OF DEBT - RCP FUND IX, LP | 262. |
| TOTAL TO SCHEDULE A, PART I, LINE 12 | 363. |

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 4

| DESCRIPTION | AMOUNT |
|---|---|
| INVESTMENT MANAGEMENT FEES | 70,719. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 70,719. |

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 5

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|---|---|---|---|---|
| 06/30/19 | 86,129. | 30,368. | 55,761. | 55,761. |
| 06/30/20 | 9,287. | 0. | 9,287. | 9,287. |
| 06/30/23 | 42,407. | 0. | 42,407. | 42,407. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 107,455. | 107,455. |

**SCHEDULE D (Form 1120)**
Department of the Treasury
Internal Revenue Service

# Capital Gains and Losses

**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.**
**Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

**2023**

Name: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Employer identification number** 58-6034031

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| **See instructions for how to figure the amounts to enter on the lines below.** This form may be easier to complete if you round off cents to whole dollars. | **(d)** Proceeds (sales price) | **(e)** Cost (or other basis) | **(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | **(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| **1a** Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked | | | | |
| **2** Totals for all transactions reported on Form(s) 8949 with **Box B** checked | | | | |
| **3** Totals for all transactions reported on Form(s) 8949 with **Box C** checked | | | | -4,711. |

| | | |
|---|---|---|
| **4** Short-term capital gain from installment sales from Form 6252, line 26 or 37 | 4 | |
| **5** Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | 5 | |
| **6** Unused capital loss carryover (attach computation) | 6 | ( ) |
| **7** Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | 7 | -4,711. |

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| **See instructions for how to figure the amounts to enter on the lines below.** This form may be easier to complete if you round off cents to whole dollars. | **(d)** Proceeds (sales price) | **(e)** Cost (or other basis) | **(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | **(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| **8a** Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| **8b** Totals for all transactions reported on Form(s) 8949 with **Box D** checked | | | | |
| **9** Totals for all transactions reported on Form(s) 8949 with **Box E** checked | | | | |
| **10** Totals for all transactions reported on Form(s) 8949 with **Box F** checked | | | | 5,254. |

| | | |
|---|---|---|
| **11** Enter gain from Form 4797, line 7 or 9 | 11 | 843. |
| **12** Long-term capital gain from installment sales from Form 6252, line 26 or 37 | 12 | |
| **13** Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | 13 | |
| **14** Capital gain distributions | 14 | |
| **15** Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | 15 | 6,097. |

## Part III Summary of Parts I and II

| | | |
|---|---|---|
| **16** Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| **17** Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 1,386. |
| **18** Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 1,386. |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Form **8949**

Department of the Treasury
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

**Go to www.irs.gov/Form8949 for instructions and the latest information.**

OMB No. 1545-0074

**2023**

Attachment Sequence No. **12A**

Name(s) shown on return
GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Social security number or taxpayer identification no.**
58-6034031

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [ ] **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [X] **(C)** Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s) | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) | |
|---|---|---|---|---|---|---|---|---|
| COMMONFUND CAPITAL PARTNERS V, LP | | | | | | | 33. | C |
| GEM REALTY FUND V, L.P. | | | | | | | -6,312. | C |
| HRJ SPECIAL OPPORTUNITIES II (U.S.), L.P | | | | | | | -2. | C |
| AUDAX DIRECT LENDING SOLUTIONS, FUND-C | | | | | | | 122. | C |
| AUDAX DIRECT LENDING SOLUTIONS, FUND II- | | | | | | | 1,448. | C |
| **2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ......... | | | | | | | -4,711. | |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Social security number or taxpayer identification no.**

58-6034031

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part II** **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [ ] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [X] **(F)** Long-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s) | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) | |
|---|---|---|---|---|---|---|---|---|
| COMMONFUND CAPITAL INTERNATIONAL PARTNER | | | | | | | -7. | C |
| COMMONFUND CAPITAL PARTNERS V, LP | | | | | | | 3,625. | C |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNE | | | | | | | 669. | C |
| HRJ SPECIAL OPPORTUNITIES II (U.S.), L.P | | | | | | | 12. | C |
| LANDMARK EQUITY PARTNERS XIV, LP | | | | | | | -73. | C |
| RCP FUND IX, LP | | | | | | | -844. | C |
| VIA ENERGY II LP | | | | | | | 496. | C |
| VIA ENERGY III LP | | | | | | | 217. | C |
| AUDAX DIRECT LENDING SOLUTIONS, FUND-C | | | | | | | 966. | C |
| AUDAX DIRECT LENDING SOLUTIONS, FUND II- | | | | | | | 193. | C |
| **2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ......... | | | | | | | 5,254. | |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**

Department of the Treasury
Internal Revenue Service

# Sales of Business Property

**(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))**

**Attach to your tax return.**

**Go to www.irs.gov/Form4797 for instructions and the latest information.**

OMB No. 1545-0184

**2023**

Attachment Sequence No. **27**

Name(s) shown on return: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

Identifying number: 58-6034031

| | | | |
|---|---|---|---|
| 1a | Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 | 1a | |
| b | Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets | 1b | |
| c | Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets | 1c | |

## Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| 2 (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|---|---|---|---|---|---|
| SEE STATEMENT 6 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 3 | Gain, if any, from Form 4684, line 39 | 3 | |
| 4 | Section 1231 gain from installment sales from Form 6252, line 26 or 37 | 4 | |
| 5 | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | 5 | |
| 6 | Gain, if any, from line 32, from other than casualty or theft | 6 | |
| 7 | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | 7 | 843. |

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

| | | | |
|---|---|---|---|
| 8 | Nonrecaptured net section 1231 losses from prior years. See instructions | 8 | |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | 9 | 843. |

## Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 11 | Loss, if any, from line 7 | 11 | ( ) |
| 12 | Gain, if any, from line 7 or amount from line 8, if applicable | 12 | |
| 13 | Gain, if any, from line 31 | 13 | |
| 14 | Net gain or (loss) from Form 4684, lines 31 and 38a | 14 | |
| 15 | Ordinary gain from installment sales from Form 6252, line 25 or 36 | 15 | |
| 16 | Ordinary gain or (loss) from like-kind exchanges from Form 8824 | 16 | |
| 17 | Combine lines 10 through 16 | 17 | |
| 18 | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. | | |
| a | If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions | 18a | |
| b | Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 | 18b | |

## Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|---|---|
| A | | |
| B | | |
| C | | |
| D | | |

| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B | Property C | Property D |
|---|---|---|---|---|---|
| 20 Gross sales price (**Note:** See line 1a before completing.) | 20 | | | | |
| 21 Cost or other basis plus expense of sale | 21 | | | | |
| 22 Depreciation (or depletion) allowed or allowable | 22 | | | | |
| 23 Adjusted basis. Subtract line 22 from line 21 | 23 | | | | |
| 24 Total gain. Subtract line 23 from line 20 | 24 | | | | |
| 25 **If section 1245 property:** | | | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | | | |
| b Enter the **smaller** of line 24 or 25a | 25b | | | | |
| 26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | |
| a Additional depreciation after 1975. See instructions | 26a | | | | |
| b Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions | 26b | | | | |
| c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | |
| d Additional depreciation after 1969 and before 1976 | 26d | | | | |
| e Enter the **smaller** of line 26c or 26d | 26e | | | | |
| f Section 291 amount (corporations only) | 26f | | | | |
| g Add lines 26b, 26e, and 26f | 26g | | | | |
| 27 **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | | | |
| a Soil, water, and land clearing expenses | 27a | | | | |
| b Line 27a multiplied by applicable percentage | 27b | | | | |
| c Enter the **smaller** of line 24 or 27b | 27c | | | | |
| 28 **If section 1254 property:** | | | | | |
| a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | | | |
| b Enter the **smaller** of line 24 or 28a | 28b | | | | |
| 29 **If section 1255 property:** | | | | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | |
| b Enter the **smaller** of line 24 or 29a. See instructions | 29b | | | | |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

| | | |
|---|---|---|
| 30 Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

## Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

(see instructions)

| | | (a) Section 179 | (b) Section 280F(b)(2) |
|---|---|---|---|
| 33 Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 Recomputed depreciation. See instructions | 34 | | |
| 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | |

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 6

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|---|---|---|---|---|---|---|
| AG REALTY FUND IX | | | | | | 91. |
| COMMONFUND CAPITAL PARTNERS V, LP | | | | | | 119. |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNE | | | | | | -261. |
| HRJ SPECIAL OPPORTUNITIES II (U.S.), L.P | | | | | | 1,396. |
| LANDMARK EQUITY PARTNERS XIV, LP | | | | | | 28. |
| RCP FUND X, LP | | | | | | 984. |
| RCP FUND IX, LP | | | | | | 269. |
| VIA ENERGY II LP | | | | | | 149. |
| VIA ENERGY III LP | | | | | | -1,932. |
| TOTAL TO 4797, PART I, LINE 2 | | | | | | 843. |

**SCHEDULE D (Form 1120)**
Department of the Treasury
Internal Revenue Service

# Capital Gains and Losses

**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.**
**Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123
**2023**

Name: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.
**Employer identification number**: 58-6034031

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| **See instructions for how to figure the amounts to enter on the lines below.** This form may be easier to complete if you round off cents to whole dollars. | **(d)** Proceeds (sales price) | **(e)** Cost (or other basis) | **(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | **(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| **1a** Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked | | | | |
| **2** Totals for all transactions reported on Form(s) 8949 with **Box B** checked | | | | |
| **3** Totals for all transactions reported on Form(s) 8949 with **Box C** checked | | | | -4,711. |

| | | |
|---|---|---|
| **4** Short-term capital gain from installment sales from Form 6252, line 26 or 37 | 4 | |
| **5** Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | 5 | |
| **6** Unused capital loss carryover (attach computation) | 6 | ( ) |
| **7** Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | 7 | -4,711. |

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| **See instructions for how to figure the amounts to enter on the lines below.** This form may be easier to complete if you round off cents to whole dollars. | **(d)** Proceeds (sales price) | **(e)** Cost (or other basis) | **(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | **(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| **8a** Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| **8b** Totals for all transactions reported on Form(s) 8949 with **Box D** checked | | | | |
| **9** Totals for all transactions reported on Form(s) 8949 with **Box E** checked | | | | |
| **10** Totals for all transactions reported on Form(s) 8949 with **Box F** checked | | | | 5,254. |

| | | |
|---|---|---|
| **11** Enter gain from Form 4797, line 7 or 9 | 11 | 843. |
| **12** Long-term capital gain from installment sales from Form 6252, line 26 or 37 | 12 | |
| **13** Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | 13 | |
| **14** Capital gain distributions | 14 | |
| **15** Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | 15 | 6,097. |

## Part III Summary of Parts I and II

| | | |
|---|---|---|
| **16** Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| **17** Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 1,386. |
| **18** Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 1,386. |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Form **8949**

Department of the Treasury
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

**File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**
**Go to www.irs.gov/Form8949 for instructions and the latest information.**

OMB No. 1545-0074

**2023**

Attachment Sequence No. **12A**

Name(s) shown on return: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Social security number or taxpayer identification no.** 58-6034031

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

[ ] **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
[ ] **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
[X] **(C)** Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s) | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|---|---|---|---|---|---|---|
| COMMONFUND CAPITAL PARTNERS V, LP | | | | | | | 33. |
| GEM REALTY FUND V, L.P. | | | | | | | <6,312.> |
| HRJ SPECIAL OPPORTUNITIES II (U.S.), L.P | | | | | | | <2.> |
| AUDAX DIRECT LENDING SOLUTIONS, FUND-C | | | | | | | 122. |
| AUDAX DIRECT LENDING SOLUTIONS, FUND II- | | | | | | | 1,448. |
| **2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ......... | | | | | | | <4,711.> |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Social security number or taxpayer identification no.**

58-6034031

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part II** **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [ ] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [X] **(F)** Long-term transactions not reported to you on Form 1099-B

| **1** **(a)** Description of property (Example: 100 sh. XYZ Co.) | **(b)** Date acquired (Mo., day, yr.) | **(c)** Date sold or disposed of (Mo., day, yr.) | **(d)** Proceeds (sales price) | **(e)** Cost or other basis. See the **Note** below and see *Column (e)* in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. **(f)** Code(s) | **(g)** Amount of adjustment | **(h)** **Gain or (loss).** Subtract column (e) from column (d) & combine the result with column (g) |
|---|---|---|---|---|---|---|---|
| COMMONFUND CAPITAL | | | | | | | |
| INTERNATIONAL | | | | | | | |
| PARTNER | | | | | | | <7.> |
| COMMONFUND CAPITAL | | | | | | | |
| PARTNERS V, LP | | | | | | | 3,625. |
| COMMONFUND CAPITAL | | | | | | | |
| PRIVATE EQUITY | | | | | | | |
| PARTNE | | | | | | | 669. |
| HRJ SPECIAL | | | | | | | |
| OPPORTUNITIES II | | | | | | | |
| (U.S.), L.P | | | | | | | 12. |
| LANDMARK EQUITY | | | | | | | |
| PARTNERS XIV, LP | | | | | | | <73.> |
| RCP FUND IX, LP | | | | | | | <844.> |
| VIA ENERGY II LP | | | | | | | 496. |
| VIA ENERGY III LP | | | | | | | 217. |
| AUDAX DIRECT | | | | | | | |
| LENDING SOLUTIONS, | | | | | | | |
| FUND-C | | | | | | | 966. |
| AUDAX DIRECT | | | | | | | |
| LENDING SOLUTIONS, | | | | | | | |
| FUND II- | | | | | | | 193. |
| **2** **Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ......... | | | | | | | 5,254. |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**

Department of the Treasury
Internal Revenue Service

# Sales of Business Property

**(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))**

**Attach to your tax return.**

**Go to www.irs.gov/Form4797 for instructions and the latest information.**

OMB No. 1545-0184

**2023**

Attachment Sequence No. **27**

Name(s) shown on return: GEORGIA SOUTHERN UNIVERSITY FOUNDATION INC.

**Identifying number** 58-6034031

| | | | |
|---|---|---|---|
| **1a** | Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 | **1a** | |
| **b** | Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets | **1b** | |
| **c** | Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets | **1c** | |

**Part I** **Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

| **2** (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|---|---|---|---|---|---|
| SEE STATEMENT 7 | | | | | | |
| | | | | | | |
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| | | | |
|---|---|---|---|
| **3** | Gain, if any, from Form 4684, line 39 | **3** | |
| **4** | Section 1231 gain from installment sales from Form 6252, line 26 or 37 | **4** | |
| **5** | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | **5** | |
| **6** | Gain, if any, from line 32, from other than casualty or theft | **6** | |
| **7** | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | **7** | 843. |
| | **Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.<br>**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | | |
| **8** | Nonrecaptured net section 1231 losses from prior years. See instructions | **8** | |
| **9** | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | **9** | 843. |

**Part II** **Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| **11** | Loss, if any, from line 7 | **11** | ( ) |
| **12** | Gain, if any, from line 7 or amount from line 8, if applicable | **12** | |
| **13** | Gain, if any, from line 31 | **13** | |
| **14** | Net gain or (loss) from Form 4684, lines 31 and 38a | **14** | |
| **15** | Ordinary gain from installment sales from Form 6252, line 25 or 36 | **15** | |
| **16** | Ordinary gain or (loss) from like-kind exchanges from Form 8824 | **16** | |
| **17** | Combine lines 10 through 16 | **17** | |
| **18** | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. | | |
| **a** | If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions | **18a** | |
| **b** | Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 | **18b** | |

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|---|---|
| A | | |
| B | | |
| C | | |
| D | | |

| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B | Property C | Property D |
|---|---|---|---|---|---|
| 20 Gross sales price (**Note:** See line 1a before completing.) | 20 | | | | |
| 21 Cost or other basis plus expense of sale | 21 | | | | |
| 22 Depreciation (or depletion) allowed or allowable | 22 | | | | |
| 23 Adjusted basis. Subtract line 22 from line 21 | 23 | | | | |
| 24 Total gain. Subtract line 23 from line 20 | 24 | | | | |
| 25 **If section 1245 property:** | | | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | | | |
| b Enter the **smaller** of line 24 or 25a | 25b | | | | |
| 26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | |
| a Additional depreciation after 1975. See instructions | 26a | | | | |
| b Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions | 26b | | | | |
| c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | |
| d Additional depreciation after 1969 and before 1976 | 26d | | | | |
| e Enter the **smaller** of line 26c or 26d | 26e | | | | |
| f Section 291 amount (corporations only) | 26f | | | | |
| g Add lines 26b, 26e, and 26f | 26g | | | | |
| 27 **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | | | |
| a Soil, water, and land clearing expenses | 27a | | | | |
| b Line 27a multiplied by applicable percentage | 27b | | | | |
| c Enter the **smaller** of line 24 or 27b | 27c | | | | |
| 28 **If section 1254 property:** | | | | | |
| a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | | | |
| b Enter the **smaller** of line 24 or 28a | 28b | | | | |
| 29 **If section 1255 property:** | | | | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | |
| b Enter the **smaller** of line 24 or 29a. See instructions | 29b | | | | |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

| | | |
|---|---|---|
| 30 Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

| | | (a) Section 179 | (b) Section 280F(b)(2) |
|---|---|---|---|
| 33 Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 Recomputed depreciation. See instructions | 34 | | |
| 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | |

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 7

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|---|---|---|---|---|---|---|
| AG REALTY FUND IX | | | | | | 91. |
| COMMONFUND CAPITAL PARTNERS V, LP | | | | | | 119. |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNE | | | | | | -261. |
| HRJ SPECIAL OPPORTUNITIES II (U.S.), L.P | | | | | | 1,396. |
| LANDMARK EQUITY PARTNERS XIV, LP | | | | | | 28. |
| RCP FUND X, LP | | | | | | 984. |
| RCP FUND IX, LP | | | | | | 269. |
| VIA ENERGY II LP | | | | | | 149. |
| VIA ENERGY III LP | | | | | | -1,932. |
| TOTAL TO 4797, PART I, LINE 2 | | | | | | 843. |

**Georgia Form 600-T** (Rev. 06/12/23)
Exempt Organization
Unrelated Business Income Tax Return

2201615015

**Mailing Address:**
Georgia Department of Revenue
Processing Center
PO Box 740397
Atlanta, Georgia 30374-0397

## Page 1

☐ Amended ☐ Amended due to IRS Audit ☐ Address Change ☐ UET Annualization Exception attached

For the taxable year beginning 07/01/2023 and ending 06/30/2024

| Name of Organization | Name of Fiduciary | Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.) |
|---|---|---|
| GEORGIA SOUTHERN UNIVERSI INC. | | 58-6034031 |
| Number and Street | Number and Street | |
| P.O. BOX 8053 | | |
| City or Town | City or Town | |
| STATESBORO | | |

| State | ZIP Code | State | ZIP Code | NAICS Code | Date of current exemption letter. | IRS code section for which you are exempt. |
|---|---|---|---|---|---|---|
| GA | 30460 | | | | | |

| Georgia Unrelated Business Taxable Income | | SCHEDULE 1 |
|---|---|---|
| 1. Unrelated business taxable income from Federal Form 990-T (attach copy) | 1. | 0 |
| 2. Additions | 2. | |
| 3. Total (add Line 1 and Line 2) | 3. | |
| 4. Subtractions | 4. | |
| 5. Adjusted unrelated business taxable income (Line 3 less Line 4) | 5. | |
| 6. Income allocated everywhere | 6. | |
| 7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6) | 7. | |
| 8. Apportionment ratio (Attach Computation Schedule) | 8. | 1.000000 |
| 9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8) | 9. | 0 |
| 10. Income allocated to Georgia (Attach Schedule) | 10. | |
| 11. Total of Lines 9 and 10 | 11. | 0 |
| 12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation) | 12. | |
| 13. Georgia unrelated business taxable income (Line 11 less Line 12) | 13. | |

2201615025

Name INC. FEIN 58-6034031

| COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX | | SCHEDULE 2 |
|---|---|---|
| 1. Line 13, Schedule 1 multiplied by 5.75% | 1. | |
| 2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2 | 2. | |
| 3. Less: Payments | 3. | |
| 4. Withholding Credits (G2-A, G2-LP and/or G2-RP) | 4. | |
| 5. Schedule 3B Refundable tax credits | 5. | |
| 6. Balance of tax due OR overpayment | 6. | 0 |
| 7. Interest due (See Instructions) | 7. | |
| 8. Underestimated tax penalty | 8. | |
| 9. Other penalties due (See Instructions) | 9. | |
| 10. Balance of tax, interest and penalties due with return | 10. | |
| 11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on _______ **Estimated Tax ▶** **Refunded ▶** | | |

**A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.**
DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

TRIP C. ADDISON
Signature of Officer

MELISSA SEWARD
Signature of Individual or Firm Preparing Return

PRESIDENT
Title

03/31/25
Date

P02145103
Employee ID or Social Security Number

2201615035

Name INC. FEIN 58-6034031

**CREDIT USAGE AND CARRYOVER** (ROUND TO NEAREST DOLLAR) **SCHEDULE 3**

1. **Complete a separate schedule for each Credit Code.**
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply. Exempt organizations are only eligible for tax credits to the extent they apply to unrelated trade or business income from Georgia sources (note not all credits apply to 600T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

**For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number, if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.**

| | | |
|---|---|---|
| 1. Credit Code | | |
| 2. Credit remaining from previous years | | |
| 3. Company Name | | ID Number |
| Credit Certificate # | | Credit Generated this tax year |
| 4. Company Name | | ID Number |
| Credit Certificate # | | Credit Generated this tax year |
| 5. Company Name | | ID Number |
| Credit Certificate # | | Credit Generated this tax year |
| 6. Company Name | | ID Number |
| Credit Certificate # | | Credit Generated this tax year |
| 7. Company Name | | ID Number |
| Credit Certificate # | | Credit Generated this tax year |
| 8. Company Name | | ID Number |
| Credit Certificate # | | Credit Generated this tax year |
| 9. Company Name | | ID Number |
| Credit Certificate # | | Credit Generated this tax year |
| 10. Total available credit for this tax year (sum of Lines 2 through 9) | 10. | |
| 11. Credit Used this tax year (enter here and on Line 2, Schedule 2) | 11. | |
| 12. Potential carryover to next tax year (Line 10 less Line 11) | 12. | |