

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 2011

Open to Public Inspection

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements.

| - | nai rioronae | | | the enganteer | in may have to use | | | | | .5 | ****** | | | | | |
|--------------------------------|--|----------------|---|-----------------|---|----------------|-------------------------|---------------|----------|--------------|-----------------|----------------|--------------------|-------------------|--|--|
| A | For the 2 | 011 calen | dar year, or tax | year begir | ining Jul | 1 | , 2 | 011, and | endin | g Jun | 30 | | ,2012 | | | |
| В | Check if app | plicable | C Name of organ | nization Geo | rgıa Souther | n Univers | sity Athle | etic Fou | ndatı | on, Inc. | D Emplo | yer Identi | ification Numbe | er | | |
| | Addres | s change | Doing Busines | s As | | | | | | | 58- | 1485 | 954 | | | |
| | Name | change | Number and s | treet (or PO t | oox if mail is not de | livered to str | eet addr) | | Room/s | uite | E Teleph | one numi | ber | | | |
| | Initial r | eturn | P.O. Box | 8115-01 | L | | | | | | (91 | 2) 4 | 78-5520 | | | |
| | Termin | ated | City, town or o | | | | S | tate ZIP o | ode + 4 | | | | | | | |
| | | led return | Statesbor | TO | | | (| GA 30 | 460 | | G Gross | receipts | \$4,506,9 | 951. | | |
| | = | ation pending | F Name and add | | al officer | | | | | H(a) Is this | a group retu | | | Yes X No | | |
| | | ation pointing | John Mulher | | | State | sboro | GA 30 | 460 | | affiliates inc | | | Yes No | | |
| $\overline{}$ | Tax-exem | npt status | X 501(c)(3) | 501(c) (| | | 4947(a)(| _ | 527 | If 'No,' | attach a list | (see ins | tructions) | _ | | |
| . | | e:► N/ | | 1 00.(0) (| , <u>, , , , , , , , , , , , , , , , , , </u> | | 1. 1.5,,,(4)(| .711 | | H(c) Group | exemption n | umber ► | • | | | |
| ĸ | | organization | X Corporation | Trust | Association | Other► | | L Year of | | on 198: | • | | egal domicile | GA | | |
| | | Summar | | 11030 | Association | , outer | | 1 = 1001 01 | · omian | on 130. | | 01010 01 11 | ogai dominana | <u> </u> | | |
| | | | be the organiza | ation's miss | ion or most sid | nificant a | ctivities | To sup | port | Georgia | Souther | rn Uni | versity A | Athletics | | |
| | ' -'' | J., 2000 | | | | , | | 3114 | | | | | | | | |
| Š | | | | | | | | | | | | | | | | |
| Activities & Governance | | | | | | | | | | | - | | | - | | |
| ð. | 2 Ch | eck this bo | x ► If the | organizatio | on discontinue | d its opera | ations or d | sposed of | of more | than 25 | % of its n | et asse | ets. | | | |
| ص « | | | ting members | | | | | | | | | 3 | | 63 | | |
| စ္ | | | dependent votii | _ | _ | - | | | • | | | 4 | | 63 | | |
| ¥ | | | of individuals | | | r 2011 (P | art V, line | 2a) | | | | 5 | | <u>0</u> 50 | | |
| A cti | | | of volunteers (ed business rev | | | · mp (C) lu | | | | | • • | 7 a | | 0. | | |
| • | | | business taxa | | | | | | | | | 7 b | | | | |
| | D 140 | t arrelated | business taxa | DIC IIICOIIIC | 1101111 01111 331 | <u> </u> | · · · · · · · · | | | P | rior Year | ' | Curren | t Year | | |
| | 8 Coi | ntributions | and grants (Pa | art VIII. line | 1h) | | | | | | 456,6 | | | 75,304. | | |
| Ð | | | ice revenue (P | | | | | | | 176,4 | | | 56,405. | | | |
| Revenue | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | | | 28,5 | | | 21,025. | | |
| æ | | | e (Part VIII, co | - | • • | - | nd 11e) | | | | 485, | | | 54,217. | | |
| | 12 Tot | al revenue | - add lines 8 | through 11 | (must equal P | art VIII, c | olumn (A) | , line 12) | | 2 | 2,147,3 | 316. | 4,5 | 06,951. | | |
| | 13 Gra | ants and si | mılar amounts | paid (Part | IX, column (A) | , lines 1-3 | 3) | | | | | | 6 | 00,000. | | |
| | 14 Ber | nefits paid | to or for memb | oers (Part I | X, column (A), | line 4) | | | | | | | | | | |
| | 15 Sal | laries, othe | er compensatio | n, employe | e benefits (Pai | rt IX, colu | mn (A), lın | es 5-10) | | | 197,3 | 325. | 4 | 03,558. | | |
| Expenses | 16a Pro | fessional : | | | | | | | | | | | | | | |
| pen | b Tot | al fundrais | ing expenses | (Part IX. co | lumn (D), line | | | | | | | | | | | |
| М | į. | | es (Part IX, co | • | * | _ | | 380,8 | | 2 | 2,051, | 722. | 1.5 | 27,594. | | |
| | | - | es. Add lines 1 | | | | \). line-25` |) | | | 2,249,0 | | | 31,152. | | |
| | | - | expenses. Sul | - | | 1 * | RECEI | VED | 1 | | -101, | | | 75,799. | | |
| h 8 | , , , , , , , , , , , , , , , , , , , | | | | | | | | 70 | Beginnir | ng of Currer | | End of | | | |
| Net Assets or Fund Balancos | 20 Tot | al assets | Part X, line 16 |) | | 88 V | 10 V 9 6 | 2012 | ၂ၓ | | ,484,2 | | | 92,979. | | |
| A B | 21 Tot | al liabilitie | s (Part X, line | 26) | • | 14 1 | IOV 2 6 | 2012 | RS | | 593, | 723. | 7: | 26,642. | | |
| S S | 22 Net | t assets or | fund balances | . Subtract I | ine 21 from lin | e 20 | | | ヿ゠ | 3 | 8,890,5 | 538. | 5,8 | 66,337. | | |
| Pa | | Signatur | | | • • • | | GDE | 1 , UT | | • | | | | | | |
| | | | eclare that I have ex yer (other than office | amined this re | turn, including acco | ompanying so | chedules and | staţements, | and to t | he best of m | ny knowledge | e and beli | ef, it is true, co | orrect, and | | |
| com | plete Declar | ation of prepa | rer (other than offic | er) is based or | all information of | which prepar | er has any kn | nowledge | | ···· | | | | | | |
| | | | | <u>(5. (</u> | 14.0 | | <u> </u> | | | | | 15- | ٠/ كـ | | | |
| Siç | jn 💮 | Signatu | re of officer | C .44 | 41 | . 0 | 200 | | - | Da | ite | | | | | |
| He | re | <u> </u> | John (| | ulhee m | O_{f} | RESID | الدينا(| | | | | | | | |
| | | Type or | print name and title | e | . , | | | | | | | - - | | | | |
| | | Print/Type p | reparer's name | | Preparer's signa | ature / |)./ | Date | | | Check | ┙" | PTIN | | | |
| Pa | | Richar | d N Deal, | CPA | 1/1 | | 7 | 10 | /25/ | 12 | self-employ | /ed | P012728 | <u>35</u> | | |
| | eparer | Firm's name | | | | erfiel | ld & De | al, C | PAs | | | | | | | |
| Us | e Only | Firm's addre | ess • P.O. | Box 505 | | | | | | | Firm's EIN | <u>► 58-</u> | -1820983 | 3 | | |
| | | | State | | | | | 1459 | | | Phone no | (912 | | 3756 | | |
| May | the IRS | discuss th | is return with th | ne preparer | shown above? | (see ins | tructions) | | | | | | X Yes | No | | |
| | | | | | the separate in | | | | TEE | A0101 07 | /05/11 | | Form | 990 (2011) | | |

| Part III Statement of Program Service Accomplishments Check of Schedule Condumns a response to any question in this Part III | | 1 990 (2011) Georgia Southern University Athletic Foundation, Inc. | <u> 58-1</u> | 48595 | 4 | | Page 2 |
|--|-----|---|-----------------------|--------------------|-------------------|-------------------------|----------------|
| 1 Brefly describe the organization's mission' To support Georgia Southern University Athletics 2 Did the organization undertake any significant program services during the year which were not listed on the prior most or 990-E27 If Yes, describe these new services on Schedule O. If Yes, describe these conducting, or make significant changes in how it conducts, any program services. If Yes I No If Yes, describe these changes on Schedule O. If Yes, describe the schanges on Schedule O. Schenses S _ 1,784,014, not and Schonger on Schedule O. Ab (Code) (Expenses S _ 1,784,014, not and the schange of the schanges of the advance of the schange of the sch | Par | | | | | | |
| Dot the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-EZ? Yes \ No If Yes, 'Gescribe these new services on Schedule O. Yes (Scientificant changes in how it conducts, any program services? Yes \ No If Yes, 'Gescribe these changes on Schedule O. | | | ··· | | | | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If Yes, describe these new services on Schedule O. 3 Did the organization ceres conducting, or make significant changes in how it conducts, any program services? Yes ☑ No If Yes, describe these changes on Schedule O. 4 Describe the organization (program service accomplishments for each of its three largest program services, as measured by expenses. Schedule O. 4 Describe the organization (program service accomplishments for each of its three largest program services, as measured by expenses. Schedule O. 4 a (Code:) (Expenses S | 1 | | | | | | |
| 2. Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-E27 If Yes, describe these new services on Schedule O. 3. Did the organization cease conducting, or make spoil of the year which were not listed on the prior from 990 or 990-E27 If Yes, describe these changes on Schedule O. 3. Did the organization sponsors on Schedule O. 4. Describe the organization sponsors accomplishments for each of its three largest program services, as measured by expenses others, the total expenses, and estimates the search sponsors to others, the total expenses, and revenue, if any, for each program service reported. 4. Code: (Expenses S. 1,784,014, including grants of S. 600,000.) (Revenue S. 631,647.) Promoting, and Supporting the athletic program of Georgia Southern University 4. Code (Expenses S. including grants of S.) (Revenue S.) (Revenue S.) 4. Code (Code) (Expenses S. including grants of S.) (Revenue S.) (Revenue S.) 4. Code Support of Sevenue S.) 4. Code Sevenue S.) (Revenue S.) | | | | | | | - - |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 90 or 990-E27 Yes © No II Yes, idescribe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | | | | | | |
| Form 90 or 990-E27 Ves No If Yes, describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If Yes, describe these changes on Schedule O. If Yes, describe these changes on Schedule O. Yes No If Yes, describe these changes on Schedule O. Yes No If Yes, describe these changes on Schedule O. Yes No If Yes, describe these changes on Schedule O. Yes No If Yes, describe these changes on Schedule O. Yes No If Yes, describe these changes on Schedule O. Yes Yes No Yes Yes Yes No Yes Y | | | | | | | |
| Form 90 or 990-E27 Ves No If Yes, describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If Yes, describe these changes on Schedule O. If Yes, describe these changes on Schedule O. Yes No If Yes, describe these changes on Schedule O. Yes No If Yes, describe these changes on Schedule O. Yes No If Yes, describe these changes on Schedule O. Yes No If Yes, describe these changes on Schedule O. Yes No If Yes, describe these changes on Schedule O. Yes Yes No Yes Yes Yes No Yes Y | | Did the exception undertake any significant program services during the year which were not listed on t | he prior | | | | |
| If Yes, describe these new services on Schedule O. By Did the organization cease conducting, or make significant changes in how it conducts, any program services? | 2 | | ne pnoi | | Yes | $\overline{\mathbf{x}}$ | No |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | , | | | | | |
| if "Yes, describe these changes on Schedule O. 4 Describe the aganization's program service accomplishments for each of its three largest program services, as measured by expenses. 4 Describe the expensions of program service accomplishments for each of its three largest program services, as measured by expenses section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) justs are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code | 3 | | ces? | | Yes | X | No |
| 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 50 (c)(3) and 50 (c)(4) organizations and section 49 (700)(1) instal are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,784,014. including grants of \$ 600,000.) (Revenue \$ 631,647.) Promoting and Supporting the athiletic program of Georgia Southern University | • | • | | | | _ | |
| Promoting and Supporting the athletic program of Georgia Southern University 4b (Code (Expenses \$ including grants of \$) (Revenue \$) 4c (Code (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4d Total program services. (Describe in Schedule O.) | 4 | Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount | s, as me unt of gr | easured ants an | by ext d alloc | ense ations | s s to |
| Promoting and Supporting the athletic program of Georgia Southern University 4b (Code (Expenses \$ including grants of \$) (Revenue \$) 4c (Code (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4d Total program services. (Describe in Schedule O.) | 4a | (Code:) (Expenses \$ 1,784,014, including grants of \$ 600,000.) (R | evenue | \$ | 63 | 1,64 | 47.) |
| Southern University 4b (Code) (Expenses \$ | | | | | | | |
| 4b (Code) (Expenses \$ | | | | | | | |
| 4b (Code) (Expenses \$ | | | | | | | |
| 4b (Code) (Expenses \$ | | | | | | | |
| 4b (Code) (Expenses \$ | | | | | | | - |
| 4b (Code) (Expenses \$ | | | | | | | |
| 4b (Code) (Expenses \$ | | | | | | | |
| 4b (Code) (Expenses \$ | | | | | | | |
| 4b (Code) (Expenses \$ | | | | | | | |
| 4b (Code) (Expenses \$ | | | | | | | - - |
| 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses > 1,784,014. | | | | | | | - |
| 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses > 1,784,014. | | | | | | | |
| 4c (Code) (Expenses \$ | 4 b | (Code) (Expenses \$ including grants of \$) (R | evenue | \$ | | |) |
| 4c (Code) (Expenses \$ | | | | - | | | |
| 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses > 1,784,014. | | | | - - | | | - |
| 4c (Code) (Expenses \$ | | | | | | | - |
| 4c (Code) (Expenses \$ | | | | | | | |
| 4c (Code) (Expenses \$ | | | | | | | |
| 4c (Code) (Expenses \$ | | | | | | | |
| 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,784,014. | | | | | | | |
| 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,784,014. | | | | | | | |
| 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,784,014. | | | | | | | |
| 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,784,014. | | | | | | | |
| 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,784,014. | | | | | | | |
| 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,784,014. | 4. | (Code) (Expenses \$ including grants of \$) (R | evenue | \$ | _ | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | , (2000) (2xpoiled + | | ' | | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | | - | | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | | - | | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | | | | | - - |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | - <i></i> | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | - | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,784,014. | | | | | | | |
| 4e Total program service expenses ► 1,784,014. | 40 | | | | | , | |
| F 000 (0011) | | | | | |) | |
| ILLMUIUS UNUSIN | | | | | For | n 990 | (2011) |

| | | | 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 (see instructions)? | 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 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | : | <u>X</u> |
| 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 | | Х |
| 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | · ; , | | |
| | a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI . | 11 a | Х | |
| | b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х |
| | c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | X |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | X |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | X |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. | 12b | | <u> </u> |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | <u>X</u> |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | <u>x</u> |
| 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>X</u> _ |
| | 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 | | <u>x</u> |
| 20 | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | X |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

| | | | 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 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 | | x |
| I | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| • | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| • | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 |
| ı | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | 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 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | х |
| 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): | | 14 1 × | 2 3 |
| ā | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . | 28a | | Х |
| t | 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 (or a family member thereof) 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 | | <u> x</u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | ļ | 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 | ļ . | х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| t | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | _ 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 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | 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 | |
| BAA | | Form | 990 (| 2011) |

| | n 990 (2011) Georgia Southern University Athletic Foundation, Inc. | 58-148 | 5954 | F | ⊃age |
|-----------|---|----------------------------|--------------|---|----------------|
| <u>Pa</u> | rt V. Statements Regarding Other IRS Filings and Tax Compliance | | | | |
| | Check if Schedule O contains a response to any question in this Part V | | | | |
| | | | | Yes | No |
| 1. | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . | 1 a | 11 | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | 2 |
| | b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1 b | 0 4 | | |
| | •• | | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners? | and reportable garning | 10 | : X | |
| _ | | | 2 .49 | Part I | . " |
| 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | 1 |
| | b If at least one is reported on line 2a, did the organization file all required federal employment | | 21 | 1 | |
| | | | <u></u> - | * | ļ . |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ins | | | | 37 |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year | , | 3 | 1 | X |
| | b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | | 31 | <u> </u> | |
| 4 | a At any time during the calendar year, did the organization have an interest in, or a signature of | r other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other fin | ancial account)7 | 4: | 1 | X |
| 1 | b If 'Yes,' enter the name of the foreign country | | | - (| 1 |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fir | iancial Accounts. | | | 77 |
| 5 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax | year ⁹ | 5 6 | 1 | X |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter | transaction? | 51 |) | Х |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 50 | : | |
| | , | | | 1 | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible? | d did the organization | 6 | | X |
| | | | -0. | + | <u> </u> |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible? | tributions or gifts were | 61 | , | |
| - | | | 11.7 | المراجعة المراجعة | 134 - |
| / | Organizations that may receive deductible contributions under section 170(c). | | 1873 | q , | 2 . M |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and pai | rtly for goods and | 13.4 | | - |
| | services provided to the payor? | | 78 | + | |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | 71 | X | |
| • | Did the organization sell, exchange, or otherwise dispose of tangible personal property for whi | ch it was required to file | _, | | ., |
| | Form 8282? | 1 | 70 | 1. 15% | X . ; |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year . | 7d | | ÷ | |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b | | 76 | + | X |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit | fit contract? | 71 | ļ | X |
| 9 | g if the organization received a contribution of qualified intellectual property, did the organization | n file Form 8899 | _ | | |
| | as required? | | 79 | <u> </u> | |
| - 1 | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the c | rganization file a | _, | | ,, |
| | Form 1098-C? | | 71 | | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | organizations. Did the | , | و کو در او | 2 |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, have | ve excess business | | | v |
| _ | holdings at any time during the year? | | 8 | | X |
| 9 | | | <u>-</u> - | | |
| | a Did the organization make any taxable distributions under section 4966? | | 98 | | X |
| - 1 | Did the organization make a distribution to a donor, donor advisor, or related person? | | 91 |) | X |
| 10 | Section 501(c)(7) organizations. Enter: | | | | ``* |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | 17) |
| 1 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | ., | 1.5 | 7, 7, 3 |
| | Section 501(c)(12) organizations. Enter: | | , i | * | 100 |
| | a Gross income from members or shareholders | 11 a | 3.7 | 176 | `~ ; |
| | | | ٿ <u>.</u> " | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | 1 | ر تو |
| 12 | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | | 12 8 | | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | <u> \</u> | | |
| | · · · · · · · · · · · · · · · · · · · | 120 | — [* | ٠- ﻧﺪﻧﺎﻧ | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 12 | 1 * * * * | <u>-</u> - |
| i | a Is the organization licensed to issue qualified health plans in more than one state? | | 138 | 1 | , |
| | Note. See the instructions for additional information the organization must report on Schedule | U. | | |] = |
| I | Enter the amount of reserves the organization is required to maintain by the states in | 126 | - | | |
| | which the organization is licensed to issue qualified health plans | 13b | | 1 . | l |
| | Enter the amount of reserves on hand | 13c | | 1 | 1 |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | | 148 | 1 - | X |
| - 1 | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sc | hedule O | 141 | <u> </u> | <u> </u> |

58-1485954 Form 990 (2011) Georgia Southern University Athletic Foundation, Inc. Page 6 Railwill 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent . . . 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 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 86 Х 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. Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10 a** Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15_b **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Georgia 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 Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

| • | | |
|------------------------|---|--|
| Form 990 (2011) | Georgia Southern University Athletic Foundation, Inc. | |

58-1485954

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

| X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | | |
|--|--|-----------------------------------|-----------------------|-----------------|--------------|-----------------------------------|-------------|-------------------------------------|--|--|--|
| | | | | • | C) | | | | | | |
| (A) Name and title | (B) Average hours per week | unles | s per and a | ck mo rson i | s bot | nan one h an offi rustee) | box, cer | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other compensation | |
| | (describe hours for related organiza- tions in Schedule O) | andividual frustee or director | institutional faistee | Officer | Key employee | Higt est coinpensated employee | rumer | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations | |
| (1) Sam Baker Athletic Director | 0.00 | Х | | х | | | | | | | |
| (2) Tommy Bond Board Member | 0.00 | Х | | | | i | | | | | |
| (3) Ralph Bowles Board Member | 0.00 | х | | | | | | | | | |
| (4) Hoke Brunson Board Member | 0.00 | х | | | | | , | | | | |
| _(5) Darron Burnette Secretary | 0.00 | X | | х | | | | | | | |
| (6) Billy Carmichael Board Member | 0.00 | Х | | | | | | | | | |
| (7) Laney Claxton Board Member | 0.00 | х | | | | | | | | | |
| (8) Chris Cliett Board Member | 0.00 | Х | | | | | | | | | |
| (9) Ron Core Treasurer | 0.00 | х | | х | | | | | | | |
| (10) Allen Crooms Board Member | 0.00 | х | | | | | | | | | |
| (11) Gary M Davis Board Member | 0.00 | Х_ | | | | | | | | | |
| (12) Barry Deal Board Member | 0.00 | Х | | | | | | | | , | |
| (13) Karen Dixon Board Member | 0.00 | х | | | | | | | | ···- | |
| (14) Ben Garvin Board Member | 0.00 | х | | | | | | | | | |

| Part VII Section A. Officers, Directors, Trust | ees, I | Кеу | En | ıplo | oye | es, | an | d Highest Con | pensated Em | ployees (cont) |
|---|--|---------------|---------------------------|----------------|--------------------|------------------------------|---------------------|--|--|---|
| • | | | | (| C) | | | | | |
| (A) Name and title | (B) Average hours per | box offi | not o , unle cer ar | heck ss pe | erson | is bot | h an | Reportable compensation from | (E) Reportable compensation from | Estimated amount of other compensation |
| | week (describ e hours for related organi- zations in Sch O) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations |
| (15) Chris Geyerman | | | | | | | | | | |
| Board Member | 0.00 | X | | | | ļ | _ | - | | |
| (16) Paul Gillespie | | | | İ | | | | | | |
| Board Member | 0.00 | X | | | | _ | | | | |
| (17) Matt Griffin | | | | | | | | | | |
| Board Member | 0.00 | X | | | <u> </u> | <u> </u> | <u> </u> | | | <u> </u> |
| (18) Randy Griffin | - | | | | | | | | | |
| Board Member | 0.00 | X | | | ļ <u>-</u> | <u> </u> | <u> </u> | | | |
| (19) Bill Herring | ļ | | | | | | | | | |
| Board Member | 0.00 | X | | | | ļ | | | | - |
| (20) Bill Howard | ∤ | | | | | | | | | |
| Board Member | 0.00 | X | | | | | <u> </u> | | | |
| (21) Shelia Hoynes | ٠, | | | | | | | | | |
| Board Member | 0.00 | X | | | | | | | | |
| (22) Walt Huggins | ٠, ١ | | | | | | | | | |
| Board Member (23) Reed Kennedy | 0.00 | -X- | | | ┢ | | | · - · - | | |
| (23) Reed Kennedy Board Member | 0.00 | v | | | | | | | | j |
| | 0.00 | ^ | _ | | | | | | | |
| G24 F. Scott Guy Board Member | 0.00 | v | | | | | | | | |
| (25) Chanda Mashburn | 10.00 | 1 | | | | - | | | | |
| Board Member | 0.00 | x | | | | | 1 | | | |
| 1 b Sub-total | | | | | <u> </u> | <u> </u> | | | | |
| c Total from continuation sheets to Part VII, Section | A . | | | | | | • | - | | |
| d Total (add lines 1b and 1c) | | | | | | | • | | | |
| Total number of individuals (including but not limited | to tho: | se lis | sted | abo | ve) | who | rece | eived more than \$ | 100,000 of reporta | ible compensation |
| from the organization | | | | | , | | | · | • | • |
| | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in | | | кеу е | empl | loye | e, or | hıg | hest compensated | l employee | 3 X |
| 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual | ortable an \$15 | con 0,00 | nper 0? <i>l</i> : | nsatı f 'Ye | on a | and o omp | othe <i>lete</i> | r compensation fro Schedule J for | om | 4 X |
| 5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co | mpens omplete | ation Sci | n fro hedu | m ai ile J | ny u <i>for</i> | nrela such | ated per | l organization or ir rson | ndıvıdual | 5 X |
| Section B. Independent Contractors | | | | | • | | 1 | | #100 000 - f | |
| Complete this table for your five highest compensate compensation from the organization. Report compensation. | ed indep Isation | oena for t | ent (| cont alen | racı dar | ors t vear | nat end | received more tha ding with or within | the organization's | s tax year. |
| (A) Name and business address | | | | | | | | (B) Description |) | (C) Compensation |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (including to \$100,000 in compensation from the organization ► | out not | lımıt | ed to | o tho | ose | listed | d ab | ove) who received | I more than | |

| Pa | rt VIII Statement of Revenue | | | | , |
|--|--|--|--|--|---|
| 1 | • | (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 | 1a 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 g Noncash contributions included in lns 1a-1f: h Total. Add lines 1a-1f | 3,875,304. | | , | |
| | Business Code | 0,0.0,001 | | ······································ | , |
| EN | 2a Stadium Booth Income 532000 | 156,405. | 156,405. | 0. | 0. |
| PROGRAM SERVICE REVENUE | b | | | | |
| | g Total. Add lines 2a-2f ► | 156,405. | | | |
| ; | Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties | 21,025. | 21,025. | 0. | 0. |
| | (i) Real (ii) Personal | | | | , , |
| ; | | | 3. 1 | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| i | 6a Gross rents | ا با المستقدين المست | | | |
| | b Less: rental expenses | Samuel of Santra and Jan Barga | Contract to the second | A A SA SECTION | 製化の関係に、1 を でく] |
| | 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 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | b Less cost or other basis and sales expenses | | - 4 | | |
| | c Gain or (loss) | | | | أحمث شمين فالمحمد |
| | d Net gain or (loss) | | | | |
| OTHER REVENUE | 8a Gross income from fundraising events (not including \$ | , 1 | , | • | |
| Ē | of contributions reported on line 1c) | • | , , | ٠,٠ | 12 m |
| ER | See Part IV, line 18 a | ~ ** | i | | 1 |
| Ŧ | b Less: direct expenses b | | الأفرورية يهملوا والأادا أتحديدك | | |
| Ŭ | c Net income or (loss) from fundraising events | | . (| | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | - |
| | b Less direct expenses b | | | ^ - | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | Ÿ | | 1 |
| | b Less: cost of goods sold b | _ | | | **** |
| | c Net income or (loss) from sales of inventory | | | | |
| | Miscellaneous Revenue Business Code | | | | |
| | 11a Other Income 999999 | 454,217. | 454,217. | 0. | 0. |
| | b | | | | |
| | c | | | | |
| | d All other revenue | | | | |
| | | 454,217. | | | |
| | e Total. Add lines 11a-11d | | 631 647 | | |
| ı | 12 Total revenue. See instructions | 4,506,951. | 631,647. | 0. | 0. |

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).

| | Check if Schedule O contains a re | | | . <u></u> | |
|----------|---|-----------------------|---------------------------------------|-------------------------------------|----------------------------------|
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 600,000. | 600,000. | | • |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 000,000. | | The state of the state of | The second second |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | で、ような養しなどがあれて、それの | Property of the second |
| 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 | 403,558. | 0. | 201,779. | 201,779. |
| 8 | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes . | | | | |
| 11 | Fees for services (non-employees): | | | | |
| | a Management | | | | |
| ı | b Legal T | 160. | 0. | 160. | 0. |
| | Accounting | 6,000. | 0. | 6,000. | 0. |
| | d Lobbying | | | | |
| | Professional fundraising services See Part IV, line 17 | | La Marie Commence | | |
| | Investment management fees | | | | |
| | g Other | | | | |
| 12 | Advertising and promotion | 4,425. | 0. | 4,425. | 0. |
| 13 | Office expenses | 116,504. | 0. | 14,218. | 102,286. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 18,794. | 0. | 14,114. | 4,680. |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials | 10,794. | 0. | 14,114. | 4,000. |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 13,730. | 13,730. | 0. | 0. |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 45,278. | 37,161. | 8,117. | 0. |
| 23 24 | | | | | , , |
| | covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | '- | |
| á | University Capital Improvments | 163,620. | 163,620. | 0. | 0. |
| | Miscellaneous | 83,265. | 0. | 83,265. | 0. |
| (| GSU Althletic Dept Support | 932,691. | 932,691. | 0. | 0. |
| | Membership Development | 29,272. | 0. | 0. | 29,272. |
| | All other expenses . | 113,855. | 36,812. | 34,251. | 42,792. |
| | Total functional expenses. Add lines 1 through 24e | 2,531,152. | 1,784,014. | 366,329. | 380,809. |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | · · · · · · · · · · · · · · · · · · · | | |
| | Check here ► if following | | | | |
| | SOP 98-2 (ASC 958-720) | <u>i</u> | | | |

Part X **Balance Sheet** (A) Beginning of year End of year 1,031,388. Cash - non-interest-bearing 1,156,464 1 533,436 2 540,523. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 1,276,307 3,187,872. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 5 and highest compensated employees. Complete Part II of Schedule L n Marie Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary **在中國國際** 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10 a 163.017 **b** Less accumulated depreciation 10 b 329,821 1,518,054 10 c 1,833,196. 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 4,484,261 16 6,592,979. 16 Total assets. Add lines 1 through 15 (must equal line 34) 38,117 17 117,899. Accounts payable and accrued expenses 17 18 Grants payable 18 77,200 19 92,800. 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 護用 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 293,430 23 268,252. Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 116,132 24 86,497. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 161,194. 68,844 25 593,723 26 726,642. Total liabilities. Add lines 17 through 25 使用 "全种种"的用于中心电影 X and complete lines ile, 學學 医感觉 歌門 经工具 Organizations that follow SFAS 117, check here ► Ē 27 through 29 and lines 33 and 34. in the second 27 550,501. 1 556,062 27 Unrestricted net assets 2,334,476 28 4,315,836. 28 Temporarily restricted net assets 29 Permanently restricted net assets 8 R Organizations that do not follow SFAS 117, check here and complete * marin a statement marine lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 3,890,538 33 5,866,337. 33 Total net assets or fund balances 4.484.261 34 6,592,979. Total liabilities and net assets/fund balances 34

BAA

Form **990** (2011)

| Form 990 (2011) Georgia Southern University Athletic Foundation, Inc. | 58-1485954 | Page 12 |
|---|-------------------|------------------------|
| Part XI Reconciliation of Net Assets | | |
| . Check if Schedule O contains a response to any question in this Part XI | | |
| | | |
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | <u>4,506,951.</u> |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,531,152. |
| 3 Revenue less expenses Subtract line 2 from line 1 . | 3 | 1,975,799. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,890,538. |
| 5 Other changes in net assets or fund balances (explain in Schedule O) | 5 | |
| 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 5,866,33 <u>7</u> . |
| Part XII Financial Statements and Reporting | | |
| Check if Schedule O contains a response to any question in this Part XII | • | |
| 1 Accounting method used to prepare the Form 990. | | Yes No |
| 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 oversing review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain | | 2c X |
| in Schedule O. | ••• | |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both X Separate basis | ere issued on a | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133? | in the Single | 3a X |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | he required audit | 3ь |
| BAA | | Form 990 (2011) |

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

Georgia Southern University Athletic Foundation, Inc. 58-1485954

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| Employees | | | | | | | | | | |
|---------------------|---------------|--------------------------------|---------------------------------|---------|--------------|------------------------------|------------------------------|-------------------------------------|--|-----------------------------|
| (A) | (B) | (C) | | | | (D) | (E) | (F) | | |
| Name and Title | Average hours | | Position (check all that apply) | | | - | Reportable compensation from | Reportable compensation from | Estimated amount of other | |
| | per week | Individual trustee or director | Institutional trust | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the |
| | | irect. | tuto | ğ | emp | est c | ner | (** 2 (633 (***)66) | (11-2 1035 111100) | organization and related |
| | | 9 = | nal | | ij | i si | | | | organizations |
| | | stee | trust | • |) iš | Dens | | j , | | |
| | | | ee | | | ated | | | | |
| 26 Mel McBride | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 27 Margaret McCarty | | | | | | | | | | |
| Board Member | 0.00 | Х | | | | 1 | | | | |
| 28 Hugh McCullough | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 29 E.G. Meybohm | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 30 Phil Moore | | | | | | | | | | |
| Chair | 0.00 | х | İ., | Х | | | | | | |
| 31 Bubba Hunt | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 32 Brian Pierce | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 33 Wanda Parrish | | | | | | | | | | |
| Past Chair | 0.00 | х | | х | | | | | | |
| 34 Matt Phillips | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 35 Trey Sheppard | | | | | | | | | | |
| Board Member | 0.00 | Х | | | | | | | | |
| 36 Derek Sills | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 37 Matt McGhee | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 38 Chip Smith | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 39 Marshall Smith | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 40 Jo Helen Propes | | | | | | | | | | |
| Board Member | 0.00 | х | | | ļ | | | | | |
| 41 Ted Smith | | | | | | | | | | |
| Chair Elect | 0.00 | х | | х | | | | | | |
| 42 Rob Stockton | | | | | | , | | | | |
| Board Member | 0.00 | x | | | | | | | | |
| 43 George Story | | | | | | | | | | |
| Board Member | 0.00 | х | | | | | | | | |
| 44 Athen Walden | | | \neg | | | | | | | |
| Board Member | 0.00 | x | ł | | İ | | | | | |
| 45 Gene Ward | | | | | $\neg \neg$ | | \neg | | | |
| Board Member | 0.00 | х | | ŀ | | ļ | | | | |
| 46 Holmes Ramsey | | | | | | | | | | |
| Board Member | 0.00 | х | _ | | _ | | | | | |

Form 990°

Continuation Sheet for Form 990

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

Georgia Southern University Athletic Foundation, Inc. 58-1485954

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| Average hours per week | Po individual trustee X X | institutional trustee | | | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|------------------------|--------------------------------|--|--|--------------|---|--------|---|---|---|
| hours per week | Individual trustee or director | г т | | | | _ | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related |
| 0.00 0.00 | х | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related |
| 0.00 | | | | | 1 1 | | | | |
| 0.00 | | | | | | | | | |
| - | x | , , | | L | | | | | |
| - | x | | | | | | | | |
| 0.00 | | | | | | | · <u>-</u> | | |
| 0.00 | | | | | | | | | |
| | Х | | | | | | | | |
| • | | | | | | | | | |
| 0.00 | Х | | Х | | | | | | |
| | | | | | | | | | |
| 0.00 | Х | | X | | | | | | |
| | | | | | | | | | |
| 0.00 | Х | <u> </u> | | | | | | | |
| | | | | | | | | | |
| 0.00 | Х | | | | | | | | |
| | | | | | | | | | |
| 0.00 | Х | | | | | | | , | |
| | | | | | | | | | |
| 0.00 | X | | | | | | | | |
| | | | | | | | | | |
| 0.00 | Х | | | | | | | | |
| | | | | | | | | | |
| 0.00 | Х | | | | | Щ. | | | |
| | | | | | | | | | |
| 0.00 | Х | ļ., | | <u> </u> | <u> </u> | | | | |
| | | | | | | | | | |
| 0.00_ | Х | | | | | | | | |
| | | | | | | | | | |
| 0.00 | Х | | | <u> </u> | | | | | |
| | | | | | | | | | |
| 0.00 | X | | | | | L., | ···· | | |
| | | | | | | | | | |
| 0.00 | Х | | | ldash | | | | | |
| | | | | | | | | | |
| 0.00 | Х | | | <u> </u> | ļ | | <u></u> | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 0.00 | 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x | 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x | 0.00 | 0.00 X X X 0.00 | 0.00 | 0.00 | 0.00 | 0.00 x x x 0.00 |

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

| | rgia Southern U | | | | | | | | 48595 | | | |
|--------------|---|--|--|--------------------------------|--|-----------------------|--|------------------|---|-------------------------|------------------|-----------|
| Par | | | s (All organizations | | | | |) See | instruc | tions. | | |
| | organization is not a priv | | • | | | - | • | | | | | |
| 1 | | | ciation of churches desc | | section | 170(b)(° | I)(A)(i). | | | | | |
| 2 | = | | (ii). (Attach Schedule E | • | | | | | | | | |
| 3 | | | e organization describe | | | | | | | | | |
| 4 | A medical research | organization operated | in conjunction with a h | ospital d | escribed | ın sect | ion 170 | (b)(1)(A) | (iii) Ente | er the hosp | ıtal's | |
| - | name, city, and sta | | | | | | | | - - | | | |
| 5 | 170(b)(1)(A)(iv). (C | complete Part II) | f a college or university | | • | _ | | mental i | unit desc | ribed in sec | :tion | |
| 6 7 | | | overnmental unit describ substantial part of its su | | | | | ć | | | | |
| - | : in section 170(b)(1) | (A)(vi). (Complete Pai | rt II) | | _ | emmen | tai unit | or irom | ine gene | rai public c | escrib | ea |
| 8 | | | '0(b)(1)(A)(vi). (Complet | | | | | | | | | |
| 9 | from activities related investment income | ed to its exempt function |) more than 33-1/3% of ons – subject to certain s taxable income (less s mplete Part III) | exception | ons, and | (2) no i | more that | an 33-1/ | 3% of its | s support fr | om gre | oss |
| 10 | An organization org | anized and operated e | xclusively to test for pul | blic safe | ty. See s | section ! | 509(a)(4 |). | | | | |
| 11 | more publicly suppo | orted organizations des | xclusively for the benefi cribed in section 509(a) ion and complete lines |)(1) or se | ection 50 |)9(a)(2) | tions of, See se | or carry | out the (1964) | purposes of Check the | of one box th | or nat |
| | a 🗌 Type I | b 🗌 Type II | c 🗌 Type II | I – Fund | tionally | ıntegrat | ed | | d \square | Type III - | - Othe | :r |
| е | By checking this bo other than foundation section 509(a)(2) | x, I certify that the organic managers and other | anization is not controlle than one or more publi | ed direct icly supp | ly or ind orted or | irectly b ganizati | y one or ons des | more d | lisqualifient section | ed persons 509(a)(1) | or | |
| f | ```` | eceived a written deter | mination from the IRS t | that is a | Type I, | Type II o | or Type | III suppo | orting org | ganization, | | |
| g | Since August 17, 20 | 006, has the organization | on accepted any gift or | contribu | ition froi | n any o | f the foll | owing p | ersons? | • | · · · | |
| | (i) A manage who | al | | 11 | | | | | | | Yes | No |
| | | directly or indirectly coverning body of the sup | ontrols, either alone or to oported organization? | ogetner | with per | sons ae | scribea | ın (II) ar | na (III) | 11 g (i) | | |
| | (ii) A family mem | ber of a person describ | ned in (i) above? | | | | | | | 11 g (ii) | | |
| | (iii) A 35% control | led entity of a person of | described in (i) or (ii) at | ove? | | | | | | 11 g (iii) | | |
| h | Provide the followin | g information about the | supported organization | n(s). | | | | | | <u></u> | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organii column (your ge | Is the zation in i) listed in overning ment? | the organ | rou notify nization in n (i) of upport? | organız colur | s the ation in nn (i) ed in the S ? | (vii) Amour | it of sup | port |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | T | | | |
| (A) | | | | ļ | | | | | | **** | | |
| | | | | | | | | | | | | |
| <u>(B)</u> | | | | _ | | | | | | | | |
| | | | | İ | | | | | | | | |
| <u>(C)</u> | | | | - | | | | | | | | |
| (D) | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | |
| <u>(E)</u> | | | | 1 | | | | | | | | |
| <u>Total</u> | | | , 1 | | | | | | | | | |

Schedule A-(Form 990 or 990-EZ) 2011 Georgia Southern University Athletic Foundation, Inc. 58-1485954 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|--------------|--|---|--|---|---|------------------------------------|------------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.') | 1,744,776. | 1,346,821. | 2,031,367. | 1,456,612. | 3,875,304 | . 10,454,880. |
| 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 | Total. Add lines 1 through 3 | 1,744,776. | 1,346,821. | 2,031,367. | 1,456,612. | 3,875,304 | . 10,454,880. |
| 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 | | | | | Taken Shire | |
| | shown on line 11, column (f) | - | | | 1 | | |
| 6 | Public support. Subtract line 5 from line 4 | ្រក ង់ ដែរ ។ | ر د څې سغيو واد د . | Take to the same | i i i | · , 3.5. | 10,454,880. |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | 1,744,776. | 1,346,821. | 2,031,367. | 1,456,612. | 3,875,304 | . 10,454,880. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 69,607. | 43,366. | 29,305. | 28,534. | 21,025 | 191,837. |
| 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.) | 523,387. | 460,455. | 545,843. | 662,170. | 610,622 | 2,802,477. |
| 11 | Total support. Add lines 7 through 10. | | | | | | 13,449,194. |
| 12 | Gross receipts from related activ | ities, etc (see inst | ructions) | | | 12 | 2 |
| 13 | First five years. If the Form 990 organization, check this box and | | tion's first, secon | d, third, fourth, or | fifth tax year as a | section 501(c) | (3) |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | |
| 14 | Public support percentage for 20 | 11 (line 6, column | (f) divided by line | e 11, column (f)) | | 14 | _+ |
| 15 | Public support percentage from 2 | 2010 Schedule A, | Part II, line 14 | • | •• | 1! | 74.53% |
| 16 a | 33-1/3% support test – 2011. If the and stop here. The organization | the organization di qualifies as a pub | d not check the b licly supported or | ox on line 13, and ganization | I the line 14 is 33- | -1/3% or more, | check this box |
| ŀ | 33-1/3% support test – 2010. If t and stop here. The organization | he organization de qualifies as a pub | d not check a box licly supported org | on line 13 or 16a ganization | a, and line 15 is 3 | 3-1/3% or more | , check this box |
| 17 a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts' | meets the 'facts-a | nd-circumstances | ' test, check this b | oox and stop here . | . Explain in Par | IV how |
| | o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and | meets the 'facts-aid-circumstances' t | nd-circumstances est. The organizat | test, check this b tion qualifies as a | oox and stop here. publicly supported | . Explain in Par d organization | . IV how the |
| 18 | Private foundation. If the organiz | zation did not ched | ck a box on line 1 | 3, 16a, 16b, 17a, | or 17b, check this | box and see in | structions |

Schedule A (Form 990 or 990-EZ) 2011 Georgia Southern University Athletic Foundation, Inc. 58-1485954 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 or if the organization failed to qualify under Part II If the organization fails

| | to qualify under the tests li | | <u> </u> | <u> </u> | | | |
|---|---|--|--|--|--|---|--|
| Sec | tion A. Public Support | | | | | | |
| | dar year (or fiscal yr beginning In) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | 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 5 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or | | | | | | |
| • | facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6) | | | | | | |
| | tion B. Total Support | T | | | | 4 1 2014 | |
| | | | | | | | |
| Calend | dar year (or fiscal yr beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 10 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 10 a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (t) Total |
| 9 10 a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 10 a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (t) Total |
| 9 10 a b c 11 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on 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) | | | | | | |
| 9 10 a b c 11 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on 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) | | | | | | |
| 9 10 a b c 11 12 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and | is for the organiza | tion's first, secon | | | | |
| 9 10 a b c 11 12 13 14 Sec | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on 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 tion C. Computation of Pu | is for the organiza stop here blic Support P | tion's first, secon | d, third, fourth, or | | | |
| 9 10 a b c 11 12 13 14 Sec 15 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu | is for the organiza stop here blic Support P | tion's first, secon ercentage (f) divided by lin | d, third, fourth, or | | section 501(c)(3) | ▶ □ |
| 9 10 a b c 11 12 13 14 Sec 15 16 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from 20 | is for the organiza stop here blic Support P 11 (line 8, column 2010 Schedule A, | tion's first, secon ercentage (f) divided by lin Part III, line 15 | d, third, fourth, or | | section 501(c)(3) | ▶ □ |
| 9 10 a b c 11 12 13 14 Sec 15 16 Sec | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on 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 tion C. Computation of Pu Public support percentage from 25 tion D. Computation of Inv | is for the organiza stop here blic Support P 11 (line 8, column 2010 Schedule A, restment Incor | tion's first, secon ercentage (f) divided by line Part III, line 15 ne Percentage | d, third, fourth, or | fifth tax year as a | section 501(c)(3) | * *** |
| 9 10 a b c 11 12 13 14 Sec 15 16 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Investment income percentage for | is for the organizatop here blic Support P 11 (line 8, column 2010 Schedule A, restment Incor | tion's first, secon ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided | d, third, fourth, or e 13, column (f)) | fifth tax year as a | section 501(c)(3) 15 16 | ▶ □ |
| 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3% support tests — 2011. If is not more than 33-1/3%, check | is for the organizatop here blic Support P 11 (line 8, column 2010 Schedule A, restment Incor or 2011 (line 10c, rom 2010 Schedule the organization of this box and stop | tion's first, secon ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the here. The organi | d, third, fourth, or e 13, column (f)) e d by line 13, colum 17 box on line 14, and a station qualifies as | fifth tax year as a | section 501(c)(3) 15 16 17 18 than 33-1/3%, and ted organization | \$ \$ \$ d line 17 |
| 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on 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 tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 Investment income percentage from 33-1/3% support tests — 2011. If | blic Support P 11 (line 8, column 2010 Schedule A, restment Incor or 2011 (line 10c, or or 2010 Schedule the organization of this box and stop | ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the here. The organi | d, third, fourth, or e 13, column (f)) e i by line 13, column 17 box on line 14, and a second public | fifth tax year as a fin (f)) In (f)) In (f) is more a publicly supported 19a. and line 16 | section 501(c)(3) 15 16 17 18 than 33-1/3%, and ted organization 5 is more than 33- | \$ \$ \$ \$ d line 17 \rightarrow \boxed{1} \boxed |

| Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
|---|
| Other Income Part II, Line 10 |
| Description: Stadium Booth Rentals |
| 2007: 219425. |
| 2008: 176000. |
| 2009: 176400. |
| 2010: 176400. |
| 2011: 156405. |
| Description: Other Income |
| 2007: 303962. |
| 2008: 284455. |
| 2009: 369443. |
| 2010: 485770. |
| 2011: 454217. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| Geo | orgia Southern University Athl | etic Foundation, Inc. | 58-1485954 |
|-----|--|--|---|
| Par | | | |
| | the organization answered 'Yes' t | o Form 990, Part IV, line 6. | μ |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (0, 00101 00100 10110 | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year . | | |
| 7 | | <u> </u> | |
| 5 | Did the organization inform all donors and don funds are the organization's property, subject t | o the organization's exclusive legal contro | ol? LYes LNo |
| 6 | Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits the purpose conferring impermissible private benefits the provided by the purpose conferring impermissible private benefits the purpose conferring impermissible private b | he benefit of the donor or donor advisor, o | t funds can be or for any other Yes No |
| Par | t II Conservation Easements. Compl | ete if the organization answered | 'Yes' to Form 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by | the organization (check all that apply) | |
| | Preservation of land for public use (e.g., re | ecreation or education) Preserva | ation of an historically important land area |
| | Protection of natural habitat | Preserva | ation of a certified historic structure |
| | Preservation of open space | _ | |
| 2 | Complete lines 2a through 2d if the organization | n held a qualified conservation contribution | on in the form of a conservation easement on the |
| | last day of the tax year | | 6.25-3 |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easen | nents | . 2b |
| C | : Number of conservation easements on a certifi | ed historic structure included in (a) | 2c |
| d | Number of conservation easements included in structure listed in the National Register | (c) acquired after 8/17/06, and not on a l | historic 2d |
| 3 | Number of conservation easements modified, t tax year ► | ransferred, released, extinguished, or terr | ninated by the organization during the |
| 4 | Number of states where property subject to cor | nservation easement is located > | |
| 5 | Does the organization have a written policy reg and enforcement of the conservation easement | arding the periodic monitoring, inspection is it holds? | n, handling of violations, |
| 6 | Staff and volunteer hours devoted to monitoring | g, inspecting, and enforcing conservation | easements during the year |
| 7 | Amount of expenses incurred in monitoring, ins ▶ \$ | specting, and enforcing conservation ease | ements during the year |
| Ŕ | Does each conservation easement reported on | line 2(d) above satisfy the requirements | of section |
| ۰ | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | ∐ Yes ☐ No |
| | include, if applicable, the text of the footnote to conservation easements. | o the organization's financial statements t | |
| Par | t III Organizations Maintaining Colle | ctions of Art, Historical Treasure | s, or Other Similar Assets. |
| | Complete if the organization answ | wered 'Yes' to Form 990, Part IV, | line 8. |
| 1 a | If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance | held for public exhibition, education, or re | esearch in furtherance of public service, provide, |
| b | olf the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items | SFAS 116 (ASC 958), to report in its reved for public exhibition, education, or reseases | enue statement and balance sheet works of art, arch in furtherance of public service, provide the |
| | (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 an amounts required to be reported under SFAS 1 | t, historical treasures, or other similar ass 16 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line | 1 . | > \$ |
| | Assets included in Form 990, Part X | | ▶\$ |

| Scriedule D (Form 990) 2011 Georg | | | | 36-146 | | Fage 4 |
|--|----------------------------------|----------------------------------|---------------------------------|------------------------------|-------------------|---------------|
| Part III Organizations Mainta | ining Collection | s of Art, Histo | rical Treasures, or | Other Similar Ass | ets (contin | ued) |
| 3 Using the organization's acquisiti items (check all that apply) | on, accession, and o | other records, che | ck any of the following t | hat are a significant use | e of its collecti | on |
| a Public exhibition | | d Loan o | or exchange programs | | | |
| b Scholarly research | | e 🗌 Other | | | <u></u> | |
| c Preservation for future gener | ations | | | | | |
| 4 Provide a description of the organ Part XIV. | nization's collections | and explain how | they further the organiz | ation's exempt purpose | ın | |
| 5 During the year, did the organizar assets to be sold to raise funds r. | <u>ather than to be mai</u> | ntained as part of | the organization's colle | ction? . | Yes | No |
| Part IV Escrow and Custodia line 9, or reported an | I Arrangements amount on Forn | . Complete if to 990, Part X, | he organization an line 21. | swered 'Yes' to For | rm 990, Pai | rt IV, ——— |
| 1 a Is the organization an agent, trus included on Form 990, Part X? | | | | r assets not | Yes′ | No |
| b If 'Yes,' explain the arrangement | in Part XIV and com | plete the following | g table: | | Amount | |
| c Beginning balance | | | | 1c | | |
| d Additions during the year . | | | • | 1 d | | |
| e Distributions during the year | | | • | 1 e | | |
| f Ending balance | | | | 16 | | |
| 2a Did the organization include an a | mount on Form 990 | Part X line 217 | • • | | Yes | No |
| b If 'Yes,' explain the arrangement | | r are x, into 21 | | | | |
| Part V. Endowment Funds. Co | | ganization ans | wered 'Yes' to Fori | m 990. Part IV. line | = 10. | |
| | (a) Current year | (b) Prior year | | | (e) Four year | rs back |
| 1 a Beginning of year balance | (a) carrein jun | | | ,,, | | \$ 1 m |
| b Contributions | | | | | ******** | |
| c Net investment earnings, gains, and losses | | | | | | 37 + |
| d Grants or scholarships | | | | | SECTION AND A | |
| Other expenditures for facilities and programs | | <u> </u> | | | | |
| f Administrative expenses . | | | | | 11.4 | W. Carlo |
| g End of year balance | | | | | 136 mg | |
| 2 Provide the estimated percentage | of the current year | end balance (line | 1g, column (a)) held as | | | |
| a Board designated or quasi-endow | • | 8 | <i>"</i> | | | |
| b Permanent endowment ► | 8 | | | | | |
| c Temporarily restricted endowmen | it > | 8 | | | | |
| The percentages in lines 2a, 2b, | | 100%. | | | | |
| , - | · | | and are held and adminis | stared for the | | |
| 3a Are there endowment funds not in organization by: | Title possession of t | ine organization ti | iat are neiu anu aumini | stered for the | Yes | No |
| (i) unrelated organizations | | | | | 3a(i) | |
| (ii) related organizations | • | | | | 3a(ii) | |
| b If 'Yes' to 3a(II), are the related o | rganizations listed a | s required on Sch | edule R? | | 3b | |
| 4 Describe in Part XIV the intended | uses of the organiz | ation's endowmen | t funds. | | | |
| Part VI Land, Buildings, and | Equipment. See | Form 990, Pa | rt X, line 10. | | | |
| Description of property | | st or other basis investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book v | alue |
| 1 a Land | | | 80,301. | .'- | 80 | 301. |
| b Buildings | | | 1,610,702. | 228,676. | 1,382 | 2,026. |
| c Leasehold improvements | | | | | | |
| d Equipment | | | 110,804. | 98,642. | | 162. |
| e Other | | | 361,210. | 2,503. | | <u>3,707.</u> |
| Total Add lines 1a through 1e (Colum | n (d) must equal For | m 990 Part Y co | Jumn (B) June 10(c) | ▶ĺ | 1 833 | 196 |

BAA

Schedule **D** (Form 990) 2011

| Scne | edule D (Form 990) 2011 Georgia Southern University Athletic Foundation, Inc. | <u> </u> | 954 | Page 4 |
|-------------|--|----------------------------------|-----------------------|------------|
| Pa | t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | | |
| 1 | ·Total revenue (Form 990, Part VIII, column (A), line 12) | . L | 4,5 | 06,951. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2,5 | 31,152. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 . | | 1,9 | 75,799. |
| 4 | Net unrealized gains (losses) on investments . | · · <u>L</u> | | |
| 5 | Donated services and use of facilities . | L | | |
| 6 | Investment expenses | | | |
| 7 | Prior period adjustments | | | |
| 8 | Other (Describe in Part XIV.) | L | | |
| 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 | | 1,9 | 75,799. |
| Pai | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per | er Return | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 4,50 | 06,951. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 2.5 | | |
| ā | Net unrealized gains on investments. | | | |
| ŀ | Donated services and use of facilities 2b | | | |
| (| : Recoveries of prior year grants . 2c | | | |
| (| Other (Describe in Part XIV) | | | |
| • | Add lines 2a through 2d | 2 e | | |
| 3 | Subtract line 2e from line 1 | 3 | 4,50 | 06,951. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 7.7 | | |
| t | Other (Describe in Part XIV) | | | |
| (| : Add lines 4a and 4b | 4c | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 4,50 | 06,951. |
| Par | t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return | | |
| 1 | Total expenses and losses per audited financial statements. | 1 | 2,53 | 1,152. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities 2a | | | |
| t | Prior year adjustments . 2b | | | |
| c | Other losses | | | |
| c | Other (Describe in Part XIV.) | | | |
| e | Add lines 2a through 2d | 2e | | |
| 3 | Subtract line 2e from line 1 | 3 | 2,53 | 1,152. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 、秦基 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 3.5 | | |
| | Other (Describe in Part XIV) | | | |
| | Add lines 4a and 4b | 4c | | 1.55 |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information | . 5 | 2,53 | 1,152. |
| Com Part | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compadditional information | IV, lines 1b a lete this part | ind 2b, to provide | |
| | | | | |
| | | | | |
| | | - | | · |
| - | | | | - · |
| | | | | |
| | | | | |
| | | | | |

TEEA3304 05/25/11

Schedule **D** (Form 990) 2011

BAA

| Schedule D | (Form 990) 2011 | Georgia Southern Univers | sity Athletic Fou | undation, Inc. | 58-1485954 | Page : |
|-------------------|-----------------|--------------------------|-------------------|----------------|------------|--------|
| Part XIV | Supplemental | Information (continued) | | | | |
| • | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | · - | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <u>-</u> - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| _ | |
|--------|------------|
| Ш | |
| _ | |
| ⊇ | 6 |
| \Box | 8 |
| # | Ξ |
| 六 | Ĕ |
| × | <u>щ</u> , |
| SCH | (For |

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047 2011

Employer identification number

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

Open to Public Inspection

58-1485954 Georgia Southern University Athletic Foundation, Inc. General Information on Grants and Assistance Parti

| , and | XXes |
|---|--|
| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance | the selection criteria used to award the grants or assistance? |

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

| Part II can be duplicated if additional space is needed | additional space | | | מון אסמ פווא אספון | | | A |
|---|---------------------------|----------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 1 (a) Name and address of organization or government | (b) EiN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) Georgia Southern Universi 1332_Southern_Drive Statesboro GA 30458 | 58-6002059 | | 600,000. | | | | Scholarships |
| (2) | | | | | | | |
| | | | | | | | |
| (3) | | | | | | | |
| | | | | | | | |
| (4) | | | | | | | |
| | | | | | | | |
| (5) | | | | | | | |
| | | | | | | | |
| <u> </u> | | | | | | | |
| | | | | | | | |
| ω | | | | | | | |
| | | | | | | ! | |
| (8) | | | | | | | |
| | | | | | | | |
| | 3) and government org | | sted in the line 1 table | | | • | |
| 3 Enter total number of other organizations listed in the line 1 table | ions listed in the line 1 | table | | | | ^ | |

Schedule 1 (Form 990) (2011)

TEEA3901 06/01/11

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

(Form 990) (2011) Georgia Southern University Athletic Foundation, Inc. 58-1485954

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III Part IV 7 ß 9

BAA

Schedule I (Form 990) (2011)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

(10)

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

Open to Public Inspection

Name of the organization Employer identification number 58-1485954 Georgia Southern University Athletic Foundation, Inc. Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No (1)(2) (3) (4) (5) (6) Enter the amount of tax imposed on the organization managers or disqualified persons during the year under Enter the amount of tax, if any, on line 2, above, reimbursed by the organization |Part II 🖧 | Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (f) Approved by board or committee? (b) Loan to or from the organization? (c) Original principal amount (g) Written agreement? (a) Name of interested person and purpose (d) Balance due (e) In default? То From Yes No Yes No Yes No (1) (2) (3) (4) (5) (6) (7)(8) (9) (10)▶ \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance the organization (1)(2) (3) (4)(5) (6) (7) (8) (9)

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

Schedule L (Form 990 or 990-EZ) 2011

| Schedule I | L (Form 990 or 990-EZ) 2011 Geo | orgia Southern University At | hletic Foundation, Inc | <u>58-1485954</u> | P | age 2 |
|-------------------|---|---|---------------------------|---|-----------------------------|------------------------------|
| Part IV | Business Transactions In Complete of the organization and | nvolving Interested Pers | sons. | - | | |
| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz reven | iring of ation's iues? |
| | | | | | Yes | No |
| | n Mulherin | Board member | 1,571,911. | Bank accts at a bank | <u> </u> | X |
| (2) | | | | for which the president | | |
| (3) | | D 1 M | 260, 252 | is a board member. | | |
| | n Mulherin | Board Member | 268,252. | Outstanding loan at a | | _X |
| <u>(5)</u> (6) | | | | bank for which the president is a board member. | | |
| (7) (7) | | | | is a poard member. | - | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| Part V | Supplemental Information | | | | | |
| | | | | · | | |
| - | | | | | | · |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | - | |
| | | _ | | | | |
| | | | | · | | |
| | | · | | | | · |
| | | | | | | - - · |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Georgia Southern University Athletic Foundation, Inc.

Employer identification number

58-1485954 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art — Works of art Art - Historical treasures Art - Fractional interests 1975年1986年第17月**公司**第1 Books and publications ALCOHOL: COMPANY Clothing and household goods 112,500. FMV Cars and other vehicles Х 7 Boats and planes . 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 25 40,956. 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Х 85 229,040. FMV 25 Other ► (Services_ 26 27 Other ▶ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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? 30 a X b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a Х b If 'Yes,' describe in Part II

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

describe in Part II

Schedule M (Form 990) 2011

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

| Schedule | M (Form 9 | 90) 2011 | Georg | ia Sc | uthern | Univer | rsity | Athle | tic Fo | undat | ion, | Inc. | 58-148 | 35954 | Page 2 |
|----------|------------------------------|-----------|-------------|-----------------|-----------|-----------|----------------|--------------|---------|---------------|-------------|----------------|-----------|----------------------|----------|
| Part II | Supplen and 33, number | nental Ir | ıformat | ion. C | Complete | this pa | ırt to pr | rovide | the inf | ormatic | on rec | ıuıred l | bv Part | 1. lines 3 | 0b. 32b. |
| | number | of items | receive | ed, or | a comb | nation (| of both | . Also | compl | ete this | part | for an | y additi | onal infor | mation. |
| | | | | | | | | | | | | - - | | | |
| | | | - - | - - | | _ | | - | | - | | | | | |
| | | | | | | | | | | | | . – – – . | | | |
| | | | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | . | |
| | | | | . - | | | _ . | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | . – – - | | · - - | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | . . | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | -- | | | | | | | | | | |
| - | | | | | | | | | | | - - | . – – – - | | | |
| | | | | | | | | | | - | | | | | |
| | | | | | | | - · | _ | . – – – | | | · – – - | | | |
| | | - | . | | | | | | | | | · - | | - | |
| | | | . – – – | | | | | | | | | | | | |
| | | | | - | | | | | | | | | - | | |
| | | | | | | | | | | | | · - | | | |
| | | | | | | | | | | | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

| Georgia Southern | University Athletic Foundation, Inc. | 58-1485954 |
|------------------|--|---------------------------------|
| Pt_VI, Line_11a_ | The 990 is distributed to the executive commuttee via email pr | ior to its filing for approval. |
| Pt_VI, Line_19 | Available upon request | |
| Pt_VI, Line 12c_ | Conflict of interest statements are maintained a | nnually |
| | in a board file that the president maintains. A | At the end |
| | of each year, the executive committee discussed | potential |
| | conflicts of interest after reviewing the year's | transactions |
| | during a committee meeting. | |
| | | |
| | · | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |