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Form 990

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

Department of the Treasury

Open to Public Inspection

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	For the	2009 calend	dar year, o	or tax y	year begin	ning Jul	1	, 20	009, and	l endin	g Jun	30		, 20	10	
В	Check if a	pplicable		C Na	me of organiz	ation		-				D Emplo	yer Iden	itification	n Number	
		ess change	Piease use IRS label				tu Boso	arch and Serv	nce Fo	undati	on. Inc	58-	2354	4256		
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	-	e change	or type.			•	13 110	of delivered to sire	Ct 000.,			1			-101	
	Initia	l return	specific Instruc-		Box 8					<u> </u>	-	(91	2) 4	478-5	2121	
	Term	ination	tions.	Cit	y, town or co	untry		St	ate ZIP	code + 4	•					
	Ame	nded return		Stat	tesbor)		G	A 30	460		G Gross	receipts	\$ 5,9	923,326	; .
	Appl	cation pending	F Name a		ess of princip						H(a) Is this	a group retu	rn for af	filiates?	Yes	X No
	ш.		Dobowah N	Chara	- P O	Box 800	5 Sta	tachoro	GA 30	1460		l affiliates inc			Yes	No
-	T						$\overline{}$				If 'No,'	attach a list	(see in	istruction	ns)	
<u> </u>		xempt statu		(c) (3)	(insert no)		4947(a)(1) or	113	27				_		
<u> 1</u>	Webs	ite: ► N/	A									exemption n	umber			
<u>K</u>		organization	X Corpora	ation	Trust	Association	Olher	<u> </u>	L Year o	of Forma	tion 199	7 <u>M</u>	State of	legal do	micite GA	
Pa	rt I 🐬	Summa	ary													
(in)				anızatı	ion's miss	on or most s	significar	nt activities	Assist	and Fu	rther Re	search at	Georg	ıa Sou	thern Uni	versity
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& Governance	_															
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I DEC				-		necessary)							6	10		
ෙ		_						nn (C), ine 12					7 a			0.
<u></u>	b N	et unrelated	business	taxabl	e income	from Form 9	90-T, lin	e 34					7 b	<u> </u>		
2010 enueveR											F	rior Year	•	1	Current Y	ear
5	8 C	ontributions	and gran	ts (Par	t VIII, line	1h)					4	1,397,	605.		5,896	,519.
Jue 1	3	rogram serv												1		
Ve!						A), lines 3, 4	and 7d	\\				32	544.	+	21	,707.
å						nes 5, 6d, 8c							285.			,100.
								,, column (A),	luna 10	`	<u> </u>	1,432,			5,923	
								1 1 1 1 1 1	11110 12							
						IX, column (1,184,	422.	+	5,653	,214.
	Benefits paid to or for members (Part IX, column (A); fig. 4). Salaries, other compensation, employee penefits (Part IX, column (A), lines 5-10).															
ø	15 S	alaries, othe	er comper	sation	, employe	el, beinefits) (P	art IX, c	olumn (A), lini	èş 5-10))				⊥		
Expenses	16a P	rofessional	fundraisin	a fees	(Part IX, o	column (A)-I	ine_lite):		_							
ber						1	へいルー			٥		. ,			_	
<u>~</u>	l					lumn (D), (lin)	-			0.	.	<u></u>		┼──		
						nes 14a-11d							<u>356.</u>	$\overline{}$	75	<u>,723.</u>
	18 T	otal expense	es Add Iır	nes 13-	-17 (must	equal Part IX	(, columi	n (A), line 25)			4	1,273,	778.	,	5,728	,997.
	19 R	evenue less	expenses	s Subt	ract line 1	8 from line 1	2					158,	656.	Τ.	194	,329.
⊤8											Posi					
Net Assets or Fund Balancos	20 T	otal assets ((Part V III	161								nning of `		+	End of Ye	
89			•	•	~ \							2,738,		 	2,899	
ž p	21 T	otal liabilitie	s (Part A,	line 2	0)							2,110,	184.	 	2,076	<u>,965.</u>
					Subtract In	ne 21 from l	ine 20		<u> </u>			628,	<u>344.</u>	.	822	<u>,673.</u>
Pa	rt II	Signati	ure Bloc	:k												
		Under penaltie	es of perjury.	I declare	that I have e	examined this ret	urn, includi	ng accompanying	schedules	s and sta	itements, and	d to the best	of my k	nowledge	e and belief.	ıt ıs
		true, correct,	nd complete	Declara	tion of prepa	ref (other than o	fficer) is ba	ng accompanying sed on all informa	ition of wh	uch prep	arer has any	knowledge	· /	,	,	
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He	re	Signature	of officer		· VI ·	- Court					<u>-</u>	ate //	' / '	<u> </u>		
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		Type or pr	rint name an	ı title												
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On	ıy	employed), address, and						C3 22	AFO							
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May	the IRS	discuss th	is return v	vith the	preparer	shown abov	e ⁷ (see	instructions)						X	Yes	No

Forn	n 990 (2009) Georgia Southern University Research and Service Foundation, Inc.	58-2354256	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1			
•			
	Assist and Further Research at Georgia Southern University		- -
	•		
	Did the organization undertake any constraint program convers during the year which were not listed on the	nrior	
2	Did the organization undertake any significant program services during the year which were not listed on the		۱
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	yes X	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 all expenses, and revenue, if any, for each program service reported.	ocations to others, the total	31
	expenses, and revenue, if any, for each program service reported.		
4.	2 (Code) (Cod	¢ E 023	226 \
48	a (Code) (Expenses \$ 5,653,274. including grants of \$ 26,807.) (Re		
	The foundation assists, supports, and furthers the research,		
	service, and educational missions of Georgia Southern		_
	University		
	University.		
41	(Code:) (Expenses \$including grants of \$) (Ri	wonun ¢	,
41	(Code) (Expenses \$ including grants of \$) (Ri	venue \$	
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40	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	١
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	d Other program convene (December in California)		
40	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	

Form 990 (2009) Georgia Southern University Research and Service Foundation, Inc.

Part IV Checklist of Required Schedules

	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	:	Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5	-	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	,
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	٠,		
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		3.	
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		-	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	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? If Yes, 'complete Schedule D, Part X	•		
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	ļ,
12	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Is the organization a school described in section 170(b)(1)(A)(II)? If Yes, complete Schedule E. Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization maintain arronnee, employees, or agents outside or the orned states. 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? If 'Yes,' complete Schedule F, Part I	14b		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? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x_
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>

Form 990 (2009) Georgia Southern University Research and Service Foundation, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	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? If 'Yes,' complete Schedule I, Parts I and II.	21	х	
22	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? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(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? If 'Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	_	_ X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
3ΔΔ		Form	aan /	sono.

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

BAA

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.

	Schedule O. See instructions.			_
Sec	ction A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body 1 a 5	_		
þ	b Enter the number of voting members that are independent 1b 5	_		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents	4		Х
	since the prior Form 990 was filed?			
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
		6	-	X
7 a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a		Х
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	a The governing body?	8a	Х	
b	b Each committee with authority to act on behalf of the governing body?	. 8b	Х	_
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sect	ction B. Policies (This Section B requests information about policies not required by the Inter-	nai		
Reve	enue Code)			
			Yes	No
10 a	a Does the organization have local chapters, branches, or affiliates?	10 a		X
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?	10 b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11 A	A Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy? .	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers of key employees of the organization .	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		J
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	List the states with which a convert the Form 200 is convert to be filed by Colored a			
18	List the states with which a copy of this Form 990 is required to be filed <u>Georgia</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available Check all that apply Own website Another's website X Upon request	- avaılable	for pu	blic
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public	licy, and	financ	al
20	State the name, physical address, and telephone number of the person who possesses the books and records of the orgenistry Statesboro GA 30460	ganızatıor (912)		5121
		アニモル		=-

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 organizations'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 employees.'
- 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

(A)	(B)	(c)						(D)	(E)	(F)	
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	adividi el france or director	institutional faistee	Offiner	key employee	Highest confrensated employee	Forner	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
Charles Patterson Executive Director	0.00			х				0.	0.	0.	
Gary Means Chair	0.00	х		Λ.				0.	0.	0.	
Ron Core	0.00							0.	0.	0.	
Lee Davis Secretary	0.00	_X						0.	0.	0.	
Billy Griffis Board Member	0.00	Х						0.	0.	0.	
Amy Heaston Board Member	0.00	Х						0.	0.	0.	
									· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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Name and file (C) Anatogo Postoo, (Doct as that askey) Anatogo Postoo, (Doct askey) Anatogo Post	Part VII Section A. Officers, Directors, Trus						es,	an	d Highest Con	pensated Em	ployees (cont.)
The result of th	(A)				((c)			(D)	(E)	(F)
The folial	Name and Title		ours						Reportable	Reportable compensation from	
1 b Total 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization? 3 Did the organization? 3 Did the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual 4 For any individual is the sum of reportable compensation and other compensation from the organization and related organizations from the organization? If "Yes," complete Schedule I for such person 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 I for such person 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 Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than	•	per week	or di	Insti	[울	ey ey	Hıgh	Forn	the organization	related organizations	compensation
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Compensation from the organization (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		d indon	onde	nt o	cont	ract	orc t	hat	received more tha	n \$100 000 of	
Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization	a muep	criue	21 IC C	JOHN	act	015 (ша			
Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(A)								(B)	(C)
	Name and business addres	s							Description	of Services	Compensation
									<u> </u>		
						_					
									-		
	2. Total number of independent contractors (including	out not !	mita) d 4-	the		ic+a-	4 ^ -	love) who recours:	1 more than	
	•	out HUL II	minte	u (C	, arc	/3ピ l	1516	u au	Ove) WIID IECEIVE	a more than	

Fai	rt 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 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 a 1 b 1 c 1 c 4 , 893, 171.	-			,
¥ 0	g Noncash contribns included in Ins 1a-1f: \$				ļ
용취	h Total. Add lines 1a-1f	5,896,519.			
UE	Business Code				
PROGRAM SERVICE REVENUE	2a				
ER	d				
E E	e				
GR/	f All other program service revenue .				
8	q Total. Add lines 2a-2f			-·····································	
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	21,707.	21,707.	0.	0.
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				ļ
	b Less. rental expenses				
1	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses	٠			
	c Gain or (loss)				ļi
	d Net gain or (loss)		 -		
ENUE	8a Gross income from fundraising events (not including \$	}			
OTHER REVENU	of contributions reported on line 1c)	j l]
E.	See Part IV, line 18 a				
Ē	b Less. direct expenses b	·			
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b]
	c Net income or (loss) from gaming activities				
-					
	10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b				
	-	- 			
}	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	1			
}	11a Royalties 900099	5,100.		0.	
		3,100.	3,100.	<u> </u>	ļ
}	b				
	d All other revenue	 			
	e Total. Add lines 11a-11d	5,100.			
	12 Total revenue. See instructions		26,807.	0.	0.

Page 10

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,653,274.	5,653,274.		
2	· · · · · · · · · · · · · · · · · · ·	3,033,214.	3,033,274.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)			<u>.</u>	
ā	a Management . [
ł) Legal	10,477.	0.	10,477.	0.
(Accounting	33,089.	0.	33,089.	0.
(d Lobbying				
	e Prof fundraising svcs. See Part IV, In 17		,		
1	Investment management fees				
(Other				
12	Advertising and promotion	2,500.	0.	2,500.	0.
13	Office expenses	=, -, -, -,		=,	
14	Information technology				,. <u></u>
15	Royalties				·····
16	Occupancy				
17	Travel	1,967.	0.	1,967.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,337.	<u> </u>	1,30,1	
19	Conferences, conventions, and meetings	796.	0.	796.	0.
20	Interest	İ			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,695.	0.	4,695.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
ā	Miscellaneous	412.	0.	412.	0.
t	Contracted Services	21,787.	0.	21,787.	0.
(
(
•	·				
ſ	All other expenses				
	Total functional expenses Add lines 1 through 24f	5,728,997.	5,653,274.	75,723.	0.
	Joint costs. Check here ► 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				
BAA					Form 990 (2009)

Part X **Balance Sheet** (A) Beginning of year End of year Cash - non-interest-bearing 2,071,641 1 1,960,043. 2 Savings and temporary cash investments Pledges and grants receivable, net 663,305 3 3 938,495. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 3,582 1,100. 10a Land, buildings, and equipment, cost or other basis. 10a Complete Part VI of Schedule D b Less accumulated depreciation 10b 10 c 11 Investments - publicly-traded securities 11 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 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,738,528. 16 2,899,638. 17 Accounts payable and accrued expenses 4,687. 17 400. 18 Grants payable 642,065 962,568. 18 19 Deferred revenue 1,167,674. 19 718,536. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 295,758 25 395,461. 26 Total liabilities. Add lines 17 through 25 2,110,184 26 076,965 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets 628,344. 27 822,673. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 628,344 33 822,673. 34 Total liabilities and net assets/fund balances. 2,738,528. 2,899,638.

BAA

Form 990 (2009)

Form 990 (2009)	Georgia Southern University Research and Service Foundation, Is	nc.
Part XI: Fina	ncial Statements and Reporting	

58-2354256

Page 12

art XI : 1 maneral Statements and reporting				
		Yes	No	
1 Accounting method used to prepare the Form 990 🔲 Cash 🗓 Accrual 🔲 Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
b Were the organization's financial statements audited by an independent accountant?	2b	X	}	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Х		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	,			
d 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		,	i i	
X Separate basis Consolidated basis Both consolidated and separate basis	: .	-		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a	Х		
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	3ь	X	j	

ВАА

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

Geo:																						58-2 See						
The o	rgar	nızat	on I	s no	t a pr	ıvat	e four	ndatio	n be	caus	e it i	s (Fo	or lin	es 1 t	throu	ah 1	1, ch	eck o	nly	one bo)x)							
1	Ň				•							•				-			-	70(b)(1								
2	Ħ			•										Sched						• • • •								
3	Ħ															•	ction	1700	b)(1	I)(A)(iii	١.							
4																						(b)(1)(A)(iii)) Ente	r the h	nospit	al's	
					and s																	. .						
5	X	An d	rga b)(1	nızai)(A) (ion o (iv).	pera (Cor	ited fo	or the Part	bene II)	efit o	of a c	ollege	e or	unive	rsity	own	ed or	oper	atec	d by a	govern	mental	unit	t descr	ibed in	ı sect	ion	
6 7	П	An o	rga	nizal	ion ti	nat r	orma	lly re	ceive	es a	subs	tantia								(b)(1)(/ nment		or from	the	gener	al pub	olic de	scrib	ed
•	\Box)(vi).		-			-		.														
8	H													. (Con									a la	6		~~~~		.nto
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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).																											
10		An d	rga	nızat	ion o	rgar	ıızed	and c	pera	ted (exclu	sively	∕ to t	test fo	or put	blic s	afety	See	se	ction 5	509(a)(4	l).						
11		mor	e pu	blich	y sup	port	ed oi	ganız	zatıor	ns de	escri	bed ir	ı sec	the bation 5	509(a	1)(1)	or se	ection	509	e funct 9(a)(2)	ions of See s	or car ection	ry o 509	ut the (a)(3).	purpos Chec	ses of k the	one box t	or hat
		а	Ту	pe I				ь Г	Тур	e II			c	Ту	pe li	1 – F	unct	ionall	y in	ntegrate	ed			d 🗌	Туре	111-0	Other	
е		By of than 509	fou	ndãt	this l	oox, nana	l cert gers	ify thand c	at the	e org than	janiz i one	ation or m	is no	ot con public	trolle ly su	ed dıı ıppor	ectly ted c	or in	dıre zatı	ectly by ons de	y one o escribed	r more I in sec	disc tion	qualifie 509(a	ed per i)(1) oi	sons r sect	other ion	
f		If th	e or	•		rec	eived	a wr	ıtten	dete	ermin	ation	from	n the	IRS t	that i	s a T	ype I	, Ту	pe II o	г Туре	III supp	ortı	ng org	anızat	ion,		
g		Sind	e A	ugus	t 17,	200	5, has	the	orgar	nızat	ion a	ассер	ted a	any gi	ft or	con	tribut	ion fr	om	any of	the fol	lowing	pers	sons?				
						_																			_	\dashv	Yes	No
		(i)												alone ızatıoı		ogeti	ner w	/ith pe	erso	ons des	scribed	ın (ıı) a	and	(111)	110	g (i)		
		(ii)	a t	famıl	y me	mbe	r of	a per	son d	lesc	ribed	ın (ı)	abo	ve ²											110	g (ii)		
		(iii)	а:	35%	contr	olle	d enti	ty of	a per	son	desc	ribed	l ın (ı	ı) or (ii) ab	ove?	•								110	g (III)		
h		Prov	ıde	the t	ollow	rıng	ınforn	nation	n abo	ut th	ne su	pport	ed o	rganiz	zatioi	ns												
	(0)	Nam Or	e of S ganiz	Suppo ation	rted			(ii) Ell	N		(i	describ above	or IR0	ganizat i lines 1 C sections))	19 on	(i) orga	(IV) lanızatı İlsted gover docun	on in co in your ming	ol It	the organ	ou notify nization in (i) of upport?		l) Is to ation inized U S 7	ın coil	(VII)	Amount	t of Sup	pport
						\perp										Y	es	No		Yes	No	Yes		No				
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Total							;																					

BAA 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

	dule A (Form 990 or 990-EZ) 200		ern University Re				
Par	t II Support Schedule for	•			(b)(1)(A)(iv) an	ıd 170(b)(1)(A)	(vi)
Caa	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)			
	tion A. Public Support	Γ		· · · · · · · · · · · · · · · · · · ·	Τ	1	
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	4,747,197.	5,566,572.	4,956,555.	4,397,605.	5,896,519.	25,564,448.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3	4,747,197.	5,566,572.	4,956,555.	4,397,605.	5,896,519.	25,564,448.
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)	:	-				
	Public support. Subtract line 5 from line 4			,			25,564,448.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	4,747,197.	5,566,572.	4,956,555.	4,397,605.	5,896,519.	25,564,448.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	29,383.	63,105.	57,336.	32,544.	21,707.	204,075.
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)				2,285.	5,100.	7,385.
11	Total support. Add lines 7 through 10						25,775,908.
12	Gross receipts from related activ	ities, etc (see inst	tructions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, or	r fifth tax year as	a section 501(c)(3	· [
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f)		14 15	99.18%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a publ	not check the box licly supported or	on line 13, and ganization	the line 14 is 33-1	/3 % or more, che	
b	33-1/3 support test $-$ 2008. If the and stop here. The organization	organization did qualifies as a publ	not check a box o icly supported org	in line 13, or 16a, ganization	and line 15 is 33-	-1/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts'	meets the 'facts-ar	nd-circumstances'	' test, check this b	oox and stop here	. Explain in Part I	V how
b	10%-facts-and-circumstances te or more, and if the organization reorganization meets the 'facts-and	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here	. Explain in Part IV	15 is 10% V how the ►

Schedule A (Form 990 or 990-EZ) 2009 Georgia Southern University Research and Service Foundation, Inc. 58-2354256 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.)

<u></u>	Complete only if you chec	ked the box on lin	ie 9 of Part I.)				 -
	tion A. Public Support				45 2000	(),0000	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)		τ.,		<u> </u>		· -
	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as	a section 501(c)(3) ▶□
Sec	tion C. Computation of Pul		ercentage				<u></u>
	Public support percentage for 200			: 13, column (f))		15	%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9			
17	Investment income percentage fo	r 2009 (line 10c, d	column (f) divided	by line 13, colum	nn (f))	17	%_
18	Investment income percentage from	om 2008 Schedule	e A, Part III, line 1	7		18	%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo						
b	33-1/3 support tests – 2008. If th is not more than 33-1/3%, check	e organization did this box and stop	I not check a box here. The organiz	on line 14 or 19a, zation qualifies as	, and line 16 is mo a publicly suppor	ore than 33-1/3%, ted organization	and line 18 ►
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	4, 19a, or 19b, ch	eck this box and s	ee instructions	►∏

Schedule	A (Form 9!	90 or 990-EZ) 2	2009	Georgia S	outhern	Univer	sity Res	earch an	d Servi	ce Founda	tion, Inc.	58-2	354256	Page 4
Part IV	Supple	emental Info	rmatic	n. Com	plete	this p	art to i	provide	e the	explana	tions re	auired b	y Part II,	line 10.
	Part II,	, line 17a or	17b; a	and Par	tˈIII, lı	ne 12.	Provi	de any	othe	r addıtıc	nal info	rmation	See ins	tructions.
	•		-							-				
Other	Income	Part II,	Line	10										
Descri	ption:	Royaltie	s									. _		
2008:_	2285.		. – – .				- - -					_		
2009:	5100.	-	. 		. .									
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public

Employer Identification number

Ger	orgia Southern University Res	earch and Service	Foundation, Inc.	58-2354256
	Cla Organizations Maintaining Dono			
	the organization answered 'Yes' t	o Form 990, Part IV, line	e 6.	
		(a) Donor advised		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 don funds are the organization's property, subject t	or advisors in writing that the	assets held in donor advised legal control?	☐Yes ☐ No
6	used only for charitable purposes and not for the	he benefit of the donor or dono		
· _ •	purpose conferring impermissible private bene		· · · · · · · · · · · · · · · · · · ·	Yes No
	福川 Conservation Easements Comple			990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	•		
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of an historic	• •
	Protection of natural habitat		Preservation of certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation	(incidental)	
				Held at the End of the Year
	a Total number of conservation easements	•	2a	
	b Total acreage restricted by conservation easen		2 b	
	c Number of conservation easements on a certification		· ``'	
	d Number of conservation easements included in	• • •	2 d	
3	Number of conservation easements modified, t	transferred, released, extinguis	shed, or terminated by the org	ganization during the tax
4	year ► Number of states where property subject to con-	nservation easement is located	j ►	
5	Does the organization have a written policy regard enforcement of the conservation easemen		, inspection, handling of viola	ations, Yes No
	during the year ►			
7	Amount of expenses incurred in monitoring, in: during the year ►	specting, and enforcing consei	rvation easements \$	
8	Does each conservation easement reported on 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	line 2(d) above satisfy the rec	quirements of section	Yes No
9	In Part XIV, describe how the organization rep- include, if applicable, the text of the footnote to conservation easements	o the organization's financial s	tatements that describes the	organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or Other Si), Part IV, line 8.	milar Assets
1	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statement	ic exhibition, education, or res	revenue statement and balar earch in furtherance of public	nce sheet works of art, historical service, provide, in Part XIV,
	b If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items	ic exhibition, education, or res	enue statement and balance s earch in furtherance of public	sheet works of art, historical service, provide the following
	(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 ar amounts required to be reported under SFAS 1	rt, historical treasures, or other 116 relating to these items	r similar assets for financial g	ain, provide the following
	a Revenues included in Form 990, Part VIII, line	1		► \$
	b Assets included in Form 990, Part X			►\$

Schedule D (Form 990) 2009 Georgia Part III Organizations Mainta							2354256 Assets (co	Page 2 Intinued)
Using the organization's acquisition items (check all that apply)	on accession	and othe	er records, check	k any	of the following the	at are a significant	use of its coll	ection
a Public exhibition			d Loan	or exc	:hange programs			
b Scholarly research			e Other					_
c Preservation for future genera	ations		_		· · · · · · · · · · · · · · · · · · ·			
4 Provide a description of the organ Part XIV.	nization's coll	ections a	and explain how	they	further the organiz	ation's exempt pur	pose in	
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or ather than to	receive o	donations of art, ained as part of	histo the c	rıcal treasures, or ırganızatıon's colle	other similar ction?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen unt on For	nents (m 990,	Complete if on Part X, line	rgar 21.	nization answer	ed 'Yes' to For	m 990, Par	t IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiar	n, or othe	er intermediary f	or co	ntributions or other	assets not	Yes	No
b If 'Yes,' explain the arrangement							_	_
		•		-			Amount	
c Beginning balance						1c		
d Additions during the year						1 d		
e Distributions during the year						1 e		
f Ending balance						. 1f		
2a Did the organization include an air	mount on For	m 990, F	Part X, line 21?				Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV							
Part V Endowment Funds Co	mplete if o	rganiza	ation answer	ed 'Y	es' to Form 99	00, Part IV, line	10.	
	(a) Current	year	(b) Prior yea	r	(c) Two years back	(d) Three years	back (e) F	our years back
1 a Beginning of year balance								1
b Contributions					-		, ,	
c Net Investment earnings, gains, and losses								
d Grants or scholarships			-				•	
e Other expenditures for facilities and programs								
f Administrative expenses								}
g End of year balance						-)
2 Provide the estimated percentage	of the year e	end balai	nce held as					
a Board designated or quasi-endow	ment 🟲							
b Permanent endowment ►	%							
c Term endowment ►	<u> </u>							
3a Are there endowment funds not in organization by.	the possess	ion of th	e organization tl	hat ar	e held and admini	stered for the	Γ	Yes No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(ii), are the related o	rganizations I	isted as	required on Sch	nedule	R?		3b	
4 Describe in Part XIV the intended	uses of the o	organizat	tion's endowmer	nt fund	ds			
Part VI Investments-Land, B	uildings, a	nd Eq	uipment. See	e Foi	m 990, Part X	, line 10.		
Description of investment			t or other basis ivestment)) Cost or other basis (other)	(c) Accumulate Depreciation	d (d) B	Book Value
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment								
e Other								
Total. Add lines 1a through 1e (Column	ı (d) must eqi	ıal Form	990, Part X, co	lumn	(B), line 10(c))		<u> </u>	
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Schedule **D** (Form 990) 2009

Schedule I	O (Form 990) 2009 Georgia Southern Universit	y Research and Service Found	lation, Inc.	58-2354256	Page 3
Part VII	Investments-Other Securities See F				
	(a) Description of security or category (including name of security)	(b) Book value	(c) f Cost or e	Method of valuation end-of-year market value	
Financial o					
	ld equity interests				
Other				-	
				- .	
					
- -					
			····	- 101-	
					
					,
Total. (Colu	mn (b) must equal Form 990 Part X, col (B) line 12)				
	Investments-Program Related (See	Form 990, Part X, line	13)		
	(a) Description of investment type	(b) Book value	(c)	Method of valuation	
			Cost or e	end-of-year market value	
				<u></u>	
	70 - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1				
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			····		
Total (Colum	nn (b) must equal Form 990, Part X, Col (B) line 13)		* .		
Part IX	Other Assets (See Form 990, Part X,	line 15)			
	(a) D	escription		(b) Book	value
	 			· · · · · · · · · · · · · · · · · · ·	,,
					
				-	
					
					-
Total. (Co.	lumn (b) must equal Form 990, Part X, col (B), li	ne 15)	· · · · · · · · · · · · · · · · · · ·	•	
Part X	Other Liabilities (See Form 990, Part			<u> </u>	
	(a) Description of Liability	(b) Amount			
Federal Inc	come Taxes				
Residu	al accounts held for GSU	395,461.			
			_		
			_		
 			-		
			-		
			-		
_	-		-		
			-{		
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	395,461.	-		
	controle in Part XIV provide the text of the foot		ancial statements the	at reports the exceptation's to	ability

		58-235425	6 Page 4
Par		·	F 002 206
1	Total revenue (Form 990, Part VIII,column (A), line 12)		5,923,326.
2	Total expenses (Form 990, Part IX, column (A), line 25)	-	5,728,997.
3	Excess or (deficit) for the year Subtract line 2 from line 1	.	194,329.
4	Net unrealized gains (losses) on investments .	<u> </u>	
5	Donated services and use of facilities		 _
6	Investment expenses .		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		194,329.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements .	1	5,923,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments .		
t	Donated services and use of facilities		
C	: Recoveries of prior year grants 2c		
c	Other (Describe in Part XIV)		
6	Add lines 2a through 2d .	2 e	
3	Subtract line 2e from line 1	3	5,923,326.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	1 1	
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,923,326.
	t XIII- Reconciliation of Expenses per Audited Financial Statements With Expenses		3/323/320.
1	Total expenses and losses per audited financial statements	1	5,728,997.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	'-	3, 120, 331.
	1 1		
		 	
	Prior year adjustments . 2b	<u> </u>	
	Other losses		
	Other (Describe in Part XIV)	<u> </u>	
	Add lines 2a through 2d	2e	5 500 005
3	Subtract line 2e from line 1	3	5,728,997.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
t	Other (Describe in Part XIV)		
C	: Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	5,728,997.
Par	t XIV Supplemental Information		
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I 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 mation	V, lines 1b and part to provide	2b, Part V, any additional
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TEEA3304 02/02/10

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Schedule **D** (Form 990) 2009

Dar VIV	Supplemental Supplemental	Information	(continued)	earch and bervice	Touridation, Ind.		2001200	- ugu u
PCIUMIV	Supplemental	Imormation	(continueu)					
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TEEA3305 07/10/09

Schedule **D** (Form 990) 2009

BAA

SCHEDULE I (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization						Employer identifie		
<u>Georgia Southern Universit</u>			<u>oundation, Inc.</u>			58-235425	56	
Part I General Information on G	irants and Assista	ance						
 Does the organization maintain recording the selection criteria used to award the describe in Part IV the organization's 	ne grants or assistance	97			grants or assistance,	and	X Yes I	Vo
Part II Grants and Other Assista					te if the organizat	ion answered 'Y	es' to Form	
990, Part IV, line 21 for a								
Part IV and Schedule I-1	- '				ccipient received	111010 (11011 40,0		- 🗍
1 (a) Name and address of organization	1 -		(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of gra	
or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance	
Georgia Southern Universi P.O. Box 8014 Statesboro GA 30460	58-6002059		5,645,950.				Research/In	st
Dr. Anthony V. Parrillo 1149 Bartlett Drive	30 0002033						Nesdaren in	<u> </u>
Statesboro GA 30461			6,924.				Research/In	st.
2 Enter total number of section 501(c)(3	3) and government org	ganizations			·		<u> </u>	
3 Enter total number of other organization	ions					····	-	1
SAA Fau Dulivaari Aat and Danamiraili Dadi.	.atiam Ast Maties	Alex Impaining the marks	F 000				1 1 1 (5 000)	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

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Employer identification number

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

58-2354256 Georgia Southern University Research and Service Foundation, Pt VI-B, Line 12c Board members of the Foundation will sign a conflict of interest statement annually which will be maintained and monitored by the Foundation's management. Pt VI-B, Line 11A The 990 is emailed to the board of directors in draft format for approval prior to its filing. Pt VI-C, Line 19 Available upon request.