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DLN: 93493319068573

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

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

Open to Public Inspection

A F-		2012 1			20.2012		<u> </u>
			endar year, or tax year beginning 07-01-2012 , 2012, and e	naing vo	30-2013	D Employer	identification number
_		pplicable	GEORGIA SOUTHERN UNIVERSITY HOUSING			D Employer	identification number
Add —	ress ch	nange	FOUNDATION INC Doing Business As			30-0037	158
Na	me cha	inge	Doing Business As				
Init	ıal retu	ırn	Number and street (or P O box if mail is not delivered to street addre	s) Room/s	uıte	E Telephone r	numher
— Ter	mınate	ed .	P O BOX 8020				
– _{Am}	ended	return	City or town, state or country, and ZIP + 4			(912)47	8-7481
_		n pending	STATESBORÓ, GA 30460				
71	ncation	r pending			<u> </u>		pts \$ 51,032,320
			F Name and address of principal officer ROBERT L WHITAKER			this a group ret liates?	urn for
			P O BOX 8103		aiii	nates r	j resje no
			STATESBORO,GA 30460		H(b) Are	e all affiliates in	ncluded?
							ıst (see ınstructions)
[Ta	x-exen	npt status	▼ 501(c)(3)	527]	our evemption	number 🌬
J W	ebsite	e:► NO	NE		H(c) Gr	oup exemption	number F
/	6		✓ Corporation Trust Association Other ►		l Vaar af	formation 2003	M State of legal demonstr. Gu
	rt I				L Year or	formation 2003	M State of legal domicile GA
Pa			mary				
			escribe the organization's mission or most significant activit		/F CTUDEN	T HOHETNE OF	D OTHER CTURENT
			UNDATION'S MISSION IS TO ACQUIRE, CONSTRUCT OF TIES FOR GEORGIA SOUTHERN UNIVERSITY, A PUBLIC			I HOUSING OF	R OTHER STUDENT
e,		IACILII	125 FOR GEORGIA SOOTHERN ONIVERSITT, A FOBEIC	MIVERS	111		
≝	·						
Ě							
Governance	2	Check tl	nis box 🛏 if the organization discontinued its operations or	disposed	of more thar	125% of its net	t assets
<u> </u>			,				
15	3	Number	of voting members of the governing body (Part VI, line 1a)				3 6
ĕ	4	Number	of independent voting members of the governing body (Part \	I, line 1b)		4 3
Activities &	5	Total nu	mber of ındıvıduals employed ın calendar year 2012 (Part V ,	lıne 2a)		$ abla$	5 0
<u> </u>	6	Total nu	mber of volunteers (estimate if necessary)			🗆	6
			related business revenue from Part VIII, column (C), line 12				7a 0
	1		lated business taxable income from Form 990-T, line 34 .				7b
	Ť				P	rior Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)			ioi rear	0
<u>a</u>	1					14 021 002	
Revenue	9	_	im service revenue (Part VIII, line 2g)			14,821,902	
產	10		tment income (Part VIII, column (A), lines 3, 4, and 7d).			520,905	
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	-			0
	12		revenue—add lines 8 through 11 (must equal Part VIII, colu		ie	15,342,807	16,432,380
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				266,520
	14		ts paid to or for members (Part IX, column (A), line 4)				0
	15		es, other compensation, employee benefits (Part IX, column		·		
\$	13	5-10		Д, ППСЗ			0
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)				0
Ě	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) •0				
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .			14,840,015	14,916,301
	18		expenses Add lines 13–17 (must equal Part IX, column (A)		·	14,840,015	
	19			-			
_ 97	13	Neven	ue less expenses Subtract line 18 from line 12			502,792 ing of Current	1,249,559
රමු කුළු					Beginn	ing or current Year	End of Year
10 mg	20	Total	assets (Part X, line 16)			401,283,276	271,577,423
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			392,384,806	
2 E	22		ssets or fund balances Subtract line 21 from line 20		•	8,898,470	
	22 13 III		ature Block	<u></u>	L	0,000,770	1 2,370,337
		_				.1	
			perjury, I declare that I have examined this return, including belief, it is true, correct, and complete Declaration of prepar				
			nowledge	ocher (inan onicer,	is basea on an i	mormation of winen
_ '			- 				
		T _k				2013-10-15	
Sign	1	Signa	ature of officer			Date	
Her		ROBI	ERT L WHITAKER TREASURER				
			or print name and title				
			Print/Type preparer's name Preparer's signature	T	Date C	heck I if PTI	IN
Paid	4	F	PATRICIA H HUNTER		2013-11-15 s	elf-employed	
			irm's name ► REDDICK RIGGS HUNTER & KENNEDY PC		F	ım's EIN ►	
	pare		Firm's address ► POST OFFICE BOX 725		n	hone no (912) 76	
Use	On	IV '	IIII 3 GUUIC33 F TOJI OTTICE DOA 723		۱۲	11011C 110 (312) /6	, JUTJ

STATESBORO, GA 30459

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

✓ Yes ☐ No

) (Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ▶

including grants of \$

15,052,929

(Code

(Expenses \$

4d

age	2

☐ Yes ☑ No

☐ Yes ☑ No

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
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		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part x^{*}	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response to any question in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 25		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5-2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		INO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	, C		140
-	za resp, maleute the number of remis deed med during the year.			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		140

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	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	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►MAURA COPELAND PO BOX 8020 STATESBORO, GA (912) 478-7481

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

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

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

- ◆ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot ect	not box h ar	chec k, unle n offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) BROOKS A KEEL	50	x		х				0	381,000	23,10	
PRESIDENT (2) SALINDA ARTHUR	40 00	х						0	256,000	23,10	
DIRECTOR (3) TOMMY DAVID	40 00	-						_	_		
DIRECTOR		X						0	0		
(4) E G MEYBOHM DIRECTOR	50	x						0	0		
(5) BOB LANE	50	х						0	0		
DIRECTOR (6) ROBERT L WHITAKER	4 00	-									
TREASURER	40 00	Х		Х				0	0		
(7) MAURA COPELAND	2 00			х				0	116,000	12,23	
SECRETARY (8) RON CORE	40 00						х	0	203,500	22,07	
TREASURER	40 00										

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is	one l both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)) (organizati relate organiza	d
1b	Sub-Total			<u> </u>		<u> </u>		▶			+		
c	Total from continuation sheet	s to Part VII, S	ection A	۸.				Þ					
d 	Total (add lines 1b and 1c) . Total number of individuals (in	cluding but not	limited	• • •	250	ıcto	d abov	•• •\w	ho received more th	956,5	00		80,507
_	\$100,000 of reportable compe	-				11366	u abov	c) w	no received more th	an			
												Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ										5		No
Se	ection B. Independent Co	ntractors	_				_						
1	Complete this table for your five											tax vear	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
JUNEAU CONSTRUCTION COMPANY LLC , 3715 NORTHSIDE PARKWAY NW ATLANTA GA 30327	CONSTRUCTION	2,817,851
THE PROPERTY MART LLC , 1800 CHANDLER ROAD STATESBORO GA 30458	PROPERTY MGT	321,429
INSTITUTIONAL NETWORK COMMUNICATION , 304 MAGNOLIA STREET TOMPKINSVILLE KY 42167	CONSTRUCTION	274,616
GET AFTER ENTERPRISES LLC , 854 WOODSHOLE CIRCLE STATESBORO GA 30461	CONSTRUCTION	250,875
MURRAY BARNES FINISTER LLLP , ONE CAPITAL CITY PLAZA SUITE 1140 ATLANTA GA 30326	LEGAL	228,569

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization $\blacktriangleright 8$

Part VII		Statement of Revenue Check if Schedule O contains a response to any question i	n this Part VIII .			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
u 20	1a	Federated campaigns 1a				
tributions, Giffs, Grants Other Similar Amounts	b	Membership dues 1b				
رة <u>ق</u> ا	c	Fundraising events 1c				
Contributions, Giffs, and Other Similar A	d	Related organizations 1d				
ا ≝ ق	e	Government grants (contributions) 1e				
Sis	f	All other contributions, gifts, grants, and 1f				-
in in it	•	similar amounts not included above ————————————————————————————————————				[
<u></u>	g	Noncash contributions included in lines 1a-1f \$				
Con	h	Total. Add lines 1a-1f				
		Business Code				
Program Serwce Revenue	2a	LEASE INTEREST INCOME	10,926,409	10,926,409		
용 동	b	OTHER	1,742,086	1,742,086		
93	C	REPLACEMENT RESERVE INCOME	1,380,786	1,380,786		
Ser v	d	CAMPUS CLUB RENTALS	1,244,556			1,244,556
Ę l	e	GAIN ON CAPITAL LEASE	488,741	488,741		
150	f	All other program service revenue				
<u></u>	g	Total. Add lines 2a−2f	15,782,578			
	3	Investment income (including dividends, interest, and other similar amounts)	649,802	649,802		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of 34,599,940				
	b	assets other than inventory Less cost or other basis and 34,599,940				
	c	sales expenses Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
ŗ		See Part IV, line 18 a				
ਜ਼ੂ ਜ਼	b	Less direct expenses b				
ō	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				
1	L0a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
1	l1a					
	b					
	c					
	d	All other revenue				
	е	Total. Add lines 11a−11d				
1	L 2	Total revenue. See Instructions	16,432,380	15,187,824		1,244,556

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	_		•	<u> </u>
	t include amounts reported on lines 6b, , 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	266,520	266,520		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
.0	Payroll taxes				
.1	Fees for services (non-employees)				
а	Management	62,271		62,271	
b	Legal	3,695		3,695	
C	Accounting	64,229	15,000	49,229	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	45,924	45,924		
2	Advertising and promotion	,	,		
3	Office expenses	146		146	
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	1,762		1,762	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	9,113,928	9,113,928		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	97,814	97,814		
3	Insurance	23,484	14,964	8,520	
4	Other expenses Itemize expenses not 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)				
а	RENTAL PROPERTY EXPENSES	2,543,449	2,543,449		
b	OTHER EXPENSES	1,884,376	1,880,107	4,269	
С	AMORT OF BOND ISSUE COSTS	919,082	919,082		
d	AMORT OF PREPAID RENT	156,141	156,141		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,182,821	15,052,929	129,892	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		, 4	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	5,543,853	1	4,964,935
	2	Savings and temporary cash investments	29,443,242	2	37,795,180
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	416,009	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ts	6	Loans and other 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 organizations (see instructions) Complete Part II of Schedule L			
Se	_			6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	0.540.700	8	7.500.000
	9	Prepaid expenses and deferred charges	3,513,769	9	7,500,926
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 22,562,365			
	b	Less accumulated depreciation 10b	34,909,499	10c	22,562,365
	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	327,456,904	15	198,754,017
	16	Total assets. Add lines 1 through 15 (must equal line 34)	401,283,276	16	271,577,423
	17	Accounts payable and accrued expenses	4,778,420	17	8,787,613
	18	Grants payable		18	
	19	Deferred revenue	54,754,480	19	17,787,829
	20	Tax-exempt bond liabilities	206,630,000	20	226,995,000
ا م	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	_
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
- GE		persons Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties	1,095,000	23	_
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	405 400 000		0.000.004
		D	125,126,906	25	8,630,624
	26	Total liabilities. Add lines 17 through 25	392,384,806	26	262,201,066
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	-5,074,567	27	-6,621,038
<u>ස</u>	28	Temporarily restricted net assets	13,973,037	28	15,997,395
된	29	Permanently restricted net assets		29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS.	32	Retained earnings, endowment, accumulated income, or other funds		32	
				-	0.070.057
Set .	33	Total net assets or fund balances	8,898,470	33	9,376,357

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				্য.
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16.4	132,380
2	Total expenses (must equal Part IX, column (A), line 25)				
		2		15,1	182,821
3	Revenue less expenses Subtract line 2 from line 1	3		1,2	249,559
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_			
_	Not uproplyed gains (lesses) on investments	4		8,8	398,470
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	+			
•		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
	<u> </u>	9		-7	771,672
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9,3	376,357
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equire	3b		

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

GEORGIA SOUTHERN UNIVERSITY HOUSING

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

FOUNDATION INC

Total

Public Charity Status and Public Support

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

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

Open to Public Inspection

FOUNI	DATION	INC						30-0037	158			
Pa	rt I	Reason for Pu	ublic Charity Sta	tus (All or	ganızatıon	s must com	plete this	part.) See	ınstructı	ons.		
The	rganız	ation is not a priva	te foundation becaus	seitis (For	lınes 1 thro	ugh 11, chec	k only one l	oox)				
1	Γ	A church, convent	ion of churches, or a	ssociation o	f churches c	lescribed in s	section 170	(b)(1)(A)(i).				
2	Γ	A school describe	d in section 170(b)(3	1)(A)(ii). (A	ttach Sched	ule E)						
3	Γ	A hospital or a coo	operative hospital se	rvice organi	zatıon descr	ıbed ın secti	on 170(b)(1	.)(A)(iii).				
4	Γ	A medical researc	h organization opera	ted ın conjur	nction with a	hospital des	scribed in se	ection 170(b)	(1)(A)(i	ii). Ent	er the	
_	_	hospital's name, c										
5	ı	= -	perated for the benef	_	e or universi	ity owned or	operated by	a governmer	ntal unit	descri	oed in	
_	_		(A)(iv). (Complete F	-								
6			r local government o 	_								
7	ı		at normally receives on 170(b)(1)(A)(vi)			support fron	n a governm	iental unit or	from the	genera	al publi	IC
8	Г		t described in sectio			mplete Part I	Ι)					
9	Ē		at normally receives					butions, men	nbership	fees.a	and aro	SS
		-	vities related to its e					•	-		_	
		·	oss investment inco	*	_							5
		· · · · · ·	ganızatıon after June				•		•			
10	\sqcap		ganized and operate	-			-					
11	▽	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
			ly supported organiz						See sect i	on 509	(a)(3)	. Check
			ibes the type of sup									
	-		b Type II c			-					_	
е	<u> </u>	•	oox, I certify that the tion managers and ot	_			•			-	-	
		section 509(a)(2)		iner than one	or more pur	blicly suppor	cca organize	acions desern	oca III oc	CCIOII .	, o , (a)	(1)01
f		, , , ,	received a written d	etermination	from the IR	RS that it is a	Type I, Ty	pe II, or Type	e III sup	porting	gorgan	iizatio <u>n,</u>
		check this box	2006 1 11				,	6.1				Г
g		Since August 1/, following persons?	2006, has the organ	ization acce	pted any gift	t or contribut	ion from an	y of the				
			lirectly or indirectly	controls, eıtl	ner alone or	together with	n persons de	escribed in (ii)		Yes	No
			governing body of th				·	·	ĺ	11g(i))	No
		(ii) A family memb	oer of a person descr	ıbed ın (ı) ab	ove?					11g(ii	_	No
		(iii) A 35% contro	olled entity of a perso	on described	ın (ı) or (ıı)	above?				11g(iii	_	No
h		Provide the followi	ng information about	t the support	ed organizat	tion(s)						
(i) I	Name o	of (ii) EIN	(iii) Type of	(iv) Is		(v) Did you	•	(vi) Is	the	(vii) Ar	nount of
-	porte		organization	organizat		the organi		organizati				etary
orga	nizatio	on	(described on lines 1-9 above	col (i) lis your gove		ın col (i) o suppor	*	col (i) org			sup	port
			or IRC section	docume	-	заррог		III the o	J .			
			(see									
			instructions))	Yes	No	Yes	No	Yes	No			
	EORGIA											
	HERN ERSITY	586002059	2	Yes		Yes		Yes			15,	182,821
ONIA	LKOIIY										,	, -

15,182,821

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
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							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493319068573

OMB No 1545-0047

(Form 990)

SCHEDULE D

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public

GEORGIA SOUTHERN UNIVERSITY HOUSING				ployer identification number			
	ITT Organizations Maintaining Donor Ad	vised Funds or Other Similar F		0037158 Or Accounts Complete if th			
نكسا	organization answered "Yes" to Form 990		unus	of Accounts. Complete if the			
		(a) Donor advised funds		(b) Funds and other accounts			
L	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
ŀ	Aggregate value at end of year						
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	ısed Yes No			
5	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene	_					
	conferring impermissible private benefit?	f the arganization answered "Vee"	to Form	<u> </u>			
	rt II Conservation Easements. Complete		to Forn	n 990, Part IV, line 7.			
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	n or education) Preservation of a	certifie	rically important land area d historic structure			
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution in	the form	n of a conservation			
	easement on the last day of the tax year			Held at the End of the Year			
а	Total number of conservation easements		2a	neid at the End of the Year			
a b	Total acreage restricted by conservation easements		2b				
	Number of conservation easements on a certified hist	coric structure included in (a)	2c				
d	Number of conservation easements included in (c) ac	• •	20				
u	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transfer	rred, released, extinguished, or terminat	ted by th	ne organization during			
	the tax year 🛌						
ı	Number of states where property subject to conserva	tion easement is located 🗠					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and Yes No			
j	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ements o	during the year			
	A mount of expenses incurred in monitoring inspectin	a and enforcing concernation eacomen	to durin	a the year			
7	A mount of expenses incurred in monitoring, inspectin \$ \begin{align*} \blue \blue & \ldots	g, and emorcing conservation easemen	ts durin	g the year			
3	Does each conservation easement reported on line 20 and section $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of se	ection 17	7 0 (h)(4)(B)(ı)			
•	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the theory of the organization's accounting for conservation easem	ne footnote to the organization's financia ents	al stater	ments that describes			
aı	Complete if the organization answered "		or Ot	her Similar Assets.			
La	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education	, or rese	earch in furtherance of public			
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	ets held for public exhibition, education					
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$			
	(ii) Assets included in Form 990, Part X			▶ \$			
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS						
а	Revenues included in Form 990, Part VIII, line 1			► \$			

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>:, His</u>	<u>stori</u>	<u>cal Tı</u>	reasures	<u>, or Ot</u>	<u>her S</u>	<u>Similar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the following	g that ar	easıg	ınıfıcant use	e of its	
а	Public exhibition		d	Γ	Loan	or exchang	e progra	ms			
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın ho	w the	y furthe	er the organ	nization's	exem	pt purpose	ın	
5	During the year, did the organization solicit of	or receive donations	s of a	rt, hıs	torıcal	treasures	or other	sımılaı	r	_	
	assets to be sold to raise funds rather than t		•							┌ Yes	│ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						swerea 	"Yes"	to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	edıary	/ for c	ontribu	utions or oth	her asse	ts not		┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing t	able		_				
									1A	nount	
с	Beginning balance						-	.c			
d	Additions during the year						F	d			
e	Distributions during the year							e			
f	Ending balance						1	.f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	>						☐ Yes	□ No
ь	If "Yes," explain the arrangement in Part XII										J
Pa	rt V Endowment Funds. Complete										
1a	Beginning of year balance	(a)Current year	(D)Prior	year	b (c) I wo ye	ears back	(a) i nre	e years back	(e)Four y	ears back
ь	Contributions						1				
c	Net investment earnings, gains, and losses						1				
•											
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curi	ent year end baland	ce (lır	ne 1g	, colum	n (a)) held	as				
а	Board designated or guasi-endowment	,	•	_	•	. ,,					
ь	Permanent endowment ►										
c	Temporarily restricted endowment ►										
·	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses		atıon	that	are hel	d and admir	nistered	for the			
	organization by									Yes	No
	(i) unrelated organizations		•						3a		<u> </u>
b	(ii) related organizations							•	3a	-	<u> </u>
4	Describe in Part XIII the intended uses of the						•		· · <u> </u>	<u> </u>	<u>l</u>
Par	t VI Land, Buildings, and Equipme					10.					
	Description of property		į	(a)	Cost or s (invest	other (b)C	ost or oth sıs (other)) Accumulated depreciation	(d) Bo	ok value
1a	_and						227,3	87			227,387
b	Buildings										
c	_easehold improvements										
d I	Equipment										
			<u> </u>				22,334,9			2	2,334,978
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	umn (B), line	10(c).) .			 	2	2,562,365

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
T-t-1 (C-1/ (h) COO D V (D) 1 12)	F		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		12	
(a) Description of investment type	(b) Book value		d of valuation
(a) Description or investment type	(b) Book Value		od of valuation f-year market value
			, ,
Total (Column (h) must equal Form 000, Part V, col (f) Inc. 12.)	F		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X,			
(a) Desc			(b) Book value
(1) NET INV IN CAPITAL LEASE			198,754,017
(1) NET INV IN CAN ITAL ELANGE			130,731,017
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)		198,754,017
Part X Other Liabilities. See Form 990, Part			150,751,617
1 (a) Description of liability	(b) Book value		
	(S) Book value		
Federal income taxes			
DUE TO GEORGIA SOUTHERN UNIVERSITY	4,909,400		
	4,909,400		
REPLACEMENT RESERVE PAYABLE	3,721,224		
REPLACEMENT RESERVE PAYABLE			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

			i age •
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	16,432,381
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	1
3	Subtract line 2e from line 1	3	16,432,380
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	16,432,380
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	15,182,823
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d	.]	
e	Add lines 2a through 2d	2e	2
3	Subtract line 2e from line 1	3	15,182,821
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)]	
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	15,182,821

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE		THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE FOUNDATION ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS ON JANUARY 1, 2009 AS A RESULT OF THE IMPLEMENTATION, THE FOUNDATION EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2013 THE YEARS ENDED JUNE 30, 2010, 2011, 2012 AND 2013 ARE OPEN FOR POTENTIAL REVIEW AND ADJUSTMENT BY THE INTERNAL REVENUE SERVICE OR THE GEORGIA DEPARTMENT OF REVENUE UNDER THE STATUTE OF LIMITATIONS THE ORGANIZATION HAS NO UNRELATED BUSINESS INCOME THAT COULD PRODUCE TAX LIABILITIES UNDER THE INTERNAL REVENUE CODE OR THE LAWS OF THE STATE OF GEORGIA THEREFORE, NO TAX LIABILITY HAS BEEN REFLECTED IN THE FINANCIAL STATEMENTS
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	ROUNDING 1
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER		ROUNDING 2

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Schedule I (Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493319068573

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 Name of the organization

Employer identification number

						1 ' '	
GEORGIA SOUTHERN UNIVE FOUNDATION INC	RSITY HOUSING					30-0037158	
Part I General Inform	nation on Grants	s and Assistance				'	
1 Does the organization ma							
the selection criteria used Describe in Part IV the of							Γ Yes Γ Ι
		o Governments and			s. Complete if the ord	nanization answere	d "Yes" to
		recipient that receive					u 165 to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 UNIVERSITY P O BOX 8020 STATESBORO, GA 30458	58-6002059	170B	266,520				FACILITY IMPROVEMENT
2 Enter total number of sec	tion 501 (c)(3) and a	overnment organizations	listed in the line 1 tabl	Δ		.	
3 Enter total number of other							
Ear Dangework Poduction Act Not				Cat No FOOFED			hodula I /Form 000\ 2012

(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
I	I	1		
				recipients cash grant non-cash assistance (book,

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier Return Reference Explanation

Schedule I (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493319068573

OMB No 1545-0047

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization GEORGIA SOUTHERN UNIVERSITY HOUSING FOUNDATION INC 30-0037158

Employer identification number

ra	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide any				
	First-class or charter travel Housin	ng allowance or residence for personal use			
	☐ Travel for companions ☐ Payme	ents for business use of personal residence			
	Tax idemnification and gross-up payments Health	or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Person	nal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization following reimbursement or provision of all of the expenses described above?		1b		
2	Did the organization require substantiation prior to reimbursing or a directors, trustees, and the CEO/Executive Director, regarding the		2		
3	Indicate which, if any, of the following the filing organization used to organization's CEO/Executive Director Check all that apply Do no used by a related organization to establish compensation of the CE	t check any boxes for methods			
	Compensation committee Writter	n employment contract			
		ensation survey or study			
	Form 990 of other organizations Approx	val by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization	on A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified	d retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensa	tion arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applic	able amounts for each Item In Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete line	es 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of				
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part		7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured				
	subject to the initial contract exception described in Regulations se in Part III	ction 33 4930-4(a)(3)/ IT Yes, describe	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable pre	sumntion procedure described in Pagulations	-		110
9	section 53 4958-6(c)?	samption procedure described in Regulations	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	reportable compensation		(B)(ı)-(D)	reported as deferred in prior Form 990
(1)BROOKS A KEEL PRESIDENT	(i) (ii)	381,000			23,100		404,100	_
(2)SALINDA ARTHUR DIRECTOR	(i) (ii)	256,000			23,100		279,100	
(3)RON CORE TREASURER	(i) (ii)	203,500			22,070		225,570	

Schedule J (Form 990) 2012

Part IIII Supplemental Information

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

Identifier	Return Reference	Explanation
	SCHEDULE J, PAGE 1, PART I, LINE	ESTABLISHED BY GA BOARD OF REGENTS
FOR COMPENSATION EXPLANATION	3	

Schedule J (Form 990) 2012

DLN: 93493319068573

Open to Public

Inspection

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

• Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization GEORGIA SOUTHERN UNIVERSITY HOUSING

Employer identification number

30-0037158

FO	UNDATION INC						30	-003/1	58				
P	art I Bond Issues												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	efeased	beh	On alf of uer	1	Pool ncing	
							Yes	No	Yes	No	Yes	No	
A	DEVELOPMENT AUTHORITY OF BULLOCH CO	58-1538786	120334CA3	03-24-2005	35,530,000	CONSTRUCTION OF STUDEN RECREATION FACILITIES	Т	x	х			х	
В	DEVELOPMENT AUTHORITY OF BULLOCH CO	58-1538786	12033RAS5	03-06-2008	69,000,000	ACQUISITION AND CONSTRUCTION OF STUDEN HOUSING FACILITIES TO INCLUDE	Г	х	Х			х	
С	DEVELOPMENT AUTHORITY OF BULLOCH CO	58-1538786	12033RBL9	05-26-2011	42,770,000	ACQUISITION AND RENOVATION OF STUDENT HOUSING FACILITIES		Х	х			Х	
D	DEVELOPMENT AUTHORITY OF BULLOCH CO	58-1538786	120335AT1	08-22-2012	27,280,000	CONSTRUCTION OF STUDENDINING FACILITIES	г	Х	х			х	
P	art III Proceeds												
				-	Α	В		С			D		
1	A mount of bonds retired			325	,000 2,650,000								
2	Amount of bonds legally defeas	sed											
_	a Total proceeds of issue				26.262	477 70.016.630		42.40	- 000	20 210 054			

D	OF BULLOCH CO	58-1538786	120335AT1	08-22-2012	27,28		IING FACIL	ITIES	INI	×	Х		X
Pa	rt III Proceeds		1			<u> </u>							
					ı	Α		В		С		С)
1	A mount of bonds retired					325,000		2,650,000					
2	A mount of bonds legally d	efeased											
3	Total proceeds of issue			36,362,477		70,016,620		42,485,880		80	28,310,0		
4	Gross proceeds in reserve funds			2,863,450		4,736,794			1,421,3	48	821,81		
5	Capitalized interest from proceeds			2,835,790			5,823,074		2,183,081		1 395,		
6	Proceeds in refunding escrows		Proceeds in refunding escrows										
7	Issuance costs from proc	eeds			709,009			982,300		840,259		490,	
8	Credit enhancement from	proceeds			260,973		1,077,977		7 543,31		,315		315,300
9	Working capital expenditu	res from proceeds											
10	Capital expenditures from	proceeds				29,693,255		57,396,475		37,497,8	77		17,600,123
11	Other spent proceeds												
12	Other unspent proceeds				8,686,954							8,686,954	
13	Year of substantial comple	etion			2006		2009		2012		2013		13
					Yes	No	Yes	No	Yes	No	Y	⁄es	No
	Manager Landson and Landson Landson					1		1		I			

	<u></u>		0,000,551					I	0,000,55
13	Year of substantial completion	20	20	009	20	12	20	13	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		Х		Х		Х		X
15	Were the bonds issued as part of an advance refunding issue?		Х		Х		Х		Х
16	Has the final allocation of proceeds been made?	Х		Х		Х			Х
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х		Х		Х	
Par	Private Business Use								
			Λ.		D		C	D	

			A	В		С		[)	
		Yes	Yes No		No	Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		х		х		х		Х	
2	Are there any lease arrangements that may result in private business use of bond-financed property?		×		Х		Х		Х	

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Х Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 % % % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 % % % (c)(3) organization, or a state or local government Total of lines 4 and 5 0/∩ 6 % % % Does the bond issue meet the private security or payment test? 7 Χ Х Х Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Х Х Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % h % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Χ Χ Χ Χ 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? b Х Χ Χ Χ No rebate due? Х c Х Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

PERFORMED

Pai	t IV Arbitrage (Continued)								,
		-	\	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		×
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
7	Has the organization established written procedures to monitor the requirements of section 148?		X		Х		Х		X

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Α		В		С		D		
Yes	No	Yes	No	Yes	No	Yes	No	
X								

Part VI Supplemental Inf	Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).											
Identifier	Return Reference	Explanation										
DIFFERENCES IN ISSUE PRICE EXPLANATION	SCHEDULE K	DEVELOPMENT AUTHORITY OF BULLOCH CO BOND PREMIUM 832477 DEVELOPMENT AUTHORITY OF BULLOCH CO BOND PREMIUM 1016620 DEVELOPMENT AUTHORITY OF BULLOCH CO BOND DISCOUNT 284120 DEVELOPMENT AUTHORITY OF BULLOCH CO BOND PREMIUM 1030054 DEVELOPMENT AUTHORITY OF BULLOCH CO BOND PREMIUM 3504925 DEVELOPMENT AUTHORITY OF BULLOCH CO BOND PREMIUM 1483535										
PURPOSE OF ISSUE DESCRIPTION	SCHEDULE K	DEVELOPMENT AUTHORITY OF BULLOCH CO RETAIL SPACE DEVELOPMENT AUTHORITY OF BULLOCH CO HOUSING FACILITIES DEVELOPMENT AUTHORITY OF BULLOCH CO OTHER STUDENT FACILITIES										
DATE REBATE COMPUTATION	SCHEDULE K	DEVELOPMENT AUTHORITY OF BULLOCH CO 032410 DEVELOPMENT AUTHORITY OF BULLOCH CO										

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As Filed Data -

DLN: 93493319068573

Employer identification number

20 0027150

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

CHANGES - OTHER

OTHER CHANGES IN NET

ASSETS EXPLANATION

XI. LINE 9

XI, LINE 9

FORM 990. PART

GEORGIA SOUTHERN UNIVERSITY HOUSING

Department of the Treasury Internal Revenue Service

FOUNDATION INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

		30-003/136
ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	PRESIDENT HAS AUTHORITY TO APPOINT COMMUNITY MEMBERS FOR 3 BOARD POSITIONS
OFFICERS WHO CANNOT BE REACHED	FORM 990, PAGE 6, PART VI, LINE 9	TOMMY DAVID 106 TOWHEE TRAIL STATESBORO, GA 30458-8667 E. G. MEYBOHM 3519 WHEELER ROAD AUGUSTA, GA 30909 BOB LANE 5 WESTCOTT ROAD STATESBORO, GA 30458
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE TREASURER AND SECRETARY REVIEW THE FORM BEFORE FILING
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	OFFICERS AND DIRECTORS ARE ANNUALLY REQUIRED TO SIGN A STATEMENT THAT WOULD IDENTIFY INTERESTS OR RELATIONSHIPS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST ANNUAL STATEMENTS ARE REVIEWED BY TREASURER AND SECRETARY FOR COMPLETENESS AND POTENTIAL CONFLICTS OF INTEREST
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE GOVERNING BOARD, AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE EMMA ORG WEBSITE.
RECONCILIATION OF	FORM 990, PART	ROUNDING 1 ROUNDING -2

ERROR AT JUNE 30, 2012

PRIOR PERIOD ADJUSTMENT 771.671 A PRIOR PERIOD ADJUSTMENT WAS MADE TO

CORRECT INTEREST AND REPLACEMENT RESERVE INCOME WHICH WERE ACCRUED IN

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

DLN: 93493319068573

2012

Schedule R (Form 990) 2012

OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

FOUNDATION INC

Name of the organization

GEORGIA SOUTHERN UNIVERSITY HOUSING

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection **Employer identification number**

30-0037158

Part I Identification of Disregarded Entities (C	omplete if the organizatio	n answered "Yes" to	o Form 990, Pai	rt IV, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dii	(f) rect controlling entity		
See Additional Data Table								
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du	ganizations (Complete in the tax year.)	f the organization a	nswered "Yes"	to Form 990, Pa	art IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code secti	(e) on Public charity s	etatue	(f) Direct controlling	Sectio	(g)
Name, address, and LIN of related organization	Timaly activity	or foreign country)	Exempt code secti	(If section 501((c)(3))	entity	(13) c	ontrolle
							Yes	No
(1) GEORGIA SOUTHERN UNIVERSITY	UNIVERSITY	GA	170B	2	li	NA		No
P O BOX 8020								
STATESBORO, GA 30460								
58-6002059								
								_
							_	_
								+

Cat No 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activity	Primary activity Legal Direct Predominant State or foreign country Count		(f) Share of total income	(g) Share of end-of-yea assets	(h) Dispropitionate ar allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentae ownersh		
					sections 512- 514)			Yes	No		Yes	No		
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,	
(a) Name, address, and EIN of related organization	(a) (b) ess, and EIN of Primary activity			(d) (e) Direct controlling entity (C corp, S corp, or trust)		(f) Share of to income	total Share e of			(h) ercentage wnership	entage Section 5:) ed	
		country)			,						Yes		No	

Schedu	le R (Form 990) 2012		Pa	age 3
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)			
N-	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Duri	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		No
b G	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c G	Sift, grant, or capital contribution from related organization(s)	1c		No
d L	oans or loan guarantees to or for related organization(s)	1d		No
e L	oans or loan guarantees by related organization(s)	1e	Yes	
f D	Dividends from related organization(s)	1f		No
g S	Sale of assets to related organization(s)	1g		No
h P	Purchase of assets from related organization(s)	1h		No
i E	xchange of assets with related organization(s)	1i		No
j Le	ease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k L	ease of facilities, equipment, or other assets from related organization(s)	1k	Yes	-
I Pe	erformance of services or membership or fundraising solicitations for related organization(s)	11		No
m Pe	erformance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sh	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o S	Sharing of paid employees with related organization(s)	10		No
p R	Reimbursement paid to related organization(s) for expenses	1p		No
-	Reimbursement paid by related organization(s) for expenses	1 q		No
r O	ther transfer of cash or property to related organization(s)	1r	_	No
	ther transfer of cash or property from related organization(s)	1s		No
2 If	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thre	sholds		
	(2)			

 If the allswer to any of the above is fes,	, see the histractions for information on w	no must complete this im	ie, ilicidalily covered re	lationships and transaction timesholds
(a)		(b)	(c)	(d)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GEORGIA SOUTHERN UNIVERSITY	В	266,520	GRANT FOR CAPITAL IMPROVE
(2) GEORGIA SOUTHERN UNIVERSITY	Е	4,909,400	GENERAL LEDGER ACCOUNT
(3) GEORGIA SOUTHERN UNIVERSITY	J	13,543,498	LEASE AMORTIZATION SCHED
(4) GEORGIA SOUTHERN UNIVERSITY	К	80	LAND LEASE AGREEMENT
(5) GEORGIA SOUTHERN UNIVERSITY	М	62,271	PROFESSIONAL SVCS MGT
(6) GEORGIA SOUTHERN UNIVERSITY	N		INCLD IN PROF SVCS ABOVE

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Software ID:

Software Version:

Return Reference

EIN: 30-0037158

Name: GEORGIA SOUTHERN UNIVERSITY HOUSING

Explanation

FOUNDATION INC

Schedule R (Form 990) 2012

Identifier

Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

			•			
Form 990, Schedule R, Part I - Id	dentification of Disregard	ed Entities		1		1
(a) Name, address, and EIN of disr	regarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
GSU HOUSING FOUNDATION I LLC P O BOX 8020 STATESBORO, GA 30460		LEASE	GA	3,568,854	40,203,636	GSUHF INC
GSU HOUSING FOUNDATION II LLC P O BOX 8020 STATESBORO, GA 30460		LEASE	GA	1,805,880	32,084,121	GSUHF INC
GSU HOUSING FOUNDATION III LLC P O BOX 8020 STATESBORO, GA 30460		LEASE	GA	2,259,826	45,546,362	GSUHF INC
GSU HOUSING FOUNDATION IV LLC P O BOX 8020 STATESBORO, GA 30459		LEASE	GA	4,507,505	79,494,409	GSUHF INC
GSU HOUSING FOUNDATION V LLC P O BOX 8020 STATESBORO, GA 30459		LEASE	GA	3,348,731	40,801,908	GSUHF INC
GSU HOUSING FOUNDATION VI LLC P O BOX 8020 STATESBORO, GA 30458		LEASE	GA	87,130	32,675,729	GSUHF INC
GSU HOUSING FOUNDATION TEMP DI P O BOX 8020 STATESBORO, GA 30459	NING	TEMP FACII	GA	854,014	142,518	GSUHF INC

--> Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (d) Name of other organization Transaction Amount Involved Method of determining amount type(a-s) ınvolved GEORGIA SOUTHERN UNIVERSITY В 266,520 GRANT FOR CAPITALIMPROVE 4,909,400 GENERAL LEDGER GEORGIA SOUTHERN UNIVERSITY Е ACCOUNT GEORGIA SOUTHERN UNIVERSITY J 13,543,498 LEASE AMORTIZATION SCHED Κ 80 LAND LEASE GEORGIA SOUTHERN UNIVERSITY AGREEMENT 62,271 PROFESSIONAL GEORGIA SOUTHERN UNIVERSITY Μ SVCS MGT GEORGIA SOUTHERN UNIVERSITY Ν INCLD IN PROF

SVCSABOVE