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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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning $$ AUG 1 , $$ 2009 $$ and ending	JUL 31, 2010						
В	Check if applicable	use IRS Columbus State University	D Employer identific	cation number					
Г	Addres	ss label or Foundation Inc							
	Name change	be type Doing Business As		043198					
E	return Termir ated	leaser fall	uite E Telephone numbe (706						
L	Ameno	ded I tions I am a management and a management at the same and a management at the same and a management at the same at the sa	G Gross receipts \$	9,141,070.					
	Applic	Columbus, GA 31907-5645	H(a) Is this a group re	eturn					
	pendir	F Name and address of principal officer: Kayron Laska	for affiliates?	for affiliates? Yes X No					
		same as C above	H(b) Are all affiliates inc	luded? Yes No					
1	Tax-exe	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)					
		te: ► N/A	H(c) Group exemptio	•					
			rear of formation 1964						
	art I	Summary							
		Briefly describe the organization's mission or most significant activities: The Colu	mbus State Un	iversity					
Activities & Governance		Foundation supports educational excellence a							
na L	2	Check this box If the organization discontinued its operations or disposed of r		· · · · · · · · · · · · · · · · · · ·					
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	60					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	60					
& 8	5	Total number of employees (Part V, line 2a)	5	3					
iţie	6	Total number of volunteers (potrmate) meressarity ED	8	0					
ŧ	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
ď	ь	Net unrelated business taxable income from Form 999 Th line 34	7b	0.					
		COL MAD X I ZOII IN	Prior Year	Current Year					
	8	Contributions and grants (Part VIII) line 1h)	2,516,013.	5,442,182.					
Revenue	9	Program service revenue (Part/VIII Tine-20th DEN UT	37,999.	30,556.					
eVe	10	Program service revenue (Part VIII, Tine 20) DEN, UT Investment income (Part VIII, column 20, lines 3, 4, and 7d)	<1,189,479.						
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	433,684.	249,012.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,798,217.	6,860,417.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,037,878.	1,238,481.					
		Benefits paid to or for members (Part IX, column (A), line 4)		272071020					
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	992,128.	381,972.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	128.						
per	.	Total fundraising expenses (Part IX, column (D), line 25)		······································					
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,849,354.	4,712,333.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,879,488.	6,332,786.					
		Revenue less expenses. Subtract line 18 from line 12	<5,081,271.						
20,0	<u> </u>	The same and a special control of the same and the same a	Beginning of Current Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)	48,155,746.	52,052,354.					
ASS	21	Total liabilities (Part X, line 26)	3,547,289.	3,772,833.					
žį.	22	Net assets or fund balances. Subtract line 21 from line 20	44,608,457.	48,279,521.					
P	art II	Signature Block	,	30/011/022					
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my knowled	ge 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 of the preparer has any knowledge of the preparer has any knowledge.	edge						
Sig	an n	Xannon Yasha	1 31141	2011					
He	_	Signature of officer	Date	•					
		Kayron Laska, Executive Director							
		Type or print name and title							
		Preparer's Date /		er's identifying number					
Pai		signature (MMM) W JUVX 3/1/1/1	self- employed > (see ins	structions)					
	parer's	Firm's name (or Dougherty McKinnon & Luby, LLC	EIN ▶						
USE	Only	self-employed), 2521 Brookstone Centre Pkwv							
		address, and ZIP+4 Columbus, GA 31904	Phone no ► (706) 494-9630					
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)	Training to 2	X Yes No					
_									

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form **990** (2009)

916-19

Pai	rt III Statement of F	Program Service Acc	complishments	
1	Briefly describe the organ		Schedule O for Continuation	
	The Columbus	State Univers	sity Foundation supports education	nal
			ion of educational opportunities a	
			ndation attracts, receives, invest	
	and expends of	gifts and other	er resources designated for the ac	lvancement
2	Did the organization under	ertake any significant progr	ram services during the year which were not listed on	
	the prior Form 990 or 990)-EZ?		Yes X No
	If "Yes," describe these n	ew services on Schedule (0.	
3	Did the organization ceas	e conducting, or make sigi	nificant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these c	hanges on Schedule O.		
4	Describe the exempt purp	pose achievements for eac	ch of the organization's three largest program services by expenses	3.
	Section 501(c)(3) and 501	1(c)(4) organizations and se	ection 4947(a)(1) trusts are required to report the amount of grants	and
	allocations to others, the	total expenses, and reveni	ue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 6,045	7, 148 • Including grants of \$) (Revenue	\$)
	Scholarship,	programs, and	d activities in support of Columbi	ıs State
	University.			
				
				·
		•		
				
4b	(Codo:) /Evanges \$	tooluging events of C	· • · · ·
40	(Code:) (Expenses \$	including grants of \$) (Revenue	,
	* * * * * * * * * * * * * * * * * * * *			
				
		-		
				
				
		 		
				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	\$
				
4d	Other program services. ((Describe in Schedule O.)		
	(Expenses \$	including grant	ts of \$) (Revenue \$)
4e	Total program service e		045,148.	
			The second secon	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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		L
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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	X	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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.	l		
•	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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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	ļ	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? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٠
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٠
	complete Schedule G, Part III	_19		X
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X

Pa	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	X	
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	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		ŀ	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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		X
27	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? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		١	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity?		١	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
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		Х
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	<u>X</u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37	ı	X

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.

Form **990** (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

<u>orm</u>	990 (2009) Foundation, Inc. 58-	<u>-6043198</u>	P	age 5
aı	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	53		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	[Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.	İ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so			
	any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es		
	provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did to	the		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business hold	ings		
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		<u> </u>
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:	ļ		
а	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ļ ·		
	amounts due or received from them.)			

12a

12b

58-6043198

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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

Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body 1a 60		Ì						
b	Enter the number of voting members that are independent 60								
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		X					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X X X					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X					
6	Does the organization have members or stockholders?	6		Х					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a_		X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		X					
Ь	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?								
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
11A	1A Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	, , , ,								
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts?								
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	v	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?		v						
a	The organization's CEO, Executive Director, or top management official	15a	X						
D	Other officers or key employees of the organization	15b	Λ						
48-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)								
·va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12-		х					
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a							
	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							
Sec	tion C. Disclosure	100							
<u> 17</u>	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 X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	d fina	ncıal						
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	ion: 🕨	• _						
	Gena Stone - 706-568-2144								
4225 University Avenue, Columbus, GA 31907									

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

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

- 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.

(A) Name and Title	(B) Average hours	(c		Pos		app	ty)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Kayron Laska	40.00	v						0	122 500	0
Executive Director Rex Whiddon	40.00	X						0.	132,500.	0
Director of Development	40.00					х		108,000.	0.	0
See attached listing	13.00	t^{-}	 					100,000	•	
								0.	0.	o
		 	_	_						
		╁	-	\vdash					<u>. </u>	<u> </u>
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Foundation, Inc. 58-6043198

	(A) Name and title	(B) Average		s, a (0 Pos	C)		esi	(D) Reportable	(E) Reportable		(F) Estimated			
		hours per week	Individual trustee or director	(C) Historial trustee or direction (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	k all t	that a	apply		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amount other compens from the organization	ner nsation i the zation elated	
											-			
														
							<u> </u>		100.000	100.50				
1b 2	Total Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	10 re	108,000. eceived more than \$100				0. 1	
_	compensation from the organization						·		** ***		L	Yes		
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3	x	
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4	х	
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				rom	any	unr	elat	ed organization for serv	ices rendered to		5	x	
	tion B. Independent Contractors									4400 000 /				
1 —	Complete this table for your five highest co the organization. NONE	mpensateo inc	sebe	nue			acic	ors t	nat received more than	\$100,000 of comp	ensati			
	(A) Name and business	address						_	(B) Description of s	ervices	Con	(C) npensatio	on	
				*								_		
2	Total number of independent contractors (i. \$100,000 in compensation from the organization from the organizati		ot lii	mite	d to		se lis	sted	above) who received in	nore than				
	wroo,ooo in compensation from the organia	allon								<u>I_</u> _		000	(0000)	

Columbus State University

58-6043198 Foundation, Inc. Page 9 Form 990 (2009) Statement of Revenue Part VIII (D) (A) (B) (C) Revenue excluded from Total revenue Related or Unrelated tax under sections 512, exempt function business revenue revenue 513, or 514 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1d d Related organizations Government grants (contributions) 1e f All other contributions, gifts, grants, and 5442182 similar amounts not included above 159,075 9 Noncash contributions included in lines 1a-1f \$ 5442182 h Total. Add lines 1a-1f Business Code 900099 30,556 30,556. 2 a Student Outreach Program Service Revenue All other program service revenue 30,556. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 668,844. 668,844. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 1,816,476 934000. b Less: cost or other basis and sales expenses 2,280,653 <464,177. > 934000 c Gain or (loss) 469,823. 469,823. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 234,455. 234,455. 11 a Miscellaneous 14,557. b Change in value of spl 523000 14,557. All other revenue 249,012. Total. Add lines 11a-11d 6860417. 734,834. 683,401. Total revenue. See instructions

Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must comp	lete column (A) but are	not required to comple	te columns (B), (C), and	
	not include amounts reported on lines 6b, 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	1,238,481.	1,238,481.		
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			·····	
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)	284,661.	284,661.		
7 8	Other salaries and wages	204,001.	204,001.		
o	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	!			
9	Other employee benefits	39,995.	39,995.		······································
10	Payroll taxes	57,316.	57,316.		
11	Fees for services (non-employees):	2.,010	2.,010.		
a	Management				
b	Legal	10,159.	2,425.	7,734.	
c	Accounting	19,688.	*	19,688.	
d	Lobbying			•	
е	Professional fundraising services See Part IV, line 17			······································	
f	Investment management fees		_		
9	Other	99,364.	47,639.	51,325.	400.
12	Advertising and promotion	92,644.	92,644.		
13	Office expenses	94,892.	67,657.	5,969.	21,266.
14	Information technology				
15	Royalties	00 541			
16	Occupancy	23,541.	23,541.		10 100
17	Travel	216,861.	200,635.	3,798.	12,428.
18	Payments of travel or entertainment expenses	:			
40	for any federal, state, or local public officials	17 700	17 700		
19	Conferences, conventions, and meetings	17,700.	17,700.		
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization			-	
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)				······································
а	Institutional support	3,133,364.	3,133,364.		
ь	Food and Beverage	177,150.	85,783.		91,367.
С	Investment expenses	143,767.	142,240.	1,527.	· · · · · · · · · · · · · · · · · · ·
d	Printing and Publicatio	113,022.	97,804.	993.	14,225.
e	Student development	73,420.	73,420.		
f	All other expenses	496,761.	439,843.	48,664.	8,254.
25	Total functional expenses. Add lines 1 through 24f	6,332,786.	6,045,148.	139,698.	147,940.
26	Jaint costs. Check here Inf 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				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
_	1	Cash · non-interest-bearing		283,865.	1	798,521.
	2	Savings and temporary cash investments		9,723,372.	2	6,016,674.
	3	Pledges and grants receivable, net		9,643,895.	3	9,836,212.
	4	Accounts receivable, net		313,795.	4	330,737.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe	es. 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 495	58(c)(3)(B). Complete			
		Part II of Schedule L			6	
sts	7	Notes and loans receivable, net		13,009.	7	4,800.
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		1,315.	9	14,404.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments · publicly traded securities	19,898,081.	11	23,767,254.	
	12	Investments - other securities. See Part IV, line	8,088,586.	12	11,088,597.	
	13	Investments - program-related. See Part IV, line		13	<u> </u>	
	14	Intangible assets	100 000	14		
	15	Other assets. See Part IV, line 11	189,828.	15	195,155.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	48,155,746.	16	52,052,354.
	17	Accounts payable and accrued expenses	238,070.	17	129,989.	
	18	Grants payable		2 000	18	11 400
	19	Deferred revenue		3,900.	19	11,430.
	20	Tax-exempt bond liabilities			20	
ijes	21	Escrow or custodial account liability. Complete		······································	21	
Liabilities	22	Payables to current and former officers, director	· · · · · · · · · · · · · · · · · · ·			
Lia		highest compensated employees, and disqualifi	ed persons. Complete Part II			
	02	of Schedule L	A - d Aba-d A		22	· · · · · · · · · · · · · · · · · · ·
	23	Secured mortgages and notes payable to unrela	•		23	· · · · · · · · · · · · · · · · · · ·
	25	Unsecured notes and loans payable to unrelated Other liabilities. Complete Part X of Schedule D	d third parties	3,305,319.	24	3,631,414.
	26	Total liabilities. Add lines 17 through 25		3,547,289.	25 26	3,772,833.
	20	Organizations that follow SFAS 117, check he	xe X and complete	3,341,209.	26	3,112,033.
s		lines 27 through 29, and lines 33 and 34.	and complete			
ည	27	Unrestricted net assets		2,206,303.	27	3,379,709.
<u>a</u>	28	Temporarily restricted net assets		14,109,889.	28	15,984,268.
Ø P	29	Permanently restricted net assets		28,292,265.	29	28,915,544.
Š		Organizations that do not follow SFAS 117, cl	heck here 🕨 🔲 and		20	20/313/3110
or F		complete lines 30 through 34.				
ş	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed	upment fund		31	
¥ A	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		44,608,457.	33	48,279,521.
	34	Total liabilities and net assets/fund balances		48,155,746.	34	52,052,354.
					_	

Form **990** (2009)

Columbus State University Foundation, Inc.

Form 990 (2009) Foundation, I

58-6043198 Page **12**

	rt XI Financial Statements and Reporting		Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?	2a		X
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?	2c	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: 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?	3a		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		

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.

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Columbus State University

Employer identification number 58-6043198

			TOIL, THE.							0-0043170	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.			
The organ	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	юх.)				_
1 🔲	A church, co	nvention of churche	s, or association of chui	rches desc	nbed in se	ection 170	(b)(1)(A)(i).			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach So	chedule E.)							
з 🗔	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	prtal desc	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	the hospital's nan	ne,
=	city, and stat	e:								•	
5 X	An organizati	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a govern	mental uni	t describ	ed in	
		(b)(1)(A)(iv). (Comple				-	-				
6 🔲	A federal, sta	ite, or local governm	ent or governmental un	it describe	d ın sectio	n 170(b)(1	I)(A)(v).				
7			eives a substantial part					or from the	general	public described	ın
	section 170(b)(1)(A)(vi). (Complete Part II.)										
8 🗀			ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗀	-		eives: (1) more than 33		•	rom contri	butions, n	nembershi	p fees. ar	nd aross receipts	from
			nctions - subject to certa							-	
			axable income (less sec							-	
		509(a)(2) . (Complete			•		•	,			
10 🗔	An organizati	on organized and or	perated exclusively to te	est for publ	ıc safety. S	See sectio	n 509(a)(4	4).			
11 🔲		-	perated exclusively for ti	•				•	y out the	purposes of one	or
			ations described in secti						•		
			organization and compl				•	•			
	a Type	b <u> </u>	Type II	с 🔲 Тур	e III · Fund	tionally int	tegrated		аШ	Type III - Other	
е 🗀	By checking	this box, I certify tha	it the organization is not	t controlled	directly o	r indirectly	by one o	r more dise	qualified	= =	an
			han one or more publicl								
f			ten determination from						. , , , ,		
		rganization, check th			•	, , ,,					
g	Since August	17, 2006, has the c	organization accepted a	ny gift or co	ontribution	from any	of the foll	owing per	sons?		
			rectly controls, either a			-				Yes	No
		·	upported organization?	·				`,		11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	?						11g(ii)	
	(iii) A 35% (controlled entity of a	person described in (i)	or (ii) above	e?					11g(iii)	†
h		•	about the supported or								
		•	••		` '						
(i) Name	of supported	(ii) EIN	(iii) Type of	(lv) Is the o	rganization	(v) Did you	u notify the	(vi) is	the	(vii) Amount (
	inization	(,	organization (described on lines 1-9	in col (i) lis	sted in your	organizat		organizatio	on in col	support	,,
·			above or IRC section	governing	document?	(i) of your	r support?	(i) organız U S	2		
			(see instructions))	Yes	No	Yes	No	Yes	No		
Colum	bus										
State	Univer	58-6011208	2	X		X		X		28000	00.
										•	
					<u></u>			L			
				,	,			T			

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

2,800,000.

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,662,730. 4,837,942, 7,178,131 2,516,013 5,442,182 24,636,998. 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 4,662,730 4,837,942. 7,178,131 2,516,013 24,636,998. 4 Total. Add lines 1 through 3 5,442,182, 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) 1,313,648. 6 Public support. Subtract line 5 from line 4 23,323,350. 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 4,662,730 4,837,942, 7,178,131 2,516,013 5,442,182 24 636 998. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 864,054. 798,185. 668,843. and income from similar sources 1,243,830 1,822,548 5,397,460. 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 30,682. 15,154. 392,482. 430,050. 212,348, assets (Explain in Part IV.) 1,080,716. 11 Total support. Add lines 7 through 10 31,115,174. 1,039,767. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 74.96 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % $70.\overline{39}$ 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3 Schedule A (Form 990 or 990-EZ) 2009 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 **(b)** 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (b) 2006 (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, S 1 1

check this box and stop here		▶ 🗀
ection C. Computation of Public Support Percentage		
5 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
6 Public support percentage from 2008 Schedule A, Part III, line 15	16	%
ection D. Computation of Investment Income Percentage		
7 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
8 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
9a 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 stan here. The organization qualifies as a publish suppo	rted organization	

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 Open to Public Inspection

Name of the organization

Columbus State University

Foundation

Employer identification number 58-6043198

Par	†1 Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts Complete tithe
rai			s of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e o. (a) Donor advised funds	(b) Funds and other accounts
_	T	(a) Donor advised funds	(b) I dilds 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		
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Pai	mpermissible private benefit? Conservation Easements. Complete if the organization	nanization annivered "Vac" to Form 000	Post IV line 7
			rantiv, line 7.
1	Purpose(s) of conservation easements held by the organization		intowally income that had area
	Preservation of land for public use (e.g., recreation or p	· —	storically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
•	Preservation of open space	final announce in a section in the form	. of a accompanies accompanies the last
2	Complete lines 2a through 2d if the organization held a quality of the toward	ned 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
а	Total number of conservation easements		2a
_	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic str	ricture included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	2d
3	Number of conservation easements modified, transferred, re		
•	year	leased, extiliguished, or terminated by th	le organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		:
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?	ro satisfy the requirements of section 17.	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	
•	include, if applicable, the text of the footnote to the organiza	· ·	
	conservation easements.		
Pa	t 脚 Organizations Maintaining Collections o	f Art, Historical Treasures, or C	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, no	ot to report in its revenue statement and l	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pr	ublic 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 bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, 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		► \$ ► \$ 150,931.
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		\$
Ь	Assets included in Form 990, Part X	• •	> \$

Columbus State University

58-6043198 Page 2 Foundation, Inc. Schedule D (Form 990) 2009 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): Loan or exchange programs Public exhibition Scholarly research Other X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets X No to be sold to raise funds rather than to be maintained as part of the organization's collection? 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 Yes No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: **Amount** 1c c Beginning balance Additions during the year 1d 16 Distributions during the year 1f Ending balance Yes No 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 44,275,731 49,923,197 1a Beginning of year balance 4613036. 2941743. Contributions 3546110. <2,353,400. c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities 5599533. 6235809. and programs Administrative expenses g End of year balance 46,835,344. 44,275,731 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment 61.74 Permanent endowment 34.13 Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation Land b Buildings 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).)

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	2.		
(a) Description of security or category (including name of security)	(b) Book value	(0) Method of valua or end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other				
Board of Regents Pooled Fund	8,483,408.			
Butterfield Fund Services	2,605,189.	End-of-Yea	ar Market	Value
			 	
Total (Oal/h) much assol Form COO Body and (D) (so 10.)	11,088,597.			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related. S	•) Method of valua	tion:
(a) Description of investment type	(b) Book value		or end-of-year mar	
			•	— · · · · · · · · · · · · · · · · · · ·
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				·····
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
			-	
				
				
				
	···			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		>	
Part X Other Liabilities. See Form 990, Part X,		····		
(a) Description of liability		(b) Amount		
Federal income taxes				
Annuity Payables		827,588.		
Promises to Give		2,803,826.		
		2 (21 12		
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 25.) ▶	3,631,414.		

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932063 02-01-10

Pa	TXI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financ	ial State	men	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		6,860,417.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		6,332,786.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		527,631.
4	Net unrealized gains (losses) on investments			4		3,143,434.
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments		Ì	7		
8	Other (Describe in Part XIV)			8		<2.
9	Total adjustments (net). Add lines 4 through 8			9		3,143,432.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10		3,671,063.
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Reven	ue per R	eturr	
1	Total revenue, gains, and other support per audited financial statements				1	10,351,788.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1			
а	Net unrealized gains on investments	2a	3,14	3 ,434.		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d	34	7 , 937.		
е	Add lines 2a through 2d				2e	3,491,371. 6,860,417.
3	Subtract line 2e from line 1				3	6,860,417.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>			
ь	Other (Describe in Part XIV.)	4b				
C	Add lines 4a and 4b				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		=		_5_	6,860,417.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	nses per		
1	Total expenses and losses per audited financial statements				1	6,680,724.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _	i			
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	<u> </u>			
C	Other losses	2c	2.4	7 0 2 0		
d	Other (Describe in Part XIV.)	2d	34	7,938.		247 020
е	Add lines 2a through 2d				2e	347,938. 6,332,786.
3	Subtract line 2e from line 1				3	0,332,700.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١.	I			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		•		
b	Other (Describe in Part XIV.) Add lines 4a and 4b	4b				٥
					4c 5	6,332,786.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **T XIV Supplemental Information				_ 5	0,332,700.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	linee	1a and 4: Pai	t IV lines 1	h and	2h: Part V line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl					
	ct III, line 4: Artwork from various artist					
	<u> </u>			. 		
fut	ture generations and display for students of	of C	SU.			
			-			
				_		
Pai	ct V, line 4: Endowment funds are held for	a v	ariety	of pu	rpo	ses
·						
ind	cluding aid for scholarships and support fo	or s	pecific	c prog	ram	<u>s.</u>
						
Pai	ct X: The Foundation has not identified any	תוו ז	certai	ntipe		
<u> </u>	to at the roundaction has not identified any	uii	CEL CAL	TICTED		
wit	th respect to income tax positions for the	vea	r ende	d Julv	31	, 2010.
					-	dule D (Form 990) 2009

Part XIV Supplemental Information (continued)
Accordingly, no provision for interest or penalties related to
unrecognized tax benefits has been made in the accompanying financial
statements. In addition, the Foundation's information for 2007 - 2010 is
eligible to be examined by the state and federal taxing jurisdictions to
which it reports.
Part XI, Line 8 - Other Adjustments:
Rounding
Part XII, Line 2d - Other Adjustments:
Admin Fee
Cost Sharing Expense
Rounding
Part XIII, Line 2d - Other Adjustments:
Admin Fee
Cost Sharing Expense
Rounding
- <u> </u>

2 Schedule I (Form 990) 2009 **Employer identification number** 58-6043198 OMB No 1545-0047 Open to Public 2009 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient teat and address of organization (b) EIN (c) IRC section (d) Amount of or government (applicable rash grant assistance or government) 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 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Columbus State University Enter total number of section 501(c)(3) and government organizations Part f General Information on Grants and Assistance Foundation, Inc. criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) Part

Page 2

58-6043198

Schedule I (Form 990) 2009 Foundation, Inc.

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
icholarships for students attending Columbus State	720	1,238,481.	.0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
Schedule I, Part I, Line 2: Each de	lepartment	Each department monitors the use	the use of	f funds based	
on the type of scholarship or grant given to the	ıt given t	to the stu	students.		

SCHEDULE M (Form 990)

Noncash Contributions

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Columbus State University

Employer identification number 58-6043198

Schedule M (Form 990) 2009

Foundation, Inc. Part I Types of Property (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1g revenues Art · Works of art 1 2 Art · Historical treasures 3 Art - Fractional interests X 3,956. Fair market value Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property X 151,571. Market price of prop 9 Securities · Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities · Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 2,532. Cost of property X 5 19 Food inventory 20 Drugs and medical supplies 21 **Taxidermy** Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts (Ceramic Mold) 600. Cost of property 25 Other -(Miscellaneous) X 6 Cost of property 26 Other -27 Other > 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 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? 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a 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. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

SCHEDULE O (Form 990)

932211 02-03-10

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.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Columbus State University Foundation, Inc.

Employer identification number 58-6043198

Schedule O (Form 990) 2009

Form 990, Part I, Line 1, Description of Organization Mission:
educational opportunities at Columbus State University. The Foundation
attracts, receives, invests, manages, and expends gifts and other
resources designated for the advancement of the University. The
Trustees of this Foundation will be effective advocates for and
supporters of the mission of CSU.
Form 990, Part III, Line 1, Description of Organization Mission:
of the University. The Trustees of this Foundation will be effective
advocates for and supporters of the mission of CSU.
Form 990, Part VI, Section A, line 2: There are 2 Trustees that are
father/son and 2 Trustees that are mother/son.
Form 990, Part VI, Section B, line 11: The Controller e-mails a completed
copy of the 990 to the members of the Board of Trustees for their personal
review. Any questions or concerns are addressed by the Controller.
Form 990, Part VI, Section B, Line 12c: Conflict of interest policies are
reviewed and updated annually by the Board.
Form 990, Part VI, Section B, Line 15: The Board annually reviews and
analyzes the pay for those in management and governing positions.
Form 990, Part VI, Section C, Line 19: Governing documents, conflict of
Form 990, Part VI, Section C, Line 19: Governing documents, conflict of

interest policies, and the financial statements are available to the public

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

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.

2009
Open to Public Inspection

Columbus State University **Employer identification number** Name of the organization Foundation, Inc. 58-6043198 upon request. No change from prior year.

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships Columbus State University Foundation, Inc. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2009 Open to Public Inspection OMB No 1545-0047

Employer identification number 58-6043198

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

		(100 0 1111 1111 1111 1111 1111 1111 11			
(a)	(p)	(0)	(p)	(9)	(j)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
CSU Enterprise Foundation, LLC 4225 University Ave Columbus, GA 31907	Expand educational opportunities in support of Columbus State University.	Georgia	0	colu univ 665, Inc.	Columbus State University Foundation, Inc.
	- 1 1				
Part # Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	ations (Complete if the organization ans	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	rt IV, line 34 because	it had one or more r	elated tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Poundation Properties, Inc 58-1940977 4225 University Ave Columbus, GA 31907	Holding, management and contribution of real property in support of CSU.	Georgia	501(c)(3)	Line 5	
				-	

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

Schedule R (Form 990) 2009

Columbus State University

Foundation, Inc.

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.) Schedule R (Form 990) 2009 Part III

Page 2

58-6043198

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportion- ate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
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.)	anizations Taxable as a Corp	oration or year)	Trust (Complete if t	he organizatio	n answered "Y	es" to Form	990, Part IV	/, line 34 t	oecause it h	ad one or more	related
(a) Name, address, and EIN of related organization		Pn	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Pend-of-year cassets	(h) Percentage ownership
											!
		1. 1.									
									-		
932162 07-21-10									Sch	Schedule R (Form 990) 2009	990) 2009

Columbus State University

Foundation, Inc. Schedule R (Form 990) 2009 Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part

Page 3

58-6043198

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		×	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			11111
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a	X
b Gift. grant, or capital contribution to other organization(s)		16	×
		70	×
		7 ×	⊢
		9	×
f Sale of assets to other organization(s)		11	×
g Purchase of assets from other organization(s)		19	×
h Exchange of assets		Ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)		ï	×
j Lease of facilities, equipment, or other assets from other organization(s)		-î.	×
k Performance of services or membership or fundraising solicitations for other organization(s)		4 ¥	×
I 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	•	1n 2	×
			-
o Reimbursement paid to other organization for expenses		9	×
p Reimbursement paid by other organization for expenses		1	×
of Other transfer of cash or property to other property (a)		-	×
		=	×
1	saction thresholds.		
(a) Name of other prognites in order	(b)	(c)	Poly
	type (a-r)		
(1) Foundation Properties, Inc.	0	21,	21,000.
(2) Foundation Properties, Inc.	D	68,604,655	,655.
(3) Foundation Properties, Inc.	æ	1,312,	312,275.
w Foundation Dronerties Inc	2	52	52,000
ו די סלכד בדרם ל	4	7	
(5)			
(9)			
932163 02-04-10	Schec	Schedule R (Form 990) 2009	90) 2009

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Columbus State University

Schedule R (Form 990) 2009 Foundation, Inc.

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

1		, , , I	1	ı	l	ı	Ī	ı .	lo
(h) General or managing partner? Yes No									200
Gener Manage Parth Yes									980
(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)									Schedule R (Form 990) 2009
Disproportionate allocations?				_					
•	1								
(e) Share of end-of- year assets					<u>.</u>				
thers 1(c)(3) ons?									
(d) Are all partners section 501(c)(3) organizations? Yes No				-					
(c) Legal domicile (state or foreign country)									
(b) Primary activity									
(a) Name, address, and EIN of entity									

Columbus State University Foundation Trustees 2009 - 2010

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F. Michael Gaymon

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Member of the Board of Regents

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

▼ X

Form 8868 (Rev 1-2011)

 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 and click on e-file for Chanties & Nonprofits 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 Name of exempt organization **Employer identification number** Columbus State University print 58-6043198 Foundation, Inc. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 4225 University Avenue return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 31907-5645 Columbus, GA 0 | 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Is For 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) Form 8870 12 Gena Stone The books are in the care of ▶ 4225 University Avenue - Columbus, GA 31907 Telephone No. ► 706-568-2144 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

ightharpoonup in the group, check this box is and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until March 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year _____ ► X tax year beginning AUG 1, 2009 , and ending JUL 31, 2010 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За 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. 3ь Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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.

For Paperwork Reduction Act Notice, see Instructions.