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### CHANGE OF ACCOUNTING PERIOD

Form **990**,

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

	201	14	
	Open to inspec	Public tion	•
_		****	_

A	For th	e 2014 calendar year, or tax year beginning $$ JAN $1$ , $$ $$ $$ $$ 20 $$ $$ $$ $$ and $$ $$	ending J	UN 30, 2014				
В	Check if applicab	C Name of organization UNIVERSITY OF WEST GEORGIA		D Employer identifi	cation number			
Г	Addre	FOUNDATION, INC.						
Ē	Name			58-6	056464			
Ē	Initial return Final return	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone number 678-839-6582				
_	termir			G Gross receipts \$	9,560,767.			
Γī	ated Amen return	City or town, state or province, country, and ZIP or foreign postal code CARROLLTON, GA 30118						
냳	Applic			H(a) Is this a group re for subordinates	رخف دررا			
L_	ition pendi	F Name and address of principal officer.DAVII 11000011			_ = =			
_		SAME AS C ABOVE	[ ] 507	H(b) Are all subordinates in				
	Tax-ex	empt status: X 501(c)(3)		1	list. (see instructions)			
		te: HTTP://WWW.WESTGA.EDU/DEVELOPMENT/63.I	'nP	H(c) Group exemptio				
		organization: X Corporation	L Year	of formation. 190//N	State of legal domicile GA			
P	art I	Summary	7.CT T T T	A COT CON MODE	HOD			
ø	1	Briefly describe the organization's mission or most significant activities: FINAN	VCIAL	ASSISTANCE	rok			
Activities & Governance		EDUCATION AND SUPPORT OF THE UNIVERSITY O						
ern	2	Check this box   If the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ssets.			
õ	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	31			
ن ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	31			
68	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0			
ξ	6	Total number of volunteers (estimate if necessary)		6	62			
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
•	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
-		DEACH REAL		Prior Year	Current Year			
Ф	8	Contributions and grants (Part Wil Jine h)		6,075,450.	1,184,238.			
n n	9	Program service revenue (Part VIII, line 2g)		3,985,014.	1,810,774.			
Revenue	10	Investment income (Patryliii, CO)/mil/A) life(3, 4, and 7d)	. L	1,863,202.	750,075.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 96, 0c, and 11e)		53,058.	106,540.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,976,724.	3,851,627.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,365,368.	914,724.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
be	Ь	Total fundraising expenses (Part IX, column (D), line 25)  151, 15	59.		sa da sa			
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,136,879.	2,221,746.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,502,247.	3,136,470.			
		Revenue less expenses. Subtract line 18 from line 12	·	6,474,477.	715,157.			
95 Ses			Bei	inning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		92,199,805.	92,983,544.			
Net Assets Fund Balan	21	Total liabilities (Part X, line 26)		53,083,116.	52,934,700.			
ξĔ	22	Net assets or fund balances. Subtract line 21 from line 20		39,116,689.	40,048,844.			
P	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			, ,			
1100	, 001100			16/281	1,5			
Sig	n	Signature of office		Date	<del></del>			
Hei		DAVE FRABONI, EXECUTIVE DIRECTOR/TREAS	SURER					
110		Type or print name and title						
		Print/Type preparer's name Preparer's signature	1 0	ate Check	PTIN			
Pai	d	MARY JO ALEXANDER	al cult	0/2-6/15 sett-employe	P00002534			
	parer	Firm's name MAULDIN & JENKINS MIC	A	Firm's EIN	58-0692043			
	Only	Firm's address 200 GALLERIA PKWY SE STE 1700						
USE	only	ATLANTA, GA 30339-5946		Phone no 77	0-955-8600			
B.4	u sha II	RS discuss this return with the preparer shown above? (see instructions)		11	. X Yes No			
		A STATE OF THE STA	ns.		Form <b>990</b> (2014)			
4320	201 11-0	A-14 Fig. 1 or 1 about the recognition in the contract of the contract in the						

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Form 990 (2014)

UNIVERSITY OF WEST GEORGIA

UNIVERSITY OF WEST GEORGIA 58-6056464 FOUNDATION, Page 3 INC. Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes." complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 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? Х If "Yes," complete Schedule D, Part IV 9 . . Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ..... b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Form 990 (2014)

X

17

18

19

20a 20b

.. ....

Х

X

X

17

Schedule D, Parts XI and XII

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Form 990 (2014) FOUNDATION, INC.
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Χ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
h	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	202		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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		X
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	Instructions for applicable filing thresholds, conditions, and exceptions).			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C		28c		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Δ_	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
•	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		X
	If "Yes," complete Schedule N, Part I	31		<u>v</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00	x	
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	Х	- V
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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?			v
	If "Yes," complete Schedule R, Part V, line 2	36	-	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
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	S S S S S S S S S S S S S S S S S S S	004
		Lorm		

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		age C
- ai	Check if Schedule O contains a response or note to any line in this Part V			
	Oneck is squedule of sortains a response of note to any line in this hark v			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			Í
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c	<del> </del>	
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	۵.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		,,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<del> </del> -	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		ļ.——
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		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).	_	7,	
	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?	<u>7a</u>	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			٠,,
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			ļ
a L	Gross income from members or shareholders  Once years from other services (Do not not experient due or not to other services against			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		ŀ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13 <u>a</u>		
_	Note. See the instructions for additional information the organization must report on Schedule O.		] :	
D	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			
	Enter the amount of reserves on hand	14a		x
	The fire transfer and levelye any navinents on brown landing adivides uniting his IAA vest (			

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

UNIVERSITY OF WEST GEORGIA Form 990 (2014) FOUNDATION. INC. 58-6056464 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 31 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. 31 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 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a . . . . . b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No. 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 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? 15a a The organization's CEO. Executive Director, or top management official 15b b Other officers or 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 X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Own website Another's website J 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, address, and telephone number of the person who possesses the organization's books and records ► BART GILLESPIE - 678-839-4109
 1903 MAPLE STREET, CARROLLTON, GA 30118

FOUNDATION, INC.

Form 990 (2014)

58-6056464

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, <u>Directors</u>, <u>Trustees</u>, 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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					han Ì	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HOWARD B. "ROCKY" LIPHAM III	0.50									
CHAIRMAN		X		Х		ļ			ļ <u>-</u> -	ļ
(2) KYLE MARRERO	0.10									
PRESIDENT		Х		X			_			
(3) CINDY S. DENNEY	0.10		1							
SECRETARY		X	_	X						
(4) A. PAUL CADENHEAD	0.10									ļ
TRUSTEE		X			ļ					
(5) EDITH (EDIE) F. HANEY	0.10									
TRUSTEE		X								
(6) K. ALEXANDER ROUSH	0.10								•	Ì
TRUSTEE		X	<u> </u>		<u> </u>					·
(7) LUIS A PLANAS, SR	0.10									
TRUSTEE		X						<del> </del>	ļ	
(8) M. DAN GRAY, JR.	0.10		ŀ							•
TRUSTEE		X		<u> </u>		H				<u> </u>
(9) ROBERT W. COGGINS	0.10					]				}
TRUSTEE		X		L						<u> </u>
(10) GARY KINARD	0.10			l						
TRUSTEE		X						···		
(11) STANLEY MCWHORTER	0.10									
TRUSTEE		X						<del></del>		
(12) RICHIE BLAND	0.10									
TRUSTEE		X	_	<u> </u>						
(13) GEORGE W. BROOKS, JR.	0.10									
TRUSTEE		X								
(14) BILL ESSLINGER	0.10				]				]	]
TRUSTEE		X	ļ	<u> </u>						
(15) LOY HOWARD	0.10									
TRUSTEE		X	<u> </u>	<u> </u>	$oxed{oxed}$					
(16) CHIP JAKINS	0.10									
TRUSTEE		X	ļ	<u> </u>	ļ	Ш				
(17) R. DAVID KNIGHT	0.10	l						] 		•
TRUSTEE		X				<u>L_l</u>			<u> </u>	

Page 8

1 41 411	Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	an	d Hi	ghe	st C	ompensated Employe	es (continued)		<u>_</u>	
	, <u>,</u> (A)	(B)			((	C)			(D)	(E)		(F	=)
	Name and title	Average hours per	Position (do not check more than one						Reportable	Reportable	_	Estim	
		week		, unle: cer an					compensation from	compensatio from related	n	amou oth	
		(list any	į						the	organizations	,	comper	
		hours for	를				te Eg		organization	(W-2/1099-MIS		from	
		related	stee	ruste			beusa		(W-2/1099-MISC)			organi	
		organizations below	ual tru	ional t		ploye	E ea					and re	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>				organiz	ations
(18) BRU	CE LYON	0.10	_	-		×	1 T 80	۳.					
TRUSTEE			X			ļ					•		
(19) ANN	NEWMAN	0.10											
TRUSTEE			X										
(20) RANI	DALL REDDING	0.10											
TRUSTEE			X										
(21) ROBE	ERT J. STONE	0.10											
TRUSTEE			Х						: 				
	D. UGLUM	0.10											
TRUSTEE		0.10	X						· · · · · · · · · · · · · · · · · · ·				
(23) TIM	WARREN	0.10	<b>.</b>										
TRUSTEE (24) SUSA	AN BIROW	0.50	X	-							+		
(24) SUSA TRUSTEE	AN FLECK	0.50	Х										
	ES M. NAUGHTON	20.00		$\dashv$									
TRUSTEE	io II, Modifica	20100	$\mathbf{x}$	ļ									
	HARY R STEED	0.10								-			
TRUSTEE			x	Ì	- 1			ı					
1b Sub-t	total							lacktriangleright					
c Total	from continuation sheets to Part \	/II, Section A					١	▶					
	(add lines 1b and 1c)							<b>&gt;</b>					
	number of individuals (including but	not limited to th	ose	listed	da t	ove	) wh	o re	ceived more than \$100	,000 of reportable	<b>;</b>		
comp	ensation from the organization											Yes	No
3 Did th	ne organization list any former office	r director or tru	etoc	. ka	, am	اماما	v00	or h	ughost componented of	mplovoo on	Г	163	140
	a? If "Yes," complete Schedule J for		3166	, ney	en	ipio	у <del>со</del> ,	OI II	ilgnest compensated el	nployee on		3	х
	ny individual listed on line 1a, is the s		е со	mne	nsa	tion	and	oth	· · · · · · · · · · · · · er compensation from :	the organization	-	3	+ <u>~</u>
	elated organizations greater than \$15									and organization		4	x
	ny person listed on line 1a receive or									dual for services			
	red to the organization? If "Yes," con									··		5	X
	Independent Contractors												
	plete this table for your five highest c										pensat	on from	
the or	ganization. Report compensation fo	r the calendar ye	ear e	ndın	g w	ith c	or wi	thın İ		/ear.			
	(A) Name and busines	s address	NIC	NE					( <b>B</b> ) Description of s	ervices	Cor	(C) npensatio	on
			TAC	INE				+					
								ľ					
						-							
	·							_	<del> </del>				
	<del></del>							+			-		
2 Total	number of independent contractors	(including but a	at lin	nitod	to t	hoo	o lic	+od	aboval who received =	ore than			
	or mospendent contractors	thing partie	J. III)	uran	iO I	03	10 115	·cu	above) who received m	OLG RIGHT			
	000 of compensation from the organ	nization 🕨											

58-6056464

Part VII Section A. Officers, Directors, To	ustees, Key E	nplo	yee	s, a	nd F	ligh	est	Compensated Employ		
, (A) Name and title	(B) Average hours	(cl		Pos	C) ition that		ly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
27) GERALD MCCARLEY	0.10	х								
28) MISSY DUGAN	0.10	x								
29) PHILLIP KAUFFMAN	0.50	x								
30) WILLIAM A "TONY" MOYE	0.50	x								
31) J. THOMAS VANCE	0.10	х		х						
32) JIM GILL EXECUTIVE DIRECTOR/TREASUR	0.10			x						
33) DR BILL ESTES P OF UNIVERSITY ADVANCEME	0.10				_					
4- <del>5-10-15-15-1</del>		ļ 								-
		_								
		_								
		-		_						
		1								

Form **990** (2014)

Form 990 (2014) FOUNDAT
Part VIII Statement of Revenue

432009 11-07-14

FOUNDATION, INC.

		Check if Schedule O cont	ains a response	e or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h		ts, and ve 1f 1a-1f \$	15,935,  1,168,303, 233,582.  Business Code 532000 532000 611710 611710	1,184,238, 1,426,823, 273,107, 57,909, 52,935,	1,426,823, 273,107, 57,909, 52,935.		
۵.	f g	All other program service reve Total. Add lines 2a-2f	nue .	. •	1,810,774.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties			302,177, 5,539,			302,177. 5,539.
	b	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 6,151,499 5,709,140 442,359		442,359,			442.359,
Other Revenue	8 a	Gross income from fundraising including \$ 15 contributions reported on line Part IV, line 18	_935 , of 1c). See 	a 0.				
	9 a b c	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	etivities. See	a 6,540, b 0,	0, 6,540,			6,540
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	s of inventory	a b				
	11 a b c	Miscellaneous Revenu	EE	Business Code 900099	100,000.			100,000
i	d e	All other revenue  Total. Add lines 11a-11d		. •	100,000,			
	12	Total revenue. See instructions.		▶ [	3 851 627	1 810 774.	0.	856 615

Form 990 (2014) FOUNDATION, II
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon		this Part IX	_ <del></del>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				-
	and domestic governments. See Part IV, line 21	901,374.	901,374.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	13,350.	13,350.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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)				<del></del>
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees):			,	
а	Management .				
þ	Legal	5,512.	3,595.	1,917.	
С	Accounting	27,960.		27,960.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	105 545		105 545	<del></del>
f	Investment management fees	105,545.		105,545.	<del></del>
g	Other (If line 11g amount exceeds 10% of line 25,	E2 200	01 170	21 120	
	column (A) amount, list line 11g expenses on Sch O.)	52,300.	21,172. 10,930.	31,128.	E 025
12	Advertising and promotion	15,955. 160,367.	148,359.	5,318.	5,025. 6,690.
13	Office expenses	100,307.	140,339.	3,310.	6,090.
14	Information technology				
15 16	Royalties Occupancy	<del></del>			· · · · · · · · · · · · · · · · · · ·
16 17	Travel	157,463.	135,347.		22,116.
18	Payments of travel or entertainment expenses	137, 103.	133,347.		22,110.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	100,657.	- <del></del>	19,123.	81,534.
20	Interest	1,245,246.	1,245,246.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	196,942.	196,942.		
23	Insurance	48,718.	42,028.	6,690.	
24	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 0.)				
а	OMITTO OPERATING TURBUIGH	94,095.	35,774.	22,527.	35,794.
b	PROPERTY EXPENSES	5,887.	5,394.	493.	
С	MOVING EXPENSE	5,099.	5,099.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,136,470.	2,764,610.	220,701.	151,159.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	}			
	educational campaign and fundraising solicitation.	Ì	Ì		
	Check here 11 following SOP 98-2 (ASC 958-720)		l	_ <u> </u>	5 000 (55.4)

Form 990 (2014) FOUNDATION, INC.

Part X Balance Sheet

Par		Dalance Sileet			
		Check if Schedule O contains a response or note to any line in this Part X	_ <del></del>		_ <del></del>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	4,318,968.	1	1,265,248.
	2	Savings and temporary cash investments	9,061,043.	2	13,112,382.
ľ	3	Pledges and grants receivable, net	4,926,383.	3	4,474,450.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
ŀ		trustees, key employees, and highest compensated employees. Complete			
}		Part II of Schedule L		5	
	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			
ध		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
۲	8	Inventories for sale or use		8	
İ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 73,578.			
ł	b	Less: accumulated depreciation . 10b	73,578.	10c_	73,578.
ł	11	Investments - publicly traded securities	25,445,913.	11	25,997,891.
- 1	12	Investments - other securities. See Part IV, line 11		12	
-	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	980,547.	14	783,605.
1	15	Other assets See Part IV, line 11	47,393,373.	15	47,276,390.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	92,199,805.	16	92,983,544.
	17	Accounts payable and accrued expenses	<u>598,776.</u>	17	449,569.
ŀ	18	Grants payable		18	
	19	Deferred revenue		19	· •
	20	Tax-exempt bond liabilities	51,725,000.	20	51,725,000.
ļ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S S	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		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 D	759,340.	25	760,131.
	26	Total liabilities. Add lines 17 through 25	53,083,116.	26	52,934,700.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	0.000		0 000 045
au	27	Unrestricted net assets	9,078,134.	27	9,223,815.
Bal	28	Temporanly restricted net assets	11,713,225.	28	12,281,502.
Net Assets or Fund Balances	29	Permanently restricted net assets	18,325,330.	29	18,543,527.
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ğ		and complete lines 30 through 34.			
šė	30	Capital stock or trust principal, or current funds		30	<u> </u>
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t e	32	Retained earnings, endowment, accumulated income, or other funds		32	40 0/2 2/2
~	33	Total net assets or fund balances	39,116,689.	33_	40,048,844.
	34	Total liabilities and net assets/fund balances	92,199,805.	34	92,983,544.

•				
	UNIVERSITY OF WEST GEORGIA			
Form 990 (2014)	FOUNDATION, INC.	58	-605 <b>64</b> 64	Page 12
Part XI Reconcili	ation of Net Assets			
	nedule O contains a response or note to any line in this Part XI			. <b>X</b>
1 Total revenue (mus	st equal Part VIII, column (A), line 12)	4	3 851	627.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	85	1,6	27.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	13	<b>6,4</b>	70.
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,	11	6,6	89.
5	Net unrealized gains (losses) on investments	5				88.
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)	9		-2	6,4	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		-			
	column (B))	10	40,	04	8.8	44.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					$\mathbf{x}$
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	-			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis.				
	consolidated basis, or both:	,				
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.	- 1			
	review, or compilation of its financial statements and selection of an independent accountant?	,	2	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O				
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?					X
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		В	вь		
			Fo	rm	990	2014)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

pen to Public Inspection

Name of the organization Employer identification number UNIVERSITY OF WEST GEORGIA 58-6056464 FOUNDATION. INC. Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type !!! non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (ii) EIN listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions)) **Total** 

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

58-6056464 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support (a) 2010 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) **(b)** 2011 (c) 20121 Gifts, grants, contributions, and membership fees received. (Do not 3822410. 1470976. 6017330. 1184238.14043531. 1548577. 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 6017330. 1184238.14043531. 1470976. 1548577. 3822410. 4 Total. Add lines 1 through 3 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. 661,293. column (f) 13382238. 6 Public support. Subtract line 5 from line Section B. Total Support (e) 2014 (f) Total (c) 2012 (d) 2013 Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 1184238.14043531. 1470976. 6017330. 1548577. 3822410 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 577,128. 307,716. 556,455. 586,325. 585,256. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital 278.917 278.917. assets (Explain in Part VI) 16935328. 11 Total support. Add lines 7 through 10 16,641,797. 12 12 Gross receipts from related activities, etc. (see instructions) First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 79.02 14 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 79.14 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright [X]$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

### 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 listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not		1	}		}		
	ınclude any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose		}		1			
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-				†	<del></del>		
•	zation's benefit and either paid to	İ			}			
	or expended on its behalf							
_	The value of services or facilities	·		<del></del>		<del>-</del>		
9								
	furnished by a governmental unit to		-					
_	the organization without charge							
	Total. Add lines 1 through 5	<del></del>	<u> </u>		<del></del>	<del></del>		
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
r	) 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					_		
	Add lines 7a and 7b	<del></del>						
	Public support (Subtract line 7c from line 6)				<u> </u>			
	ction B. Total Support		1		··			
	indar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
-	Amounts from line 6	-						
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	I						
	and income from similar sources	<del></del>				ļ		
ŀ	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975					<u> </u>		
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b.					}		
	whether or not the business is		<u> </u>					
	regularly carried on .							
12	Other income. Do not include gain						,	
	or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for	the organization	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,	
	check this box and stop here .	·	·			·		
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage		<u> </u>			
	Public support percentage for 2014 (I		•	column (f))		15	%	
	Public support percentage from 2013					16	<u>%</u>	
<u>Se</u>	Section D. Computation of Investment Income Percentage							
17	17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f) 17 %							
	18 Investment income percentage from 2013 Schedule A, Part III, line 17							
19	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not	
	more than 33 1/3%, check this box a	nd stop here. The	organızation qual	ifies as a publicly	supported organiz	zation	▶∐	
- 1	o 33 1/3% support tests - 2013. If the	organization did i	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and	
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	. ▶□	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

200+	- A	ΛII	Supporting	Organizati	000
JUCL	ion A.	All	Supporting	Organizati	UHS

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	_	-	
		Yes	No
	1		
	<u> </u>		
	2		
	3a		
	_3b		
	3c		
	_4a		
	4b		
	_4c	_	
	5a		
	.5b		
	_5c_		
	6		
	7		
	8		
	9a		
	9b		
	9c		<u> </u>
	_10a_		
	150		
	10b	<u> </u>	
n 99	90 or 99	いーヒん)	2014

. Sche	dule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.	<u>8-605646</u>	4 Pa	ige 5
. Pa	rt IV   Supporting Organizations (continued)		<del></del>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		II	
000	don or 1700 ii oubbording organizationio		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			i
800	the supported organization(s). tion D. Type III Supporting Organizations			
360	tion b. Type in Supporting Organizations		Yes	No
	Did the averagination around to each of the average to descriptions, by the last day of the fifth month of the		162	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	ł		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		•	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instru	uctions):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions	1	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	-	<b> </b>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	_2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3 <u>a</u>	<b></b>	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u>L</u>	L

58-6056464 Page 5

# UNIVERSITY OF WEST GEORGIA Schedule A (Form 990 or 990 EZ) 2014 FOUNDATION, INC.

Sche	dule A (Form 990 or 990 EZ) 2014 FOUNDATION, INC.			58-6056464 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970. See ins	ructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year):	ľ		ľ
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recovenes of pnor-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ted Type III supporting o	rganızatıon (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

	edule A (Form 990 or 990-EZ) 2014 FOUNDATION, I			08-6056464 Page 7
	rt V   Type III Non-Functionally Integrated 509	∂(a)(3) Supporting Orga	anizations (continued)	T
Sect	ion D - Distributions		<del></del>	Current Year
_1_				
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
_3_		ses of supported organization	es	<del> </del>
_4_			· <del></del>	<del>                                     </del>
_ <u>5</u>	Qualified set-aside amounts (prior IRS approval required)			
_ <u>6</u> _		<del></del>		<del> </del>
_ <u>7_</u>	Total annual distributions. Add lines 1 through 6.		- <del></del>	<del> </del>
8	Distributions to attentive supported organizations to which t	the organization is responsive	•	
	(provide details in Part VI) See instructions	<del></del>	<del></del>	<del> </del>
_ <u>9</u>	Distributable amount for 2014 from Section C, line 6			<del> </del>
10	Line 8 amount divided by Line 9 amount	<u> </u>		(111)
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Distributable amount for 2014 from Section C, line 6		Pre-2014	Amount for 2014
_1	Underdistributions, if any, for years prior to 2014			
2	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
_ <del>S</del>	Endoco distributions carryover, it arry, to 2014.		<del></del>	
<u>a</u> _				
C			<del></del>	
<u>U</u>	<del></del>			
	From 2013			<del> </del>
	Total of lines 3a through e		<del></del>	<del> </del>
	Applied to underdistributions of prior years			<del>                                     </del>
	Applied to 2014 distributable amount	<del>                                     </del>		
- <u>-:-</u>	Carryover from 2009 not applied (see instructions)		<del></del>	
i i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<del></del>	
- <u>-</u> -	Distributions for 2014 from Section D,			
-	line 7· \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	]		j
	instructions).			<u> </u>
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			<u> </u>
8	Breakdown of line 7:			
а				
b				
С				
А	Excess from 2013			_

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.  Supplemental Information. 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).						
SHORT YEAR RETURN						
UNIVERSITY OF WEST GEORGIA FOUNDATION, INC HAS CHOSEN TO CHANGE ITS'						
YEAR-END FROM A 12.31 ONE TO A 6.30 YEAR-END. THIS WILL BETTER						
COINCIDE WITH THE YEAR-END OF ITS' RELATED ENTITY, UNIVERSITY OF WEST						
GEORGIA.						
<u> </u>						

### SCHEDULE D

(Form 990)

Supplemental Financial Statements

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.

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

UNIVERSITY OF WEST GEORGIA

Employer identification number 58 – 6056464

FOUNDATION, INC. 58-6056464 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@continue@ (check all that apply)	Sche	dule D (Form 990) 2014 FOUNDAT	ION, INC.				<u>58-60</u>	56464	. Page <b>2</b>
Check at litest apply    Preservation for future generations   Check   Chec	Pa	rt III   Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	ts(continu	ıed)
a	3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	ıtems
b Scholarly research c		(check all that apply)							
c	а	Public exhibition	d	Loan or exc	hange programs				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be add to rase funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table:  C. Beginning balance  d. Additions during the year  f. Ending balance  Distributions during the year  f. Ending balance  a. Caption of the organization and the part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance  27, 533, 872, 21, 11, 10, 646, 17, 012, 394, 16, 157, 637, 14, 149, 3312, c Not investment earnings, gains, and losses  968, 039, 4, 163, 599, 2, 199, 130, 3, 305, 69, 23, 1551, 397, 14, 149, 3312, c Not investment earnings, gains, and losses  968, 039, 4, 163, 599, 2, 199, 130, 3, 305, 69, 23, 1551, 397, 14, 149, 3312, c Not investment earnings, gains, and losses  968, 039, 4, 163, 599, 2, 199, 130, 3, 305, 69, 293, 1551, 397, 14, 149, 3312, c Not investment earnings, gains, and losses  968, 039, 4, 163, 599, 2, 199, 130, 3, 305, 66, 231, 556, 391, 156, 397, 397, 342, 387, 397, 397, 397, 397, 397, 397, 397, 39	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintrained as part of the organization? collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X   In 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    It is is the organization an amount on Form 990, Part X, line 21, for escrow or custodial account lability?   Yes   No   If "Yes," explain the arrangement in Part XIII. Onseck here if the exchangement in Part XIII. Onseck here if the exchange in Part XIII. In Onseck here if the exchange in Part XIII. In Onseck here if the exchange in Part XIII. In Onseck here if the exchange in Part XIII. In Onseck here if the exchange in Part XIII. In Onseck here if the exchange in Part XIII. In Onseck here if the exchange in Part XIII. In Onseck here if the exchange in Part XIII. In Onseck here if the exchangement in Part XIII. In Onseck in Part XIII. Onseck here if the Onganization in Part XIII. In Onseck in Part XIII. Onseck here if the Onganization in Part XIII. In Onseck in Part XIII. Onseck here if the Onganization in It is part in Part XIII. Onseck here	С	Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how they further t	he organizatıon's ex	empt purp	ose in Par	: XIII	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simil	ar assets		_	
reported an amount on Form 990, Part X, line 21.  1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If 'Yes,' explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tiability?  Yes No  b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes' to Form 990, Part X, line 10.  [a] Current year  [a] Current year  [b] From 990, Part XIII to 10.  [a] Current year  [b] From 990, Part XIII to 10.  [a] Current year  [b] From 990, Part XIII to 10.  [a] Current year  [b] From 990, Part XIII to 10.  [a] Current year  [b] From 990, Part XIII to 10.  [a] Current year  [b] From 990, Part XIII to 10.  [a] Current year  [b] From 990, Part XIII to 10.  [a] Current year  [b] From 990, Part XIII to 10.  [a] Current year  [b] From 990, Part XIII to 10.  [a] Current year  [b] From 990, Part XIII to 10.  [a] Current year  [b] From 990, Part XIII to 10.  [b] Foundation of year balance  27, 533, 872, 21, 110, 646, 17, 012, 304, 16, 157, 637, 14, 149, 932, 15, 94, 153, 837, 14, 149, 932, 15, 94, 153, 837, 14, 149, 932, 15, 94, 153, 837, 14, 149, 932, 15, 94, 153, 159, 150, 15, 150, 150, 150, 150, 150, 150,									No_
19   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa			ete if the organizatio	on answered "Yes" to	Form 990	), Part IV, I	ine 9, or	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year d Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b If Trees, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10.   (a) Current year   (b) Prior		reported an amount on Form 990, Par	rt X, line 21.						
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   1c	1a	Is the organization an agent, trustee, custode	an or other intermed	liary for contribution	ns or other assets no	t included	_	<b>-</b> 1	
C   Beginning balance     1   C		on Form 990, Part X?					. L	Yes	L No
C   Beginning balance     1c     1d	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
d Additions during the year e Distributions during the year f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves. "sxplain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10.    Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four year years   (e) Four years back   (e) Four years back   (e) Four year years   (e) Four years back   (e) Four years back   (e) Fou						<u> </u>		Amount	
e Distributions during the year f Ending balance 27	С	Beginning balance				1c			
## Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	• • • • • • • • • • • • • • • • • • • •				. 1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account hability?	е	Distributions during the year				<u>1e</u>			
B   f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.   Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, Inne 10.	f						L	<del></del>	
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four yea						-		Yes	∐_ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1 Beginning of year balance 27,533,872, 21,110,646, 17,012,304, 16,157,637, 14,149,932, 10 Contributions 317,797, 3,335,647, 2,660,629, 1,553,837, 342,533, 20 Net investment earnings, gains, and losses 968,039, 4,163,599, 2,190,130, -3,062, 2,202,950, 20 Grants or scholarships 276,156, 1,076,020, 307,438, 300,606, 231,676. 20 Cher expenditures for facilities and programs f Administrative expenses 28,543,552, 27,533,872, 21,110,646, 17,012,304, 16,157,637, 21 Provide the estimated percentage of the current year end balance (line 19, column (a)) held as: a Board designated or quasi-endowment ▶ 10.66, % 24,37,37							<del></del>		
1a Beginning of year balance b Contributions 317, 797, 3, 3,335,647, 2,660,629, 1,553,837, 342,533, c Net investment earnings, gains, and losses 968,039, 4,163,599, 2,190,130, -3,062, 2,202,950, d Grants or scholarships 276,156, 1,076,020, 307,438, 300,606, 231,676, e Other expenditures for facilities and programs f Administrative expenses g End of year balance 28,543,552, 27,533,872, 21,110,646, 17,012,304, 16,157,637, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 10.66 % b Permanent endowment ▶ 24.37 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" to 3a(ii), are the related organization listed as required on Schedule R?  A Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) depreciation (d) Book value basis (other)  1a Land 73,578.	Pai	t V   Endowment Funds. Complete in				T			
b Contributions  317 797, 3 335 647, 2 660 629, 1 553 837, 342 533, c Net investment earnings, gains, and losses 968 039, 4 163 599, 2 190 130, -3 062, 2 202 950, d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses 9 28 543 552, 27 533 872, 21 110 646, 17 012 304, 16 157 637, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 10 .66 %  b Permanent endowment ▶ 24 .37 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?  2 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) basis (orlor or other basis (orlor) basis (investment) basis (orlor) basis (orlor) basis (orlor) depreciation  1a Land  73 , 578 • 9 Provide the expension of the organization has a subject to the organization of the basis (orlor) as a subject to the organization of the basis (orlor) basis (orlo			(a) Current year	(b) Prior year	(c) Two years back	I		(e) Four	/ears back
c Net investment earnings, gains, and losses d Grants or scholarships 276,156, 1,076,020, 307,438, 300,606, 231,676, e Other expenditures for facilities and programs f Administrative expenses g End of year balance 28,543,552, 27,533,872, 21,110,646, 17,012,304, 16,157,637, Provide the estimated percentage of the current year end balance (line 1g, collumn (a)) held as: a Board designated or quasi-endowment ▶ 10.66 % b Permanent endowment ▶ 64.97 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations  5 If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment e Other	1a	Beginning of year balance	27,533,872,	21,110,646,			L57,637.	14.	<u>149,932.</u>
d Grants or scholarships 276, 156, 1,076,020, 307, 438, 300,606, 231,676, e Other expenditures for facilities and programs f Administrative expenses g End of year balance 28,543,552, 27,533,872, 21,110,646, 17,012,304, 16,157,637,  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 10.66 % b Permanent endowment ▶ 24.97 % c Temporanly restricted endowment ▶ 24.37 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation  1a Land 73,578.  b Buildings c Leasehold improvements d Equipment e Other	b		317,797.	3,335,647.	2,660,629.	1.5	553,837.	<del> </del>	<u>342,533,</u>
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 28 543 552, 27 533,872, 21 110,646, 17,012,304, 16,157,637,  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 10.66 %  b Permanent endowment ▶ 64.97 %  c Temporanily restricted endowment ▶ 24.37 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  1a Land  73,578.  b Buildings  c Leasehold improvements d Equipment e Other	. с		968,039.				<u>-3,062,</u>		
and programs f Administrative expenses g End of year balance 28_543_552_2_27_533_872_2_110_646_17_012_304_16_157_637_2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 10.66% b Permanent endowment ▶ 64.97% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation  1a Land 73,578.  Buildings  c Leasehold improvements d Equipment e Other	d		276,156.	1,076,020.	307,438.	<del> </del> :	300,606.	<del></del>	231,676.
f Administrative expenses	е	Other expenditures for facilities							
g End of year balance 28,543,552, 27,533,872, 21,110,646, 17,012,304, 16,157,637.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment 10.66 %  b Permanent endowment 164.97 %  c Temporarily restricted endowment 1924.37 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (ii) related organizations (iii)  related organizations (iii) related						<b> </b>			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 10.66 %  b Permanent endowment ▶ 64.97 %  c Temporanly restricted endowment ▶ 24.37 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations listed as required on Schedule R? 3a(ii) X  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b ■  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land 73,578.  573,578.  73,578.  6 Buildings  c Leasehold improvements  d Equipment  e Other	f								
a Board designated or quasi-endowment ▶ 10.66 % b Permanent endowment ▶ 64.97 % c Temporarily restricted endowment ▶ 24.37 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations  b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land  73,578.  73,578.  573,578.  6 Buildings c Leasehold improvements d Equipment e Other	g					17,0	012,304.	16_	<u>157,637.</u>
b Permanent endowment ▶ 64.97 %  c Temporarily restricted endowment ▶ 24.37 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) ag(iv), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  73,578.  Buildings  Leasehold improvements  Equipment Other	2				a)) held as:				
Temporarily restricted endowment ▶ 24.37 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other	а			_%					
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  73,578.  b Buildings c Leasehold improvements d Equipment e Other	b								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) x x x x x x x x x x x x x x x x x x x	С								
Yes   No	_								
(ii) unrelated organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (investment)  basis (other)  4 Description of property  (d) Book value  73,578.  5 Buildings  c Leasehold improvements d Equipment e Other	за		ssion of the organiza	ation that are neid a	ına administered tor	tne organi	zation	Γ,	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  (c) Accumulated depreciation  73,578.  573,578.  Casehold improvements  d Equipment e Other		-							
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  73,578.  Buildings  c Leasehold improvements d Equipment e Other						• •			
A Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  73,578.  Table Buildings  c Leasehold improvements d Equipment e Other		• • • • • • • • • • • • • • • • • • • •		 					<u> </u>
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation  1a Land 73,578.  b Buildings c Leasehold improvements d Equipment e Other		• • • • • • • • • • • • • • • • • • • •			• • • • • •	••	•	3D	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  73,578.  Description of property  (b) Cost or other basis (other)  (c) Accumulated depreciation  73,578.  73,578.  Description of property  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value				wment rands	<del></del>				
Description of property  (a) Cost or other basis (investment)  1a Land  73,578.  Description of property  (b) Cost or other basis (other)  (c) Accumulated depreciation  73,578.  73,578.  C Leasehold improvements  d Equipment  e Other	- 4			Dart IV line 11a S	lee Form 990 Part Y	line 10			
basis (investment) basis (other) depreciation  1a Land 73,578.  b Buildings c Leasehold improvements d Equipment e Other			<del></del>				ed l	(d) Book	value
1a Land 73,578. 73,578.  b Buildings c Leasehold improvements d Equipment e Other		Description of property	1 7 7	1	, , ,		,	(a) book	value
b Buildings c Leasehold improvements d Equipment e Other		Land	<del></del>		(5)		· -   -	7:	578
c Leasehold improvements d Equipment e Other			13,	J/U•	<del></del>	<del>_</del>			,,,,,,,,,
d Equipment e Other	ם -	• • • • • • • • • • • • • • • • • • • •	<del></del>	<del></del>	<del></del>	-			
e Other	ن	•			<del></del>				
<del></del>		, , , , , , , , , , , , , , , , , , , ,	.				<del></del>		
			qual Form 990 Part	X column (R) line 1	10c)			77	578

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2014

FOUNDATION, INC.				
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	- PU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.1.1 ( ))()	. INC.

Part VII Investments - Other Securities.	, 11101		0 0030404 rage0
Complete if the organization answered "Yes	s" to Form 990, Part IV, line	11b See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial denvatives			
(2) Closely-held equity interests			
(3) Other			
(A)			_ <del></del>
(B)			
(C)			
(D)			
_ ·(E)			
	<u> </u>		
(G)	<del> </del>		<del></del>
(H)	<del> </del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	·1		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" to Form 990, Part IV, line		_ <del> </del>
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or e	nd-of-year market value
(1)	<del> </del>		
(2)	<del> </del>		
(3)			
(4)	·	<del> </del>	
(5)		<del></del>	
	<del>-</del>	<del> </del>	
(7)			
(8)	<del> </del>		
(9)	<del></del>	<del> </del>	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		<u> </u>	
<del></del>	" to Form 000 Port IV line	11d Son Form 000 Doct V line 15	
Complete if the organization answered "Yes	) Description	Tid See Form 990, Part A, line 15.	(b) Book value
(1) ACCRUED INTEREST RECEIVAL	<del>`</del>	····	40,859.
(2) LEASE RECEIVABLE	סחה		46,686,347.
(3) CHARITABLE REMAINDER TRUS	<u> </u>		148,094.
(4) AGENCY CASH	<u> </u>		237,768.
(5) DUE FROM RELATED PARTY		<del></del>	163,322.
(6)			103,322,
(7)			
(8)			
(9)			<del> </del>
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15 )		47,276,390.
Part X Other Liabilities.			
Complete if the organization answered "Yes	" to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability		(b) Book value	<del></del>
(1) Federal income taxes			
(2) ACCRUED INTEREST ON BOND	PAYABLE	1,090,304.	
(3) GIFT ANNUITY PAYABLE		75,818.	
(4) BOND OID		-537,473.	
(5) BOND PREMIUM		131,482.	
(6)			
(7)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

ightharpoonup

760,131.

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

FOUNDATION.

432054 10-01-14

58-6056464 Page 4

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a 2b **b** Pnor year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII) 4c c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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. PART V, LINE 4: SEE PART XIII PART X, LINE 2: THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS A PUBLICLY SUPPORTED ORGANIZATION AND NOT AS A PRIVATE FOUNDATION. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE FOUNDATION FOLLOWS THE STATUTORY REQUIREMENTS FOR ITS INCOME TAX ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIALLY

UNIVERSITY OF WEST GEORGIA 58-6056464 Page 5 FOUNDATION, INC. Schedule D (Form 990) 2014 Part XIII Supplemental Information (continued) PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON EXAMINATION. MANAGEMENT BELIEVES ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO THE FOUNDATION'S TAX-EXEMPT STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS. THERE ARE NO UNCERTAIN TAX LIABILITIES RECORDED AS OF 06/30/2014. PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND PROVIDE ACADEMIC SCHOLARSHIPS, FACULTY, DEVELOPMENT, ADVANCED TECHNOLOGY, AND ENHANCED ACADEMIC PROGRAMS TO AND FOR THE UNIVERSITY OF WEST GEORGIA.

### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

**Employer identification number** 

Schedule G (Form 990 or 990-EZ) 2014

Name of the organization UNIVERSITY OF WEST GEORGIA 58-6056464 FOUNDATION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations Special fundraising events C Phone solicitations In-person solicitations đ 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Dıd fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) have custody or control of contributions? (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2014

	Schedule G (Form 990 or 990-EZ) 2014 FOUNDATION, INC. 58-6056464 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000							
<u></u>	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000							
_			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
				GOLF	NONE	(add col (a) through		
	l		GALA	TOURNAMENT	0	col. (c))		
Θ			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	7,895.	8,040.		15,935.		
	2	Less: Contributions	7,895.	8,040.		15,935.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
S	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
Irect E	7	Food and beverages			<u> </u>			
L	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through	n 9 ın column (d)					
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Pa	ırt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	reported more than			
		\$15,000 on Form 990-EZ, line 6a.				<del></del>		
Revenue	j		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))		
 	1	Gross revenue						
ű	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses						
_		Volunteer labor	Yes% No	Yes% No	Yes%			
7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
	9 Enter the state(s) in which the organization conducts gaming activities.  a is the organization licensed to conduct gaming activities in each of these states?  b if "No," explain:							
	Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain:							
	_							

432082 08-28-14

## UNIVERSITY OF WEST GEORGIA 58-6056464 Page 3 Schedule G (Form 990 or 990-EZ) 2014 FOUNDATION, INC. 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed 」Yes to administer charitable gaming? . . . . . . . . . 13 Indicate the percentage of gaming activity conducted in. a The organization's facility b An outside facility •• 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party. Gaming manager information: Name -Gaming manager compensation ▶ \$ \_\_\_\_\_ Description of services provided Director/officer \_\_ Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? .... b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

Schedule G	(Form 990 or 990-EZ)	FOUNDATION,	INC.	58-6056464 Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Info	rmation (continued)		
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2014	Open to Public Inspection

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

ž **Employer identification number** 58-6056464 CADEMIC AND EDUCATION (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SUPPORT Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection : (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 901,374 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable OF WEST GEORGIA Enter total number of other organizations listed in the line 1 table 58-6002055 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? FOUNDATION, UNIVERSITY 1 (a) Name and address of organization UNIVERSITY OF WEST GEORGIA or government CARROLLTON GA 30118 Name of the organization 1601 MAPLE STREET Part Part

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

Schedule I (Form 990) (2014)

58-6056464

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2014)

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDICATION SCHOLARSHIPS	40	13,350,	0		
Part IV Supplemental Information. Provide the information required in	luired in Part I, lin	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	dditional information.	
PART I, LINE 2:					
SEE PART IV					

LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. PART I,

THE UNIVERSITY OF WEST GEORGIA FOUNDATION PROVIDES GRANTS TO ENHANCE

THE UNIVERSITY AND FOR STUDENT SCHOLARSHIPS AT THE UNIVERSITY OF WEST

THE FOUNDATION WORKS WITH THE UNIVERSITY TO ENSURE THAT GEORGIA.

GRANTS ARE EXPENDED BASED ON CRITERIA SET BY DONORS.

432102 10-15-14

Schedule I (Form 990) (2014)

SCHEDULEK (Form 990)

Supplemental Information on Tax-Exempt Bonds

2014 Open to Public Inspection

Š (i) Pooled financing × **Employer identification number** × × OMB No 1545-0047 ŝ (g) Defeased (h) On behalf 58-6056464 Yes No × × × ۵ of issuer Yes Š × × × ,056. Yes 3,975,000 9,543,582 2,250,200 390,871 54,559 279,298 1,108,021 × ŝ 2004 107 143 O (f) Description of purpose STUDENT HOUSING 13815129. STUDENT HOUSING 19543582. STUDENT HOUSING ► Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. 18, Yes X ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, 26021253. AND PARKING 190,852 12,592,369 13,815,129 1,818,544 3,225,000 42,697 × ž 2005 8 Yes explanations, and any additional information in Part VI. × × × (e) Issue price 20,935,720 730,000 26,021,253 2,605,729 729,742 6,809,691 522,792 138,760 × ŝ 2009 03/15/05 52-1375132145339FX0 08/27/08 10/12/04 (d) Date issued Yes × × 52-1375132|145339FD4| 52-1375132145339CM7 (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? OF WEST GEORGIA (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? ▶ Attach to Form 990. INC Has the final allocation of proceeds been made? UNIVERSITY Working capital expenditures from proceeds FOUNDATION Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds PAYROLL PAYROLL PAYROLL Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds CARROLLTON CARROLLTON CARROLLTON Name of the organization Bond Issues Proceeds Department of the Treasury internal Revenue Service B DEVELOP DEVELOP A DEVELOP Part III Part II Partl 5 œ 6 5 9 က 4 ဖ 위 5 t 4 17 7

432121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

bond-financed property?

Are there any lease arrangements that may result in private business use of

which owned property financed by tax-exempt bonds?

Was the organization a partner in a partnership, or a member of an LLC,

Schedule K (Form 990) 2014

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Yes

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Yes

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Yes

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Yes

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Page 2 % % % ş ŝ Yes Yes % % % % ŝ ş × × × × × × × Yes Yes × × 58-6056464 % % % % 2× å × × × × × × × × 00 Yes Yes × × % % % % 2 × S × × × × × × × Yes Yes × × c Are there any research agreements that may result in private business use of bond-financed property? counsel to review any management or service contracts relating to the financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? Enter the percentage of financed property used in a private business use as a result of b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified 8a Has there been a sale or disposition of any of the bond-financed property to a nonentities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activrty carned on by your organization, another If "Yes" to line 2c, provide in Part VI the date the rebate computation was Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government FOUNDATION, Regulations sections 1.141-12 and 1.145-27 business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? 432122 10-15-14 Schedule K (Form 990) 2014 1 141-12 and 1.145-27 Total of lines 4 and 5 b Exception to repate? a Rebate not due yet? b Name of provider c No rebate due? c Term of hedge Arbitrage Part IV O က z, N 4 9

Schedule K (Form 990) 2014

UNIVERSITY OF WEST GEORGIA FOUNDATION, INC.

Schedule K (Form 990) 2014

Page 3

58-6056464

Part IV Arbitrage (Continued)								
	<b>∀</b>		<b>8</b>		;		ı	; a
5a Were gross proceeds invested in a quaranteed investment contract (GIC)?	×	O Z	×	02	×	OZ.	168	02
b Name of provider	MORGAN STANLEY		AIG		WACHOVIA			
c Term of GIC	30.0	0000		24.0000000		.0000000		
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X	X		X			
6 Were any gross proceeds invested beyond an available temporary period?		×		×		×		
7 Has the organization established written procedures to monitor the requirements of	>		>		>	•		
Dart V Dranding To Indeptate Corrective Action	4		4		4			
	A		8	_	0			٥
	Yes	No	Yes	No	Yes	No	Yes	2
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		×		×		<b>*</b>		
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)	s on Schedule	K (see instru	ictions)	1		4		
1=								
(A) ISSUER NAME: CARROLLTON PAYROLL DEVELOP					i.			
DATE THE REBATE COMPUTATION WAS PERFORMED:	03/20/2010	110						
A A C CLARK CO. SAVING A LANGUAGE CO. C. C. C. C. C. C. C. C. C. C. C. C. C.								
DEVELOP					!			
DATE THE REBATE COMPUTATION WAS PERFORMED: 0	03/20/2010	10						
432123 10-15-14						Sch	edule K (Fo	Schedule K (Form 990) 2014

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

FOUNDATION, INC.

Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Inspection

Name of the organization

UNIVERSITY OF WEST GEORGIA

**Employer identification number** 

58-6056464 Types of Property Part i (a) (d) (b) (c) Noncash contribution Check if Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art · Works of art Art - Historical treasures 3 Art · Fractional interests Books and publications 157. DONOR VALUED Clothing and household goods 6 Cars and other vehicles Boats and planes 7 26,000. DONOR VALUED X Intellectual property 8 150,426. X 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Secunties - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 9.500. DONOR VALUED 18 Collectibles 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 42,637. FMV 25 Other > (MATERIALS, 26 Other EVENT DECOR A) X 4,707. DONOR VALUED 155. 27 Other FMV 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 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 Х exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

# UNIVERSITY OF WEST GEORGIA Schedule M (Form 990) (2014) FOUNDATION, INC. 58-6056464 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information. SCHEDULE M, PART I, COLUMN (B): NUMBER OF CONTRIBUTORS SCHEDULE M, LINE 32B: EDWARD JONES SELLS CONTRIBUTIONS OF STOCK DONATED TO THE ORGANIZATION.

### SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

UNIVERSITY OF WEST GEORGIA Emplo

FOUNDATION, INC.

Employer identification number 58-6056464

FORM 990, PART VI, SECTION A, LINE 2: TRUSTEES ROBERT STONE AND CINDY DENNEY HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION A, LINE 8B: MINUTES ARE NOT ALWAYS MAINTAINED FOR COMMITTEE MEETINGS. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PROVIDED TO THE ENTIRE GOVERNING BODY PRIOR TO FILING. OUESTIONS AND CONCERNS ARE REPORTED TO THE FOUNDATION ASSOCIATE EXECUTIVE DIRECTOR FOR FURTHER RESEARCH AND CLARIFICATION AND CORRECTED AS NEEDED. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST FORMS ARE REQUIRED TO BY COMPLETED BY TRUSTEES. ANY TRUSTEE REFRAINING FROM VOTING ON A PARTICULAR MATTER PURSUANT TO BYLAW PROVISIONS WILL ALSO RECUSE HIMSELF OR HERSELF FROM DISCUSSIONS OR DELIBERATIONS ON THE MATTER. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990 PART VI, LINE 13 IN JULY 2014, THE BOARD OF TRUSTEES VOTED AND APPROVED WHISTLEBLOWER POLICY AND DOCUMENTATION RETENTION POLICIES.

<u>Schedule O (Form 990 or 990-EZ) (2014)</u>	Page 2
Name of the organization UNIVERSITY OF WEST GEORGIA FOUNDATION, INC.	Employer identification number 58-6056464
CHANGE IN SPLIT INTEREST VALUE	-1,490.
REFUND OF PRIOR YEAR CONTRIBUTIONS	-25,000.
TOTAL TO FORM 990, PART XI, LINE 9	-26,490.
FORM 990 PART XI, LINE 2C	
THERE HAVE BEEN NO CHANGES TO THE AUDITOR SELCTION PROCES	S, NOR THE
FINANCIAL STATEMENT REVIEW PROCESS.	
FORM 990 PART I, LINE 5	
THE UNIVERSITY OF WEST GEORGIA DONATES SALARIES AND RELAT	ED BENEFITS TO
THE FOUNDATION. THERE IS NO PAYROLL REPORTING BY THE FOU	ONDATION.
THE UNIVERSITY ALSO DONATES SUPPLIES AND RENTS.	
THE TOTAL OF DONATED SALARIES, BENEFITS, SUPPLIES AND REN	TS FOR THE
YEAR ENDED JUNE 30, 2014 WAS \$559,351.	
FORM 990	
FORM 990 IS BEING AMENDED FOR THE SHORT PERIOD JAN. 1, 20	14 TO JUNE 30,
2014. THIS RETURN REFLECTS THE PROPER CHANGE IN NET ASSE	TS FOR THIS
SHORT PERIOD. THE WRONG PERIOD'S NUMERIC DATA WAS ORIGIN	ALLY,
INADVERTENTLY, SUBMITTED AS THE SHORT PERIOD.	

SCHEDULE R (Form 990)

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2014

OMB No 1545-0047

►Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Employer identification number 58-6056464

> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. FOUNDATION,

UNIVERSITY OF WEST GEORGIA

Name of the organization

Part

Department of the Treasury Internal Revenue Service

SEORGIA FOUNDATION, GEORGIA FOUNDATION, Direct controlling SEORGIA FOUNDATION EORGIA FOUNDATION INIVERSITY OF WEST NIVERSITY OF WEST NIVERSITY OF WEST UNIVERSITY OF WEST entity  $\varepsilon$ INC. INC. HNC. End-of-year assets 12,871,404, 73,578 26 697 895 **e** 407,615, 839,990 Total income ፱ Legal domicile (state or foreign country) PEORGIA GEORGIA BEORGIA REAL ESTATE HOLDINGS Primary activity REAL ESTATE LESSORS REAL ESTATE LESSORS WEST GEORGIA FOUNDATION FOR STUDENT HOUSING UNIVERSITY OF WEST GEORGIA STUDENT HOUSING LLC, 1903 MAPLE STREET, CARROLLTON, GA Name, address, and EIN (if applicable) of disregarded entity EVERGREEN COMPLEX, LLC CARROLLTON, GA 30118 CARROLLTON, GA 30118 WOLVES RETAIL LLC 1903 MAPLE STREET 1903 MAPLE STREET 30118

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

GEORGIA

REAL ESATE LESSORS

LLC, 1903 MAPLE STREET, CARROLLTON, GA

30118

568 270

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(a)	(a)	(၁)	(Đ	(e)	<b>(</b>	(6)	6443
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(c) Y(d):
of related organization		foreign country)	section	status (if section		entity?	2
				501(c)(3))		Yes	8
UNIVERSITY OF WEST GEORGIA - 58-6002055							
1601 MAPLE STREET							;
CAROLLTON GA 30118	EDUCATION	GEORGIA	501(C)(3)	LINE 6	N/A		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 FOUNDATION, INC.

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

Page 2

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominan (related, un excluded from sections 51	t income related, tax under 2-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Seneral or OX managing Ule Pariner? (65) Yes No	(i) (k) General or Percentage managing pariner? Yes No	ا مو
				l L	·							I
												1
												<b>‡</b>
1 1 1 1	anizations Taxable	as a Corp	ration or Trust Co	molete if the	e organization a	nswered "Yes"	on Form 990.	Part IV. Ine 3	4 because it ha	l ob	nore related	ı I
Part IV organizations treated as a corporation or trust during the tax year.	poration or trust dur	ing the tax )	/ear.	-	)		•	-				
(a) Name, address, and EIN of related organization	Z	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	entity Share s corp, in	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section Section controlled entity?	
SPLIT-INTEREST TRUSTS (2) 1601 MAPLE STREET CAROLLTON GA 30118		TRUST		GA		TRUST		4,689,	148,094			1
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FOUNDATION, INC. Schedule R (Form 990) 2014 Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	slated organizations listed	in Parts II-IV?		
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	×	:	: .	1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X	
c Gift, grant, or capital contribution from related organization(s)				<b>1</b>	×
				Ţ	×
		:		2 4	: ×
	:			Đ	4
6 Dividende from related organization(e)				-	<b>&gt;</b>
			:	=	<b>4</b> :
g Sale of assets to related organization(s)		:		19	×
h Purchase of assets from related organization(s)	:	•		ŧ	×
i Exchange of assets with related organization(s)	:		:	<b>=</b>	×
j Lease of facilities, equipment, or other assets to related organization(s)	:	:	:	-1: X	
					-
k Lease of facilities, equipment, or other assets from related organization(s)	٠		:	¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anızation(s)	:		=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	•	:	<b>1</b>	×
	(s)uoi	•	:	٤	×
	(2)	•			4
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	:			0	×
p Reimbursement paid to related organization(s) for expenses	:	•		<b>1</b> 0	×
q Reimbursement paid by related organization(s) for expenses	:	:	:	1 <sub>0</sub> X	
r Other transfer of cash or property to related organization(s)			::	-	×
Other transfer of cash or property from related prognization(s)				. 4	<b>&gt;</b>
- 1	4 - 1 - 1 - 1 - 1			2	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	nis line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction tvoe (a-s)	(c) Amount involved	( <i>d</i> ) Method of determining amount involved	Involved	
	(in)				
(1)					
(2)					
(3)					
S					
(9)					
(9)					
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UNIVERSITY OF WEST GEORGIA FOUNDATION, INC.

Schedule R (Form 990) 2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 regarding exclusion for certain investment partnerships.

(a)  Name, address, and EIN  Pedominant income (related, unrelated, of entity  of entity  country)  (a)  (b)  (c)  (related, unrelated, norelated, norelat	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Areal Predominant income partners sec (related, unrelated, succluded from tax under sections 512-514) Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate altocations?	(h) (i) (j) (k) (k) (k) (h) (ii) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k	(j) teneral or partner? fes No	(k) Jercentage ownership
							Schedule	R (Form	Schedule R (Form 990) 2014

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Schedule F Part VII	R (Form 990) 2014  Supplemental Inform	FOUNDATION mation	<u>, I</u>	NC.	<del></del>	· ···	<del></del>	<u> 58-605</u>	6464	Page 5
	Provide additional informa	tion for responses to	questi	ions on Sc	hedule R (see	e instruction:	s)			
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