

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2009**Open to Public  
Inspection

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

**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>GEORGIA STATE UNIVERSITY FOUNDATION</b>		<b>D</b> Employer identification number <b>58-6033185</b>
		Doing Business As		<b>E</b> Telephone number <b>(404) 413-3402</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>ONE PARK PLACE, SUITE 533</b>		<b>G</b> Gross receipts \$ <b>97,984,378.</b>
		City or town, state or country, and ZIP + 4 <b>ATLANTA, GA 30303-3083</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
		<b>F</b> Name and address of principal officer: <b>DALE PALMER</b> <b>ONE PARK PLACE, SUITE 533, ATLANTA, GA 30303</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.GSUFOUNDATION.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1958</b> <b>M</b> State of legal domicile: <b>GA</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SUPPORT THE MISSION AND BEST INTERESTS OF GEORGIA STATE UNIVERSITY.</b>				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>35</b>				
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>35</b>				
	<b>5</b> Total number of employees (Part V, line 2a) <b>0</b>				
	<b>6</b> Total number of volunteers (estimate if necessary) <b>35</b>				
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>3,082,675.</b>				
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>-1,742,280.</b>					
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>10,498,941.</b>	<b>9</b> Program service revenue (Part VIII, line 2g) <b>4,628,284.</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>13,316,835.</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>3,751,393.</b>	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>32,195,453.</b>
	<b>Expenses</b>				
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>2,427,472.</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>3,255,998.</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>870,174.</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>484,317.</b>	<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,072,937.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>25,418,394.</b>	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>31,972,038.</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>223,415.</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>392,875,185.</b>	<b>21</b> Total liabilities (Part X, line 26) <b>279,054,967.</b>	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>113,820,218.</b>		
			<b>Beginning of Current Year</b> <b>411,430,203.</b>	<b>End of Year</b> <b>273,911,047.</b>	
			<b>113,820,218.</b>	<b>137,519,156.</b>	

**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.			
<b>Sign Here</b>	Signature of officer		Date
	DALE PALMER, CFO & ASST. TREAS.		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Preparer's identifying number (see instructions)
	CHERRY, BEKAERT & HOLLAND, L.L.P. 1180 W. PEACHTREE STREET, SUITE 1400 ATLANTA, GA 30309-3482		Phone no. ▶ 404-209-0954

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
THE GEORGIA STATE UNIVERSITY FOUNDATION, INC. SERVES AS THE OFFICIAL  
FUND-RAISING AND FUND MANAGEMENT ORGANIZATION FOR GEORGIA STATE  
UNIVERSITY AND IS COMMITTED TO SUPPORTING AND ASSISTING THE UNIVERSITY  
IN ACHIEVING ITS GOALS AND OBJECTIVES THROUGH SOLICITING AND MANAGING
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 22,693,027. including grants of \$ 3,915,551. ) (Revenue \$ 4,632,414. )  
SPECIAL PURPOSE FUNDS - TO FINANCE VARIOUS PROGRAMS AT GEORGIA STATE  
UNIVERSITY.

4b (Code: ) (Expenses \$ 2,704,749. including grants of \$ 2,704,749. ) (Revenue \$ )  
SCHOLARSHIP FUND - TO PROVIDE SCHOLARSHIPS AND AWARDS

4c (Code: ) (Expenses \$ 5,286,541. including grants of \$ ) (Revenue \$ )  
DEPARTMENT FUND - USED BY THE VARIOUS SCHOOLS OF THE UNIVERSITY FOR  
VARIOUS EDUCATION RELATED PROGRAMS - FACULTY SUPPLEMENTS.

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

4e Total program service expenses **\$ 30,684,317.**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<input checked="" type="checkbox"/>	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<input checked="" type="checkbox"/>
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input checked="" type="checkbox"/>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<input checked="" type="checkbox"/>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	131	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	35	
<b>b</b> Enter the number of voting members that are independent	35	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **GA**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DALE PALMER - (404) 413-3402**  
**ONE PARK PLACE, SUITE 533, ATLANTA, GA 30303-3083**

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

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

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

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. MARK BECKER TRUSTEE, GSU PRESIDENT	1.00	X						0.	0.	0.
DR. HELEN M. ADERHOLD TRUSTEE	1.00	X						0.	0.	0.
DR. STEVEN ASPLUNDH TRUSTEE	1.00	X						0.	0.	0.
MR. WILLIAM C. BALZER TRUSTEE	1.00	X						0.	0.	0.
MRS. KATHY T. BERRY TRUSTEE	1.00	X						0.	0.	0.
MR. W. FRANK BLOUNT TRUSTEE	1.00	X						0.	0.	0.
MR. ANTHONY P. BURGER TRUSTEE	1.00	X						0.	0.	0.
MR. MAXWELL M. BURNS TRUSTEE	1.00	X						0.	0.	0.
MR. DAVID H. FLINT TRUSTEE	1.00	X						0.	0.	0.
MS. CATHERINE C. HENSON PAST CHAIR	1.00	X						0.	0.	0.
MR. RICHARD J. JACOBSON TRUSTEE	1.00	X						0.	0.	0.
MR. JACK R. KELLY, JR. TRUSTEE	1.00	X						0.	0.	0.
MR. RICHARD H. LENNY TRUSTEE	1.00	X						0.	0.	0.
MR. L. ANTHONY MONTAG TRUSTEE	1.00	X						0.	0.	0.
MRS. DIANE L. PARKS TRUSTEE	1.00	X						0.	0.	0.
MR. WILLIAM C. PATE TRUSTEE	1.00	X						0.	0.	0.
MR. MARK A. PHILLIPS TRUSTEE	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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MR. JERRY RACKLIFFE GSU VP FIN/ADMIN	1.00	X						0.	0.	0.
MR. WILLIAM D REEVES TRUSTEE	1.00	X						0.	0.	0.
MR. H. JEROME RUSSELL, JR SECRETARY	1.00	X						0.	0.	0.
MR. W. CLAYTON SPARROW TRUSTEE	1.00	X						0.	0.	0.
MR. J. GROVER THOMAS, JR TRUSTEE	1.00	X						0.	0.	0.
MR. CHRISTOPHER B. TORIE TREASURER	1.00	X						0.	0.	0.
MR. DEXTER B. WARRIOR TRUSTEE	1.00	X						0.	0.	0.
MS. FRANCES BREEDEN TRUSTEE	1.00	X						0.	0.	0.
MR. RANKIN COOTER ATHLETIC ASSOC CHAIR	1.00	X						0.	0.	0.
MR. JOHN COWART SR. TRUSTEE	1.00	X						0.	0.	0.
<b>1b Total</b>								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5	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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
REEVES CONTRACTING CO, 1400 BUFORD HWY SUITE 7, SUGAR HILL, GA 30518	BUILDING & CONSTRUCTION	1,314,133.
RUFFALOCODY, LLC P.O. BOX 3018, CEDAR RAPIDS, IA 52406	FUNDRAISING SERVICES	471,363.
DIXIE ROOF DECKS, INC, 1300 CAPITAL CIRCLE , LAWRENCEVILLE, GA 30043	COMMERCIAL ROOFING	452,507.
ROSSER INTERNATIONAL, INC 524 W. PEACHTREE ST, ATLANTA, GA 30308	ARCHITECTURE, ENGINEERING, PROJ MG	150,848.
SEYFARTH SHAW, LLP, 1545 PEACHTREE ST, STE 700, ATLANTA, GA 30309	LEGAL SERVICES	124,568.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

**Part VIII** Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	14,080.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20680829.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		20694909.			
Program Service Revenue	2 a	STUDENT HOUSING FEES	Business Code 532000	4,219,283.	4,219,283.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		4,219,283.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		15131535.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real 3122424.				
b		Less: rental expenses	(ii) Personal				
c		Rental income or (loss)	3122424.				
d		Net rental income or (loss)		3,122,424.		3122424.	
7 a		Gross amount from sales of assets other than inventory	(i) Securities 38333527	(ii) Other 16099130			
b		Less: cost or other basis and sales expenses	38944984	15538241			
c		Gain or (loss)	-611457.	560,889.			
d		Net gain or (loss)		-50,568.			-50,568.
8 a		Gross income from fundraising events (not including \$ 14,080. of contributions reported on line 1c). See Part IV, line 18	a	10,188.			
b		Less: direct expenses	b	10,188.			
c		Net income or (loss) from fundraising events		0.			
9 a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
11 a	OTHER MISCELLANEOUS RE	611710	413,131.	413,131.			
b	OTHER INTEREST INCOME	523000	1,388.		1,388.		
c	PARTNERSHIP INVESTMENT	523000	-41,137.		-41,137.		
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		373,382.				
12	<b>Total revenue.</b> See instructions.		43490965.	4,632,414.	3082675.	15080967.	

**Part IX Statement of Functional Expenses**

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

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

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 governments and organizations in the U.S. See Part IV, line 21	6,575,694.	6,575,694.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	44,606.	44,606.		
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	2,549,342.	2,005,759.	268,915.	274,668.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	137,816.	83,702.	54,114.	
9 Other employee benefits	99,866.	55,466.	44,400.	
10 Payroll taxes	201,837.	139,931.	61,906.	
11 Fees for services (non-employees):				
a Management	159,135.	159,135.		
b Legal	57,984.	52,188.	5,796.	
c Accounting	66,300.		66,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	484,317.			484,317.
f Investment management fees	365,540.		365,540.	
g Other	1,039,798.	750,469.	289,329.	
12 Advertising and promotion	172,067.	62,948.	79,706.	29,413.
13 Office expenses	989,437.	600,100.	226,435.	162,902.
14 Information technology				
15 Royalties				
16 Occupancy	3,637,525.	3,635,425.	500.	1,600.
17 Travel	462,969.	408,063.	25,254.	29,652.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,586.	84,399.	13,662.	5,525.
20 Interest	12,389,298.	12,389,298.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,167,290.	1,953,610.	213,680.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEETING AND EVENT EXPEN	1,175,166.	805,176.	293,354.	76,636.
b INSURANCE	465,776.	451,855.	13,921.	
c CONTRACTUAL PAYMENTS	333,027.	243,027.	90,000.	
d EQUIPMENT PURCHASE	128,534.	118,988.	8,842.	704.
e DUES & PROFESSIONAL MEM	107,701.	64,478.	35,703.	7,520.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	33,914,611.	30,684,317.	2,157,357.	1,072,937.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	9,065,666.	1	5,157,061.
	2 Savings and temporary cash investments .....	31,227,623.	2	35,114,994.
	3 Pledges and grants receivable, net .....	3,573,333.	3	12,646,281.
	4 Accounts receivable, net .....	312,374.	4	1,634,228.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	6,798,828.	9	6,664,242.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 62,840,674.		
	b Less: accumulated depreciation .....	10b 9,434,022.		
		57,457,095.	10c	53,406,652.
	11 Investments - publicly traded securities .....	71,991,706.	11	93,044,521.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	212,448,560.	15	203,762,224.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	392,875,185.	16	411,430,203.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	5,410,071.	17	6,047,067.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	253,220,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	256,245,000.	23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	17,399,896.	25	14,643,980.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	279,054,967.	26	273,911,047.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	14,654,364.	27	15,390,011.
	28 Temporarily restricted net assets .....	42,193,916.	28	47,007,466.
	29 Permanently restricted net assets .....	56,971,938.	29	75,121,679.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	113,820,218.	33	137,519,156.
	34 <b>Total liabilities and net assets/fund balances</b> .....	392,875,185.	34	411,430,203.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	X	
<b>2b</b> Were the organization's financial statements audited by an independent accountant? .....	X	
<b>c</b> 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? .....	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

# 2009

**Open to Public  
Inspection**

Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number	
--------------------------------	--

58-6033185

<b>Part</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
-------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only 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.)

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 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16117214.	11600252.	19144899.	10498941.	20694909.	78056215.
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	7,000.	7,000.				14,000.
4 <b>Total.</b> Add lines 1 through 3	16124214.	11607252.	19144899.	10498941.	20694909.	78070215.
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)						
6 <b>Public support.</b> Subtract line 5 from line 4.						78070215.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	16124214.	11607252.	19144899.	10498941.	20694909.	78070215.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7520694.	5220379.	6126785.	15443192.	14765995.	49077045.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		10380614.	1162480.	628,969.	373,382.	12545445.
11 <b>Total support.</b> Add lines 7 through 10						139692705
12 Gross receipts from related activities, etc. (see instructions)					12	26,229,603.
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	55.89 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	60.01 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

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

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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 .....

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number

58-6033185

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	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, and enforcing conservation easements during the year ▶ .....

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

a Revenues included in Form 990, Part VIII, line 1 .....

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	70793273.	92050277.			
b Contributions	6,244,428.	3,111,361.			
c Net investment earnings, gains, and losses	10083399.	-20998394.			
d Grants or scholarships					
e Other expenditures for facilities and programs	3,461,214.	3,369,972.			
f Administrative expenses					
g End of year balance	83659886.	70793273.			

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

a Board designated or quasi-endowment ▶ 22.00 %

b Permanent endowment ▶ 78.00 %

c Term endowment ▶ %

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

(i) unrelated organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

(ii) related organizations

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,378,492.		7,378,492.
b Buildings		55,462,182.	9,434,022.	46,028,160.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				53,406,652.

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>Total</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

[illegible]

(a) Description	(b) Book value
CASH SURRENDER VALUE OF CHARITABLE LIFE INSURANCE POLICIES	901,899.
RESTRICTED ASSETS	35,003,060.
INVESTMENT HELD FOR AFFILIATES	6,158,694.
INVESTMENT IN DIRECT FINANCING LEASES, NET	161,698,571.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	203,762,224.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	<b>OBLIGATION FOR INVESTMENTS HELD IN</b>	
	<b>TRUST AFFILIATES</b>	6,158,694.
	<b>UNAMORTIZED BOND PREMIUM</b>	3,792,586.
	<b>OBLIGATION UNDER LEASES</b>	4,692,700.
	<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	14,643,980.

932053  
02-01-10

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,490,965.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,914,611.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	9,576,354.
4	Net unrealized gains (losses) on investments	4	12,122,585.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	2,000,000.
9	Total adjustments (net). Add lines 4 through 8	9	14,122,585.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	23,698,939.

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

1	Total revenue, gains, and other support per audited financial statements	1	59,346,428.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	12,122,585.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	4,098,418.
e	Add lines 2a through 2d	2e	16,221,003.
3	Subtract line 2e from line 1	3	43,125,425.
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	365,540.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	365,540.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	43,490,965.

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

1	Total expenses and losses per audited financial statements	1	33,640,459.
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 XIV.)	2d	91,388.
e	Add lines 2a through 2d	2e	91,388.
3	Subtract line 2e from line 1	3	33,549,071.
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	365,540.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	365,540.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	33,914,611.

**Part XIV Supplemental Information**

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

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

TRANSFERS FROM GSU BUILDING FOUNDATION: 2000000.

**PART X, INCOME TAXES:**

THE FOUNDATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION

TAKEN THAT IS BENEFICIAL TO THE FOUNDATION, INCLUDING ANY RELATED INTEREST

AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY

MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE

**Part XIV** Supplemental Information (continued)

OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELEIVES  
THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2009 AND, ACCORDINGLY, NO  
LIABILITY HAS BEEN ACCRUED.

## PART V, ENDOWMENT FUNDS:

ENDOWMENT FUNDS INTENDED USES INCLUDE SCHOLARSHIPS, FELLOWSHIPS, CHAIRS,  
PROFESSORSHIPS AND OTHER RELATED ACTIVITIES.

## PART XII, LINE 2D:

\$3,987,395 GSU BUILDING FOUNDATION REVENUE

\$91,388 GSU BUILDING FOUNDATION RENTAL EXPENSES

\$19,635 GSU BUILDING FOUNDATION UNREALIZED GAINS

## PART XIII, LINE 2D:

\$91,388 GSU BUILDING FOUNDATION RENTAL EXPENSES

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

Employer identification number

GEORGIA STATE UNIVERSITY FOUNDATION

58-6033185

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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? ☒ Yes ☐ No

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

- 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GROUP TRANSPORTATION AND SEMINAR	9,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	MARKETING RESEARCH	25,000.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	SPEAKER FEES AND ASSOCIATION DUES	2,413.
CANADA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	INVESTMENT CONSULTING FEES AND SPEAKER FEES	8,193.
Totals	0	0			44,606.

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

Schedule F (Form 990) 2009





Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.** ▶ **See separate instructions.**

OMB No. 1545-0047

# 2009

**Open To Public Inspection**

Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number	
--------------------------------	--

58-6033185

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to 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 ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ 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?

☒ Yes☐ No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
RUFFALOCODY, LLC	FUND RAISING SERVICES		X	510,228.	484,317.	25,911.
Total				510,228.	484,317.	25,911.

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

AL, AK, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, AR

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF (event type)	OPERA (event type)	NONE (total number)	
1	Gross receipts .....	11,350.	12,918.		24,268.
2	Less: Charitable contributions .....	5,950.	8,130.		14,080.
3	Gross income (line 1 minus line 2) .....	5,400.	4,788.		10,188.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	5,400.	4,788.		10,188.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				( 10,188 )
11	Net income summary. Combine line 3, column (d), and line 10 .....				0.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8	Net gaming income summary. Combine line 1, column (d), and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

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
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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? **15a**

**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? **17a**

**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 ► \$

**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.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**GEORGIA STATE UNIVERSITY FOUNDATION**

Employer identification number  
**58-6033185**

**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?

☒ 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA STATE UNIVERSITY ONE PARK PLACE, SUITE 533 ATLANTA, GA 30303		115(1)	3,870,945.	0.	BOOK		FUNDS ARE PAID TO GEORGIA STATE UNIVERSITY FOR EDUCATIONAL PURPOSES AND ACADEMIC SUPPORT.
GEORGIA STATE UNIVERSITY ONE PARK PLACE, SUITE 533 ATLANTA, GA 30303		115(1)	2,704,749.	0.	BOOK		TO PROVIDE SCHOLARSHIPS AND AWARDS.

**2** Enter total number of section 501(c)(3) and government organizations **1.**

**3** Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

Part III

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

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

Part IV

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

SCHEDULE I, PART I, LINE 2: FUNDS ARE PAID TO GEORGIA STATE UNIVERSITY FOR EDUCATIONAL PURPOSES AND ACADEMIC SUPPORT. SCHOLARSHIPS ARE PAID DIRECTLY BY GEORGIA STATE UNIVERSITY. SCHOLARSHIP RECIPIENTS ARE SELECTED BASED ON UNIVERSITY POLICY AND CRITERIA SET FORTH IN THE FUND AGREEMENTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number

58-6033185

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009



**Part III** Supplemental Information

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

**COMPENSATION OF OFFICERS**

GEORGIA STATE UNIVERSITY FOUNDATION HAS NO EMPLOYEES. PER PART VII LINE 5,  
COMPENSATION OF OFFICERS LISTED ON PART VII (SCHEDULE J-2) IS FROM AN  
UNRELATED ORGANIZATION (GEORGIA STATE UNIVERSITY) FOR SERVICES RENDERED TO  
GEORGIA STATE UNIVERSITY FOUNDATION. ACCORDINGLY, NANCY PETERMAN,  
PRESIDENT, DALE PALMER, ASSISTANT TREASURER/CFO, AND JULIE VAN BALEN,  
ASSISTANT SECRETARY, RECEIVED COMPENSATION OF \$217,000, \$150,765 AND  
\$51,893, RESPECTIVELY, FROM GEORGIA STATE UNIVERSITY.

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the Organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer Identification number  
58-6033185

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J-2 (Form 990) 2009

Name of the organization  
GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number  
58-6033185

SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS									
Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer
							Yes	No	
A	ATLANTA DEVELOPMENT AUTHORITY (PANTHER PLACE)	58-6033185	04780RBF4	05/29/09	58607704.	ACQUISITION OF FACILITIES FOR ADMINISTRATION		X	X
B	ALPHARETTA DEVELOPMENT AUTHORITY	58-6033185	020812BE2	05/12/09	6,544,706.	CONSTRUCTION OF EDUCATIONAL FACILITY		X	X
C	ATLANTA DEVELOPMENT AUTHORITY (PIEDMONT ELLIS)	58-6033185	04777LBG0	09/08/05	165030809.	CONSTRUCTION OF STUDENT HOUSING		X	X
D									
E									

Part II Proceeds									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Total proceeds of issue								E
2	Gross proceeds in reserve funds								
3	Proceeds in refunding or defeasance escrows								
4	Other unspent proceeds								
5	Issuance costs from proceeds								
6	Working capital expenditures from proceeds								
7	Capital expenditures from proceeds								
8	Year of substantial completion								
9	Were the bonds issued as part of a current refunding issue?								
10	Were the bonds issued as part of an advance refunding issue?								
11	Has the final allocation of proceeds been made?								
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?								

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?								

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X				
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		1.67 %								
<b>6</b> Total of lines 4 and 5		1.67 %								
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
<b>2</b> Is the bond issue a variable rate issue?		X		X		X				
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
<b>b</b> Name of provider	N/A		N/A		N/A					
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?		X		X		X				
<b>b</b> Name of provider	N/A		N/A		N/A					
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X				
<b>6</b> Did the bond issue qualify for an exception to rebate?		X		X		X				

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number

58-6033185

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
REEVES CONTRACTING CO	OWNER SON OF GSU TR	2,499,751.	FIELD CONST		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number

58-6033185

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	1	0.	OPINION OF EXPERTS
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		0.	OPINION OF EXPERTS
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	X	1	0.	OPINION OF EXPERTS
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( OPTTICAL DELA )	X	1	0.	OPINION OF EXPERTS
26 Other ► ( AIR HANDLING )	X	1	0.	OPINION OF EXPERTS
27 Other ► ( CHEMICAL FUME )	X	1	0.	OPINION OF EXPERTS
28 Other ► ( APE CAGING UN )	X	1	0.	OPINION OF EXPERTS

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

2

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

	Yes	No
30a		X
31	X	
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

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

Schedule M (Form 990) 2009

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

SCHEDULE M, LINE 33: PART I, LINE 1 (ART - WORKS OF ART): A ZERO  
AMOUNT WAS REPORTED ON FORM 990, PART VIII STATEMENT OF REVENUE, LINE  
1G, BECAUSE THE FOUNDATION DID NOT CAPITALIZE THE WORKS OF ART  
RECEIVED.

PART I, COLUMN(B): COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS  
RECEIVED.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number  
58-6033185

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

PRIVATE GIFTS, AND COLLABORATING AND ADVISING ON ACTIVITIES FOR THE  
BENEFIT AND ADVANCEMENT OF THE UNIVERSITY.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDES THE  
FEDERAL FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW. ONCE APPROVED THE 990  
IS SENT TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND COMMENTS. IT IS THEN  
FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION SENDS CONFLICT OF  
INTEREST STATEMENTS TO ALL TRUSTEES, DIRECTORS, AND SIGNIFICANT MEMBERS OF  
THE GSU FOUNDATION COMMUNITY TO DISCLOSE ANY POSSIBLE CONFLICTS. THE AUDIT  
COMMITTEE REGULARLY REVIEWS ANY CONFLICTS THAT MAY ARISE THROUGHOUT THE  
YEAR ON A CASE BY CASE BASIS.

FORM 990, PART VI, SECTION B, LINE 15: ALL COMPENSATION REPORTED ON THE  
FORM 990 IS FROM AN UNRELATED ORGANIZATION (GEORGIA STATE UNIVERSITY) FOR  
SERVICES RENDERED TO GEORGIA STATE UNIVERSITY FOUNDATION. COMPENSATION IS  
HANDLED ACCORDING TO GEORGIA STATE UNIVERSITY POLICY AND ALL DECISIONS ARE  
MADE THROUGH THE UNIVERSITY PROCESS.

FORM 990, PART VI, SECTION C, LINE 18: FORMS 990 AND 990T ARE DOCUMENTED  
AND LOCATED ON THE ORGANIZATION'S WEB SITE FOR PUBLIC REVIEW AT  
WWW.GSUFOUNDATION.ORG

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number

58-6033185

POLICIES ARE LOCATED ON THE ORGANIZATION'S WEB SITE FOR PUBLIC REVIEW AT

WWW.GSUFOUNDATION.ORG

FORM 990, PART XI, LINE 2C

**AUDIT COMMITTEE**

THE AUDIT COMMITTEE PROVIDES INDEPENDENT OVERSIGHT WHICH INCLUDES:

SELECTING THE INDEPENDENT AUDITING FIRM FOR THE ANNUAL AUDIT; MEETING  
WITH THE AUDITOR PRIOR TO THE AUDIT TO DISCUSS THE SCOPE OF THE AUDIT;  
MEETING WITH THE AUDITOR AFTER THE ANNUAL AUDIT TO REVIEW THE AUDITED  
CONSOLIDATED FINANCIAL STATEMENTS AND THE MANAGEMENT LETTER; MEETING  
WITH THE AUDITOR AFTER THE ANNUAL AUDIT TO REVIEW THE AUDITED  
CONSOLIDATED FINANCIAL STATEMENTS AND THE MANAGEMENT LETTER; ENSURING  
THAT MANAGEMENT ADDRESSES ANY ISSUES DETERMINED IN THE AUDITOR'S  
MANAGEMENT LETTER; RECOMMENDING THE ACCEPTANCE OF THE AUDIT TO THE  
EXECUTIVE COMMITTEE AND THE BOARD OF TRUSTEES; EDUCATING TRUSTEES ON  
AUDIT ISSUES, RECOMMENDING APPROVAL OF AUDIT FEES; REBIDDING THE  
SELECTION OF THE INDEPENDENT AUDIT FIRM EVERY 3 - 5 YEARS; APPROVING  
ACCOUNTING POLICIES AND STANDARDS, REVIEWING AND MAKING RECOMMENDATIONS  
ON INTERNAL CONTROLS; AND OVERSEEING POLICIES AND PROCEDURES FOR  
REPORTING QUESTIONABLE ACCOUNTING OR AUDITING MATTERS.

**ADDITIONAL STATEMENT RELATED TO FUNDRAISING ACTIVITY**

THE COST OF SERVICES RENDERED BY THE DEVELOPMENT DIVISION OF GEORGIA  
STATE UNIVERSITY FOR FUNDRAISING ACTIVITIES ARE BORNE BOTH BY THE  
FOUNDATION AND THE UNIVERSITY. THE PORTION OF THE COSTS BORNE BY THE

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number  
58-6033185

UNIVERSITY IS NOT INCLUDED IN THE FOUNDATION'S FINANCIAL STATEMENTS, AS  
THESE COSTS WOULD HAVE BEEN INCURRED BY THE UNIVERSITY EVEN IF THE  
FOUNDATION DID NOT EXIST. THE COST OF THE SERVICES PROVIDED BY THE  
UNIVERSITY APPROXIMATED \$2,255,616 FOR THE YEAR ENDED JUNE 30, 2010.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): RUFFALOCODY, LLC HANDLES ALL  
OPERATIONS OF THE GSU CALL CENTER WHICH SOLICITS OVER THE PHONE DONATIONS  
ON BEHALF OF THE UNIVERSITY.

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: ATLANTA DEVELOPMENT AUTHORITY(PANTHER PLACE)

(F) DESCRIPTION OF PURPOSE:

ACQUISITION OF FACILITIES FOR ADMINISTRATIVE OFFICES

(A) ISSUER NAME: ALPHARETTA DEVELOPMENT AUTHORITY

(B) DESCRIPTION OF PURPOSE: CONSTRUCTION OF EDUCATIONAL FACILITIES

(A) ISSUER NAME: ATLANTA DEVELOPMENT AUTHORITY(PIEDMONT ELLIS)

(B) DESCRIPTION OF PURPOSE: CONSTRUCTION OF STUDENT HOUSING

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: REEVES CONTRACTING CO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNER SON OF GSU TRUSTEE.

(D) DESCRIPTION OF TRANSACTION: FIELD CONSTRUCTION

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number

58-6033185

ADDITIONAL STATEMENT RELATED TO SCH L, PART IV, LINE B

DEAN REEVES OWNS REEVES CONTRACTING. HE IS THE SON OF GSU FOUNDATION  
BOARD MEMBER WILLIAM REEVES. WILLIAM REEVES HAS NO OWNERSHIP, FINANCIAL  
INTEREST, ROLE, OR STOCK IN REEVES CONTRACTING CO. REEVES CONTRACTING  
WAS AWARDED THE PROJECT AS THEY WERE DETERMINED TO BE THE LOWEST  
RESPONSIVE AND RESPONSIBLE BIDDER IN A COMPETITIVE BID PROCESS.

FORM 990, PART V, LINES 1C, 2B, 7G AND 7H

BACKUP WITHHOLDING, FEDERAL EMPLOYMENT TAX RETURNS, FORM 8899 AND 1098-C  
THE ORGANIZATION DID NOT RECEIVE CONTRIBUTIONS OF QUALIFIED  
INTELLECTUAL PROPERTY AND WAS THEREFORE NOT REQUIRED TO FILE FORM 8899.  
LIKEWISE, THERE WERE NO CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR  
OTHER VEHICLES, AND FORM 1098-C WAS NOT REQUIRED.

THE ORGANIZATION DID NOT HAVE ANY REPORTABLE GAMING (GAMBLING) WINNINGS  
TO PRIZE WINNERS AND THEREFORE THE BACKUP WITHHOLDING RULES DID NOT  
APPLY.

THE ORGANIZATION DID NOT HAVE ANY EMPLOYEES AND THEREFORE THE FEDERAL  
EMPLOYMENT TAX RETURNS WERE NOT FILED.

## Name of the organization

GEORGIA STATE UNIVERSITY FOUNDATION

Employer identification number  
58-6033185

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UNIVERSITY LOFTS, LLC - 58-6033185	STUDENT HOUSING FACILITY FOR THE UNIVERSITY STUDENTS	GEORGIA	3,356,174.	82,378.	GEORGIA STATE UNIVERSITY FOUNDATION
ONE PARK PLACE, SUITE 533 ATLANTA, GA 30303	TO ACQUIRE, DEVELOP, OPERATE AND MANAGE REAL PROPERTY FOR STUDENT HOUSING	GEORGIA	9,174,977.	154804847.	GEORGIA STATE UNIVERSITY FOUNDATION
PIEDMONT/ELLIS, LLC - 58-6033185	TO PURCHASE AND RENOVATE THE RIALTO THEATER FOR BENEFIT AND USE BY THE	GEORGIA	957,303.	956,198.	GEORGIA STATE UNIVERSITY FOUNDATION
ONE PARK PLACE, SUITE 533 ATLANTA, GA 30303	TO PURCHASE THE SUNTRUST BUILD. TO PROVIDE OFFICE & CLASSROOM TO THE UNIV.	GEORGIA	3,123,812.	63917081.	GEORGIA STATE UNIVERSITY FOUNDATION
RIALTO CENTER, LLC - 58-6033185					
ONE PARK PLACE, SUITE 533 ATLANTA, GA 30303					
PANTHER PLACE, LLC - 58-6033185					
P.O. BOX 4076 ATLANTA, GA 30302					

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

[illegible]

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule R (Form 990) 2009

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

[illegible]

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

[illegible]

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)		(b) Transaction type (a-r)	(c) Amount involved
(1) GEORGIA STATE UNIVERSITY BUILDING FOUNDATION		C	2,000,000.
(2) GEORGIA STATE UNIVERSITY BUILDING FOUNDATION (GSUF OCCUPIES OFFICE SPACE)		M	0.
(3)			
(4)			
(5)			
(6)			



**Employer identification number**  
58-6033185

**Part I Continuation of Identification of Disregarded Entities**

[illegible]

Schedule R-1 (Form 990) 2009

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Type or print	Name of exempt organization	Employer identification number
	GEORGIA STATE UNIVERSITY FOUNDATION	58-6033185
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE PARK PLACE, SUITE 533	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30303-3083	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DALE PALMER

- The books are in the care of ► **ONE PARK PLACE, SUITE 533 - ATLANTA, GA 30303-3083**  
Telephone No. ► **(404) 413-3402** 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 EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year  or  
► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 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 Form 990-BL, 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 Form 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 <b>Balance due.</b> 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.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ See instructions.

Name of exempt organization

Employer identification number

GEORGIA STATE UNIVERSITY FOUNDATION

58-6033185

Name and title of officer

DALE PALMER  
CFO & ASST TREAS

**Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	43490965
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) .....	5b	

**Part II** Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize CHERRY, BEKAERT & HOLLAND, L.L.P. to enter my PIN

ERO firm name

28689

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2009 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.

Officer's signature ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date ▶ \_\_\_\_\_

**Part III** Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

58289128689

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

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

OMB No. 1545-0026

Attachment  
Sequence No. **128**

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

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

Name of transferor

Identifying number (see instructions)

GEORGIA STATE UNIVERSITY FOUNDATION

58-6033185

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☒ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number <sup>1</sup>
N/A	

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

Name of parent corporation	EIN of parent corporation
N/A	

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

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
COMMONFUND MULTI-STRATEGY GLOBAL HEDGED PARTNERS LLC	06-1573849

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

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

3 Name of transferee (foreign corporation)

4 Identifying number, if any

ANCHORAGE CAPITAL PARTNERS

N/A

5 Address (including country)

UBS FUND SERVICES (CAYMAN) LTD, 154 UNIVERSITY AVE, SUITE 700  
TORONTO ; ON M5H 3Y9 CANADA

6 Country code of country of incorporation or organization  
CA

7 Foreign law characterization (see instructions)  
CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

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

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	10/01/2009		146,536.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

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

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

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

(a) Before .0000 % (b) After .2800 %

10 Type of nonrecognition transaction (see instructions) ► IRC SEC. 351

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

- |   |                              |  |
|---|------------------------------|--|
| a Gain recognition under section 904(f)(3) .....    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) .....             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 .....             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

- |  |                              |  |
|--|------------------------------|--|
| a Tainted property .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Depreciation recapture .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Branch loss recapture .....  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Any other income recognition provision contained in the above-referenced regulations ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

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

16 Was cash the only property transferred? ☒ Yes ☐ No

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

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

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Form 926 (Rev. 12-2008)

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

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

OMB No. 1545-0026

Attachment  
Sequence No. **128**

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

Name of transferor

Identifying number (see instructions)

GEORGIA STATE UNIVERSITY FOUNDATION

58-6033185

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? .....

☐ Yes ☒ No

b Did the transferor remain in existence after the transfer? .....

☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number
N/A	

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? .....

☐ Yes ☒ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation
N/A	

d Have basis adjustments under section 367(a)(5) been made? .....

☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
COMMONFUND MULTI-STRATEGY GLOBAL HEDGED PARTNERS LLC	06-1573849

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? .....

☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? .....

☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? .....

☐ Yes ☒ No

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

3 Name of transferee (foreign corporation)

4 Identifying number, if any

CCP QUANTITATIVE FUND

N/A

5 Address (including country)

MAPLES CORPORATION SVCS LIMITED PO BOX 309, UGLAND HOUSE  
GRAND CAYMAN, KY1-1104 CAYMAN ISLANDS

6 Country code of country of incorporation or organization

CJ

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? .....

☐ Yes ☒ No

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

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	05/01/2009		150,662.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

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

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

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

(a) Before .0000 % (b) After 2.7400 %10 Type of nonrecognition transaction (see instructions) ► IRC SEC. 351

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

- |   |                              |  |
|---|------------------------------|--|
| a Gain recognition under section 904(f)(3) .....    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) .....             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 .....             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

- |  |                              |  |
|--|------------------------------|--|
| a Tainted property .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Depreciation recapture .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Branch loss recapture .....  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Any other income recognition provision contained in the above-referenced regulations ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No

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

16 Was cash the only property transferred? ☒ Yes ☐ No17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No

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

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

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

OMB No. 1545-0026

Attachment  
Sequence No. **128**

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

Name of transferor

Identifying number (see instructions)

GEORGIA STATE UNIVERSITY FOUNDATION

58-6033185

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? .....

☐ Yes ☒ No

b Did the transferor remain in existence after the transfer? .....

☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number
N/A	

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? .....

☐ Yes ☒ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation
N/A	

d Have basis adjustments under section 367(a)(5) been made? .....

☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
COMMONFUND MULTI-STRATEGY GLOBAL HEDGED PARTNERS LLC	06-1573849

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? .....

☐ Yes ☒ No

c Is the partner disposing of its entire interest in the partnership? .....

☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? .....

☐ Yes ☒ No

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

3 Name of transferee (foreign corporation)

4 Identifying number, if any

COMMONFUND WATER STREET COMPANY

N/A

5 Address (including country)

WALKER CORPORATE SERVICES LTD, WALKER HOUSE, 87 MARY ST, GEORGETOWN  
GRAND CAYMAN, KY1-9002 CAYMAN ISLANDS

6 Country code of country of incorporation or organization

CJ

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? .....

☐ Yes ☒ No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 926 (Rev. 12-2008)

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

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	03/02/2009		303,244.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

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


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

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

(a) Before .0000 % (b) After 5.6000 %

10 Type of nonrecognition transaction (see instructions) **► IRC SEC. 351**

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

- |   |                              |  |
|---|------------------------------|--|
| a Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

- |  |                              |  |
|--|------------------------------|--|
| a Tainted property   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Depreciation recapture   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Branch loss recapture  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Any other income recognition provision contained in the above-referenced regulations | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

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

16 Was cash the only property transferred? ☒ Yes ☐ No

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

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

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Form 926 (Rev. 12-2008)

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

OMB No. 1545-0026

Attachment  
Sequence No. **128**

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

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

Name of transferor

Identifying number (see instructions)

GEORGIA STATE UNIVERSITY FOUNDATION

58-6033185

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? .....

☐ Yes

☒ No

b Did the transferor remain in existence after the transfer? .....

☒ Yes

☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number
N/A	

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? .....

☐ Yes

☒ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation
N/A	

d Have basis adjustments under section 367(a)(5) been made? .....

☐ Yes

☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
COMMONFUND MULTI-STRATEGY GLOBAL HEDGED PARTNERS LLC	06-1573849

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? .....

☐ Yes

☒ No

c Is the partner disposing of its entire interest in the partnership? .....

☐ Yes

☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? .....

☐ Yes

☒ No

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

3 Name of transferee (foreign corporation)

4 Identifying number, if any

EGERTON EUROPEAN DOLLAR FUND

N/A

5 Address (including country)

2 GEORGE YARD, LOMBARD STREET  
LONDON, EC3V 9DH UNITED KINGDOM

6 Country code of country of incorporation or organization  
UK

7 Foreign law characterization (see instructions)  
CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? .....

☐ Yes

☒ No

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

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/2009		276,425.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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

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

(a) Before .0000 % (b) After 1.5600 %10 Type of nonrecognition transaction (see instructions) ► IRC SEC. 351

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

- |   |                              |  |
|---|------------------------------|--|
| a Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

- |  |                              |  |
|--|------------------------------|--|
| a Tainted property   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Depreciation recapture   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Branch loss recapture  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Any other income recognition provision contained in the above-referenced regulations | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No

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

16 Was cash the only property transferred? ☒ Yes ☐ No17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No

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

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Form 926 (Rev. 12-2008)

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

OMB No. 1545-0026

Attachment  
Sequence No. **128**

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

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

Name of transferor

Identifying number (see instructions)

GEORGIA STATE UNIVERSITY FOUNDATION

58-6033185

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☒ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number
N/A	

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☒ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation
N/A	

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

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
COMMONFUND MULTI-STRATEGY GLOBAL HEDGED PARTNERS LLC	06-1573849

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its entire interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

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

3 Name of transferee (foreign corporation)

4 Identifying number, if any

OWL CREEK OVERSEAS FUND LTD.

N/A

5 Address (including country)

2ND FLOOR REGATTA OFFICE PARK, WEST BAY RD PO BOX 31106  
GRAND CAYMAN, KY1-1205 CAYMAN ISLANDS

6 Country code of country of incorporation or organization

CJ

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

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

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/03/2009		226,317.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

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

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

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

(a) Before .0000 % (b) After .7500 %10 Type of nonrecognition transaction (see instructions) ► IRC SEC. 351

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

- |   |                              |  |
|---|------------------------------|--|
| a Gain recognition under section 904(f)(3) .....    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) .....             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 .....             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

- |  |                              |  |
|--|------------------------------|--|
| a Tainted property .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Depreciation recapture .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Branch loss recapture .....  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Any other income recognition provision contained in the above-referenced regulations ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No

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

16 Was cash the only property transferred? ☒ Yes ☐ No17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ Nob If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

OMB No. 1545-0026

Attachment  
Sequence No. **128**

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

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

Name of transferor

Identifying number (see instructions)

GEORGIA STATE UNIVERSITY FOUNDATION

58-6033185

**1** If the transferor was a corporation, complete questions 1a through 1d.

**a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? .....

☐ Yes ☒ No

**b** Did the transferor remain in existence after the transfer? .....

☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number
N/A	

**c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? .....

☐ Yes ☒ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation
N/A	

**d** Have basis adjustments under section 367(a)(5) been made? .....

☐ Yes ☒ No

**2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

**a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
COMMONFUND MULTI-STRATEGY GLOBAL HEDGED PARTNERS LLC	06-1573849

**b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? .....

☐ Yes ☒ No

**c** Is the partner disposing of its **entire** interest in the partnership? .....

☐ Yes ☒ No

**d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? .....

☐ Yes ☒ No

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

**3** Name of transferee (foreign corporation)

**4** Identifying number, if any

PAULSON CREDIT OPPORTUNITIES LTD

N/A

**5** Address (including country)

3RD FLOOR, BISHOP'S SQUARE PO BOX 309 UGLAND HOUSE SOUTH CHURCH ST  
GRAND CAYMAN, GEORGETOWN CAYMAN ISLANDS

**6** Country code of country of incorporation or organization

CJ

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

CORPORATION

**8** Is the transferee foreign corporation a controlled foreign corporation? .....

☐ Yes ☒ No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 926 (Rev. 12-2008)

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

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/03/2009		117,229.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

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

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

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

(a) Before .0000 % (b) After 2.3800 %10 Type of nonrecognition transaction (see instructions) ► IRC SEC. 351

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

- |   |                              |  |
|---|------------------------------|--|
| a Gain recognition under section 904(f)(3) .....    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) .....             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 .....             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

- |  |                              |  |
|--|------------------------------|--|
| a Tainted property .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Depreciation recapture .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Branch loss recapture .....  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Any other income recognition provision contained in the above-referenced regulations ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No

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

16 Was cash the only property transferred? ☒ Yes ☐ No17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No

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

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

OMB No. 1545-0026

Attachment  
Sequence No. **128**

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

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

Name of transferor

Identifying number (see instructions)

GEORGIA STATE UNIVERSITY FOUNDATION

58-6033185

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☒ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number *
N/A	

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☒ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation
N/A	

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

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
COMMONFUND MULTI-STRATEGY GLOBAL HEDGED PARTNERS LLC	06-1573849

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its entire interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

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

3 Name of transferee (foreign corporation)

4 Identifying number, if any

TREMBLANT PARTNERS LTD.

N/A

5 Address (including country)

2ND FLOOR REGATTA OFFICE PARK, WEST BAY RD, PO BOX 31106  
GRAND CAYMAN, KY1-1205 CAYMAN ISLANDS

6 Country code of country of incorporation or organization

CJ

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

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

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/01/2009		169,290.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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

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

(a) Before .7900 % (b) After 2.2500 %10 Type of nonrecognition transaction (see instructions) ► IRC SEC. 351

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

- |   |                              |  |
|---|------------------------------|--|
| a Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

- |  |                              |  |
|--|------------------------------|--|
| a Tainted property   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Depreciation recapture   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Branch loss recapture  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Any other income recognition provision contained in the above-referenced regulations | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No

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

16 Was cash the only property transferred? ☒ Yes ☐ No17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No

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

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Form 926 (Rev. 12-2008)

Form 990-T

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2009

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

Department of the Treasury  
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010

A ☐ Check box if address changedName of organization ( ☐ Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions for Block D on page 9.)

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)

Print or Type

GEORGIA STATE UNIVERSITY FOUNDATION

58-6033185

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.

ONE PARK PLACE, SUITE 533

E Unrelated business activity codes (See instructions for Block E on page 9.)

City or town, state, and ZIP code

ATLANTA, GA 30303-3083

532000

C Book value of all assets at end of year

F Group exemption number (See instructions for Block F.)

411430203.

G Check organization type

☒ 501(c) corporation☐ 501(c) trust☐ 401(a) trust☐ Other trust

H Describe the organization's primary unrelated business activity. RENTAL SERVICES

I 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.

J The books are in care of DALE PALMER

Telephone number (404) 413-3402

## Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	-41,137.	STMT 1
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7	3,122,424.	4,824,955.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.) STATEMENT 2	12	1,388.	1,388.
13 Total. Combine lines 3 through 12	13	3,082,675.	4,824,955.

## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	1,014,578.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	1,014,578.
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-1,742,280.
31 Net operating loss deduction (limited to the amount on line 30)	31	0.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-1,742,280.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-1,742,280.

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☐ ▶
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☒ ▶

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	GEORGIA STATE UNIVERSITY FOUNDATION	58-6033185
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. ONE PARK PLACE, SUITE 533	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30303-3083	

Check type of return to be filed (file a separate application for each return):

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)      | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

### DALE PALMER

- The books are in the care of ▶ ONE PARK PLACE, SUITE 533 - ATLANTA, GA 30303-3083  
Telephone No. ▶ (404) 413-3402 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 EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year \_\_\_\_\_ or
- ▶ ☒ tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 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 Form 990-PF or 990-T, 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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Attach Form 3800 **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e** Total credits. Add lines 40a through 40d **40e****41** Subtract line 40e from line 39 **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43** Total tax. Add lines 41 and 42 **43** 0.**44a** Payments: A 2008 overpayment credited to 2009 **44a****b** 2009 estimated tax payments **44b****c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Other credits and payments: ☐ Form 2439 **44f**☐ Form 4136 ☐ Other Total **44f****45** Total payments. Add lines 44a through 44f **45****46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46****47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.**49** Enter the amount of line 48 you want: Credited to 2010 estimated tax **49**

Refunded

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 17)

	Yes	No
1 At any time during the 2009 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 Form TD F 90-22.1, 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 page 5 of the 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 \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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.

Sign Here

Signature of officer Dafame Date 2/15/11 Title CFO & ASST TREAS

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

Paid Preparer's Use Only

Preparer's signature [Signature] Date 2/14/2011  
 Firm's name (or yours if self-employed), address, and ZIP code  
CHERRY, BEKAERT & HOLLAND, L.L.P.  
1180 W. PEACHTREE STREET, SUITE 1400  
ATLANTA, GA 30309-3482

Check if self-employed ☐Preparer's SSN or PTIN P00175484EIN 56-0574444Phone no. 404-209-0954

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instr. on pg 18)**1. Description of property**

(1)
(2)
(3)
(4)

**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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. **(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 19)

1. Description of debt-financed property		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 schedule)  STATEMENT 3	(b) Other deductions (attach schedule)  STATEMENT 4
(1) LAND AND BUILDING KNOWN AS				
(2) SUNTRUST TOWER, 25 PARK PLACE,				
(3) ATLANTA		3,122,424.	1,132,079.	3,692,876.
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3) 73,235,000.	73,235,000.	100.00%	3,122,424.	4,824,955.
(4)		%		
Totals			3,122,424.	4,824,955.
Total dividends-received deductions included in column 8				0

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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 page 1, Part I, line 8, column (A). 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
 (see instructions on page 20)

1. Description of Income	2. Amount of Income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
 (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part I, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		0.	0.			0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
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DESCRIPTION	AMOUNT
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP	12.
ENDOWMENT VENTURE PARTNERS III, LP	-1.
ENDOWMENT VENTURE PARTNERS IV, LP	8.
COMMONFUND REALTY PARTNERS I LP	-43,688.
COMMONFUND CAPITAL PARTNERS 1999, LP	12,398.
ABBOT CAPITAL PRIVATE EQUITY FUND VI, LP	1,004.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII	-135.
ABBOTT CAPITAL PRIVATE EQUITY FUND V, LP	-10,735.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-41,137.

FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
INTEREST INCOME	1,388.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	1,388.

FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION	STATEMENT	3
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		1,014,578.	
AMORTIZATION		117,501.	
- SUBTOTAL -	1		1,132,079.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			1,132,079.

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		125,936.	
SERVICE CHARGE AND BANK FEES		1,176.	
PROFESSIONAL SERVICE FEES		18,327.	
MORTGAGE INTEREST		3,547,437.	
- SUBTOTAL -	1		3,692,876.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			3,692,876.

# Depreciation and Amortization

(Including Information on Listed Property)

E-

1

OMB No. 1545-0172

2009

Attachment  
Sequence No. 67Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

GEORGIA STATE UNIVERSITY FOUNDATION

LAND AND BUILDING KNOWN  
AS SUNTRUST TOWER, 25 PALMER PARKWAY  
58-6033185**Part I** Election To Expense Certain Property Under Section 179. Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,014,578.

**Part III** MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

## Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,014,578.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2009 tax year:						
	:	:				
	:	:				
43 Amortization of costs that began before your 2009 tax year					43	117,501.
44 Total. Add amounts in column (f). See the instructions for where to report					44	117,501.