** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2023 calendar year, or tax year beginning $$ JUL $1,$ 2023 and end	ding J	<u>UN 30, 2024</u>						
B c	heck if pplicable	Georgia Southern University Athletic		D Employer identifi	cation number					
	_Addres _change									
	Name change	Doing business as		58-1485954						
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 8115-01	om/suite	E Telephone number 912-478-5519						
	termin- ated			G Gross receipts \$ 15,548,103.						
	Amend		•	H(a) Is this a group return						
	Application	F Name and address of principal officer: Trip Addison		for subordinates						
	pendin	same as C above		H(b) Are all subordinates in	ncluded? Yes No					
11	ax-exe	empt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c)() (insert no.) $\mathbf{\Box}$ 4947(a)(1) or $\mathbf{\Box}$	527		list. See instructions					
	Vebsit			H(c) Group exemption	n number					
		organization: X Corporation Trust Association Other Summary	L Year o	of formation: 1981	M State of legal domicile: GA					
	1	Briefly describe the organization's mission or most significant activities: $\ { t See} \ { t Sc} $	hedu.	le O						
Governance		,								
a I	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as:	sets.					
ĕ	з	Number of voting members of the governing body (Part VI, line 1a)		3	28					
	4	Number of independent voting members of the governing body (Part VI, line 1b)			27					
ο S		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			7					
iŧi.		Total number of volunteers (estimate if necessary)			29					
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
Φ	8	Contributions and grants (Part VIII, line 1h)		9,792,312.	11,980,898.					
Revenue	9	Program service revenue (Part VIII, line 2g)		1,601,932.	1,834,526.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		387,594.	854,019.					
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		253,991.	656,497.					
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,035,829.	15,325,940.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,270,847.	6,212,351.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
g	b ·	Total fundraising expenses (Part IX, column (D), line 25) 522,114	•							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,192,282.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,463,129.	9,022,490.					
	19	Revenue less expenses. Subtract line 18 from line 12		2,572,700.	6,303,450.					
Net Assets or				jinning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		<u>55,386,008.</u>	62,188,801.					
t As	21	Total liabilities (Part X, line 26)		31,527,275.	31,622,709.					
캺	22	Net assets or fund balances. Subtract line 21 from line 20		23,858,733.	30,566,092.					
	art II	Signature Block								
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer l	has any knowledge.						
		O'control of the time		Date						
Sig		Signature of officer		Date						
Her	е	Trip Addison, President								
		Type or print name and title	In	loto I a	DTIN					
		Print/Type preparer's name Preparer's signature		ate Check C	PTIN					
Paid	1	Mary Jo Alexander Mary Jo Alexander	[1]	1/12/24 self-employ						
	arer	Firm's name Mauldin & Jenkins, LLC		Firm's EIN 5	8-0692043					
Use	Only	Firm's address 200 Galleria Pkwy SE Ste 1700			0 055 0500					
		Atlanta, GA 30339-5946		Phone no. 77	0-955-8600					
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No					

	Georgia Southern University Athletic	
	990 (2023) Foundation, Inc. 58-1485954 Page	2
Pa	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u>
1	Briefly describe the organization's mission:	
	See Schedule O	_
		—
		—
		—
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No.	_
	prior Form 990 or 990-E∠? If "Yes," describe these new services on Schedule O.	J
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_
3	If "Yes," describe these changes on Schedule O.	J
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 7,710,906 . including grants of \$ 6,212,351 .) (Revenue \$ 1,834,526 .	_
	Promoting and supporting the athletic program of Georgia Southern	- ′
	University	_
		_

4b	(Code:	_) (Expenses \$		including grants of \$) (Revenue \$				
4c	(Code:	_) (Expenses \$		including grants of \$) (Revenue \$)		
4d	Other program	services (Describe on Sc	chedule O.)							
	(Expenses \$		including grants of \$) (Revenue \$)			
4e	Total program s	service expenses	7,71	0,906.						
							Form 99 0) (2023)		

4c

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		τ,	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	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		х	
40-	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	40-		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a		14a		<u>x</u>
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 7 4		
J	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		Х
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		Х
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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	

			Yes	No				
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		Х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23	Х					
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	Х					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c		X				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X				
25a	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				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37				
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X				
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x				
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III							
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
а		28a		x				
h	"Yes," complete Schedule L, Part IV	28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200						
Ū	"Yes," complete Schedule L. Part IV	28c		x				
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		Х				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
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		<u> </u>				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v					
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X					
. ui	Check if Schodula O contains a reasonage or note to any line in this Part V			X				
	Check if Schedule O contains a response or note to any line in this Part V		V	т —				
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No				
ıa b								
C								
C	(gambling) winnings to prize winners?	1c	Х					
	O 0/ 0 F							

Part V

					Yes	No					
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	2a	7								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	77					
3a				3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					l					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad		,								
5a				<u>5a</u> 5b		X					
b	, , , , , , , , , , , , , , , , , , , ,										
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	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 contribution		-								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).				7.7						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X						
b				7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
	to file Form 8282?	1 1		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e 7f		X					
f	3 , 3 , 1 , 1										
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		_							
				8							
9	Sponsoring organizations maintaining donor advised funds.			9a							
а											
b				9b							
10	Section 501(c)(7) organizations. Enter:	ا مدا									
a	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	المدا									
	Gross income from members or shareholders	11a									
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446									
10-	amounts due or received from them.)	11b		10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?		12a							
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZU									
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
а	Note: See the instructions for additional information the organization must report on Schedule O.			ISa							
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
b	organization is licensed to issue qualified health plans	13b									
•	Enter the amount of reserves on hand	13c									
				14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1 10							
.5	excess parachute payment(s) during the year?			15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.			13							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	e?	16		х					
	If "Yes," complete Form 4720, Schedule O.		··	.0							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities									
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Ves " complete Form 6060										

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						X						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28									
	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 on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	27									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other									
	officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision									
	of officers, directors, trustees, or key employees to a management company or other person?			3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6	Did the organization have members or stockholders?			6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or									
	more members of the governing body?			7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or									
	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:									
а	The governing body?			8a	X							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	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 characteristics.	apters	, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b												
12a												
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe									
	on Schedule O how this was done			12c	Х							
13	Did the organization have a written whistleblower policy?			13	X							
14	Did the organization have a written document retention and destruction policy?			14	Х							
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
	The organization's CEO, Executive Director, or top management official			15a		X						
b	Other officers or key employees of the organization			15b		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a									
	taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ											
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed GA											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are	d 990	-T (section 501(c)(3)	only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website X Another's website X Upon request Other (explain											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy, and	d financ	cial							
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records									
	Craig Brown - 912-478-5519											
	P.O. Box 8053 Statesboro GA 30460											

Foundation, Inc.

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Form 990 (2023) 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, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	I	IIIZA)	ірсі	Jac	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	one	Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son is	s both	an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		oloyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Trip Addison	12.00									
President, Ex-officio		Х		Х				242,898.	0.	41,569.
(2) Craig Brown	20.00									
CFO				Х				130,609.	0.	23,542.
(3) Davis Hendrickson	40.00									
Executive Director				Х				118,355.	0.	28,838.
(4) Burke, Bryan	0.50									
Chair		Х		Х				0.	0.	0.
(5) Mullis, Spence	0.50									
Chair Elect		Х		Х				0.	0.	0.
(6) Bevill, Leonard	0.50									
Past Chair		Х		X				0.	0.	0.
(7) Stalnaker, Ron	0.50									_
Treasurer		Х		X				0.	0.	0.
(8) Benko, Jared	0.50									_
Ex-Officio Board Member		Х						0.	0.	0.
(9) Backus, Mike	0.50									_
Board Member		Х						0.	0.	0.
(10) Cornelius, John	0.50									
Board Member		Х						0.	0.	0.
(11) Curry, Mike	0.50									
Board Member		Х						0.	0.	0.
(12) Deal, Horace	0.50									•
Board Member	2 5 2	Х						0.	0.	0.
(13) Donaldson, Bill	0.50									
Board Member	2 52	Х						0.	0.	0.
(14) Estrada, Marcelo	0.50								•	•
Board Member	0 50	Х						0.	0.	0.
(15) Ethridge, Carolyn	0.50									0
Board Member	0 50	Х						0.	0.	0.
(16) Hickman, Billy	0.50	٠,,							_	^
Board Member	0 50	Х				\vdash		0.	0.	0.
(17) Hopkins, Darryl	0.50	37							_	•
Board Member		X						0.	0.	0.

Form 990 (2023) FOURGACE	on, inc.								30-1403	934 Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than (ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week (list any		l ai	lu a u	II ecit	Tuus	(66)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	ution	-ia	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) Huckaby, Clay	0.50									
Board Member		Х						0.	0.	0.
(19) Knox, Sean	0.50									
Board Member		Х						0.	0.	0.
(20) Marrero, Kyle	0.50									
Ex-Officio Board Member		Х						0.	0.	0.
(21) McCurry, Cliff	0.50									
Board Member		Х						0.	0.	0.
(22) Milner, Stephen	0.50									
Ex-Officio Board Member		Х						0.	0.	0.
(23) Nelson, Dorline	0.50									
Board Member		Х						0.	0.	0.
(24) Roberson, Kevin	0.50									
Board Member		Х						0.	0.	0.
(25) Smith, Garrett	0.50									
Board Member		Х						0.	0.	0.
(26) Snider, Jerry	0.50							_	_	_
Board Member		Х						0.	0.	0.
1b Subtotal								491,862.	0.	93,949.
c Total from continuation sheets to Part V	I, Section A		0.	0.	0.					
d Total (add lines 1b and 1c)								491,862.	0.	93,949.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Blue Mile Catering		
454 South Main Street, Statesboro, GA 30458	catering	300,520.
Goodwyn Mills Cawood, LLC, 2660 Eastchase		
Lane Suite 200, Montgomery, AL 36117	design/construction	215,120.
Whitfield Signs, 91 South College Street,		
	design/construction	197,001.
Bring it Promotions, LLC, 10189 Kleinbrook		
St, Highlands Ranch , CO 80126	travel services	151,858.
Revel XP LLC		
2111 Marvyn Pkwy, Opelika, AL 36804	game day hospitality	110,742.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		

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Port VIII									20-140	J J J I
Part VII Section A. Officers, Directors, Tru	1	nplo	yee			lighe	est (1	' '	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee ee			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		96	suadi				and related
	organizations below	ual tr	tional		yoldı	tcom	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(05) 6 7 1		드	드	0	Ÿ	エ	Œ			
(27) Somers, Bob	0.50	.,							0	0
Board Member	0.50	Х						0.	0.	0.
(28) Timmons, Erica	0.50								•	•
Board Member		Х						0.	0.	0.
(29) Tippins, Anthony	0.50									_
Board Member		Х						0.	0.	0.
(30) Vickers, Heath	0.50									
Board Member		Х						0.	0.	0.
(31) Wickley, Adam	0.50									
Board Member		Х						0.	0.	0.
		-								
			\vdash							
		-								
		-								
-	-									
		1								
		1								
	L	1					1			
Total to Dort VIII. Continue A. Line 4 -										
Total to Part VII, Section A, line 1c								<u> </u>		

Form 990

Form 990 (2023) Foundation, Inc.

Part VIII Statement of Revenue

		Check if Schedule O	ontains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ည တ	1 a	Federated campaigns		1a					
an	b								
ΩĔ		Fundraising events			263,191.				
ifts		Related organizations		1 1	·				
nis G		Government grants (contri							
Sir		All other contributions, gifts,							
k E	-	similar amounts not included			11,717,707.				
	g			· .	670,301.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		-31+	•	11,980,898.			
					Business Code	, ,			
o o	2 a	Interest Income on I	irect	Financi	900099	935,482.	935,482.		
<u>Ş</u>	2 u h	Stadium Suites Incom			532000	899,044.	899,044.		
Ser	c					, -	,		
E S	d								
gra Re	u Д								
Program Service Revenue	f	All other program service	revenue						
_	'	-				1,834,526.			
-	3	Investment income (includ			et and	_,==,,===			
	J					682,787.			682,787.
	4	Income from investment o				7			, , , , , , ,
	5	Royalties		-	nocccus				
	•	rioyanics		(i) Real	(ii) Personal				
	6 2	Gross rents	6a	(1) 1 10 41	(.,, : :::::::::::::::::::::::::::::::::				
			6b						
	b	Rental income or (loss)	6c						
	4	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	Securities	(ii) Other				
	ı a	assets other than inventory	7a	137,314.					
	h	Less: cost or other basis	14	107,011.	72,000.				
a	b	and sales expenses	7b	58,762.	0.				
ž	_	Gain or (loss)	7c	78,552.					
Revenue				-		171,232.			171,232.
<u>بر</u>		Net gain or (loss)				1/1,101.			171,202.
)ther	o a	including \$							
٥		contributions reported on							
		Part IV, line 18	,	I .	42,788.				
	h	Less: direct expenses			<u> </u>				
		Net income or (loss) from			, , , , , , ,	-53,016.			-53,016.
		Gross income from gamin		-		, , , , , , , , , , , , , , , , , , , ,			, , , , , ,
	Ju	Part IV, line 19		I	126,047.				
	h	Less: direct expenses		I	· · · · · ·				
		Net income or (loss) from			, , , , , , , ,	58,450.			58,450.
		Gross sales of inventory, le				, -			, -
	10 4	and allowances		I					
	h	Less: cost of goods sold		I					
		Net income or (loss) from			-1				
$\overline{}$			24,00 01	voritory	Business Code				
Sno	11 a	Refunds and Reimburs	ements	5	900099	538,569.			538,569.
nec Tue	b				900099	112,494.			112,494.
Miscellaneous Revenue	c	-				,			, , ,
<u>iš</u> č		All other revenue							
Σ		Total. Add lines 11a-11d				651,063.			
	12	Total revenue. See instruction				15,325,940.	1,834,526.	0.	1510516.

Check if Schedule O contains a response or note to any line in this Part IX Check	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	r organizations must con	nplete column (A).					
Total expenses Program service Program ser		Check if Schedule O contains a response or note to any line in this Part IX								
and domestic governments. See Part IV, line 21 2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 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 parsons (as striffed under ascidinal 4986(x)(3)(8) 6 7 Other satisfied under ascidinal 4986(x)(3)(8) 7 Other employee benefits 9 Payroll taxes 9 Payroll taxes 9 Payroll taxes 11 Fees for services (nonemployees) 22, 500 . 22, 5		· · · · · · · · · · · · · · · · · · ·	(A) Total expenses	Program service	Management and	Fundraising				
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 57 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of inclivided above to disqualified persons (as defined under section 4586(ft) (ft) and persons described in section 4586(ft) (ft) and persons (as the first expression 4586(ft) (ft) and 403(ft) employer contributions (include section 401(ft) and 403(ft) employer (include s	1	Grants and other assistance to domestic organizations								
individuals. Sae Part N, line 22 3		and domestic governments. See Part IV, line 21	6,212,351.	6,212,351.						
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 4016) and 403(b) employer contributions (include 4016) and 403(b) employer employer (include 4016) and 403(b) employer (include 4016)	2	Grants and other assistance to domestic								
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22								
Individuals, See Part IV, lines 15 and 16 Benefits paid to or for members	3	Grants and other assistance to foreign								
### A part to a for members Compensation of current officers, directors, trustees, and key employees		organizations, foreign governments, and foreign								
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as othered under section 4958(f) (f)) and 4958 (f)) and 4958 (f) and acruals and contributions (include section 4018) and 495(f) employer contributions (include section 495(f) employer contributions (include section 495(f) employer (include 495(f) employer (include section		individuals. See Part IV, lines 15 and 16								
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8) 7 Other salprise and wages 8 Pension plan accruals and contributions (include section 40(4)) and 497(4) and	4	Benefits paid to or for members								
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(r) and 403(r) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 1a Management b Logal	5									
persons (asc defined under section 4986()(1)) and persons described in section 4986()(3)(8) 7 Other selaries and wages 8 Pension plan accruals and contributions (include section 4016() and 403()) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal		trustees, and key employees								
persons described in section 4988(c)(3)(B) 7 Other salaries and wages 8 Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal	6	· · · · · · · · · · · · · · · · · · ·								
7 Other salaries and wages										
8 Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits										
Section 401(k) and 403(b) employer contributions) Other employee benefits O Payroll taxes Sees for services (nonemployees):										
9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal	8									
10 Payroll taxes	_									
The set for services (nonemployees): a Management										
a Management b Legal										
b Legal		•								
Company Comp	_		1 050		1 050					
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion	D									
Professional fundraising services. See Part IV, line 17 Investment management fees 4,098. 4,098. 34,098. 37,746. 118,347. 377.	ر. د		22,500.		22,300.	-				
f Investment management fees 4 , 098	a									
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 86,631. 156,093. 37,746. 118,347. 286. 350. 376. 286. 350. 386,148. 483. 14 Information technology 15 Royalties Cocupancy 17 Travel 130,969. 1,787. 129,182. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 10 Conferences, conventions, and meetings 232,015. 10 Interest 1,050,522. 1,050,522. 1,050,522. 20 Depreciation, depletion, and amortization 448,033. 448,033. 448,033. 60,183. 20 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) 8 Bad Debt Expense 5 Supplies 104,004. 82,788. 21,216. Dues and Memberships 4,848. 4,471. 377. 481,018. 481,018. 5 Upplies 104,004. 82,788. 21,216. Dues and Memberships 4,848. 4,471. 377. 4,948. 4,9471. 377. 522,114.	f		4 098		4 098	_				
Column (A), amount, list line 11g expenses on Sch 0.) 156, 093. 37,746. 118,347.			1,0301		1,0301					
12 Advertising and promotion 636. 286. 350. 13 Office expenses 86,631. 86,148. 483. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 130,969. 1,787. 129,182. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 232,015. 3,165. 228,850. 20 Interest 1,050,522. 1,050,522. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 448,033. 448,033. 23 Insurance 60,183. 60,183. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 481,018. 481,018. 2 Bad Debt Expense 481,018. 482,788. 21,216. 2 Dues and Memberships 23,631. 322. 23,309. 3 Miscellaneous 4,848. 4,471. 377. 2 Alother expense	9	•	156,093.		37,746.	118,347.				
13	12									
14	13		86,631.		86,148.	483.				
15 Royalties	14									
17 Travel 130,969. 1,787. 129,182.	15									
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Interest 10 Depreciation, depletion, and amortization 10 Insurance 11 Office expenses. Itemize expenses on tovered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 10 Bad Debt Expense 10 Supplies 10 Dues and Memberships 21 Miscellaneous 22 All other expenses. Add lines 1 through 24e 23 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in if following SOP 98-2 (ASC 958-720) 23 Joint osts. Convertions, and meetings 23 Joint 5. 24 All otherest 24 All otherest 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	16	Occupancy								
for any federal, state, or local public officials 19	17	Travel	130,969.		1,787.	129,182.				
19 Conferences, conventions, and meetings 232,015 3,165 228,850 20 Interest 1,050,522 1,050,522 21 Payments to affiliates 248,033 448,033 448,033 22 Depreciation, depletion, and amortization 448,033 448,033 60,183 23 Insurance 60,183 60,183 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Bad Debt Expense 481,018 481,018 b Supplies 104,004 82,788 21,216 c Dues and Memberships 4,848 4,471 377 d Miscellaneous 4,848 4,471 377 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 9,022,490 7,710,906 789,470 522,114 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	18	Payments of travel or entertainment expenses								
20 Interest		, , , ,	222 215							
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 30 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Bad Debt Expense b Supplies c Dues and Memberships d Miscellaneous e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in trollowing SOP 98-2 (ASC 958-720)	19	_		1 050 500	3,165.	228,850.				
Depreciation, depletion, and amortization 1448,033. 448,			1,050,522.	1,050,522.						
23 Insurance 60,183. 60,183. 24 Other expenses. Itemize expenses on tovered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Bad Debt Expense 481,018. 481,018. b Supplies 104,004. 82,788. 21,216. c Dues and Memberships 23,631. 322. 23,309. d Miscellaneous 4,848. 4,471. 377. e All other expenses. Add lines 1 through 24e 9,022,490. 7,710,906. 789,470. 522,114. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			440 022	440 022						
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Bad Debt Expense b Supplies c Dues and Memberships d Miscellaneous e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				440,033.	60 102					
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Bad Debt Expense b Supplies c Dues and Memberships d Miscellaneous All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			00,103.		00,103.					
Bad Debt Expense b Supplies c Dues and Memberships d Miscellaneous e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 481,018. 104,004. 82,788. 21,216. 322. 23,309. 4,848. 7,710,906. 789,470. 522,114.	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),								
b Supplies c Dues and Memberships d Miscellaneous 4,848. 23,631. 322. 23,309. 4,848. 4,471. 377. e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	а		481.018.		481.018.					
Dues and Memberships d Miscellaneous 4,848. All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						21,216.				
Miscellaneous e All other expenses Total functional expenses. Add lines 1 through 24e 9,022,490. 7,710,906. 789,470. 522,114. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	c									
Total functional expenses. Add lines 1 through 24e 9,022,490. 7,710,906. 789,470. 522,114. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	d				4,471.					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	е									
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	9,022,490.	7,710,906.	789,470.	522,114.				
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization								
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined								
		Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)				

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note to	to any I	ine in this Part X			X
					(A) Beginning of year		(B) End of year
	1	9			2,242,096.	1	2,328,361.
	2			11,513,802.	2	9,822,299.	
	3	Pledges and grants receivable, net			8,558,816.	3	11,485,718.
	4	Accounts receivable, net			8,127.	4	585,850.
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	ntial cor	ntributor, or 35%			
		controlled entity or family member of any of these p	person	sL		5	
	6	Loans and other receivables from other disqualified	d perso	ons (as defined			
		under section 4958(f)(1)), and persons described in	n sectio	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	5			1,160.	9	1,160.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		18,456,089.			
	b	Less: accumulated depreciation	10b	2,762,822.	11,180,506.	10c	15,693,267.
	11	Investments - publicly traded securities			3,785,531.	11	4,693,366.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			18,059,096.	13	17,535,068.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			36,874.	15	43,712.
	16	Total assets. Add lines 1 through 15 (must equal I			55,386,008.	16	62,188,801.
	17	Accounts payable and accrued expenses	1,746,062.	17	96,609.		
	18	Grants payable		222 526	18	0.45 0.60	
	19	Deferred revenue			939,726.	19	945,862.
	20	Tax-exempt bond liabilities			18,492,829.	20	17,910,187.
	21	Escrow or custodial account liability. Complete Par				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
jab		controlled entity or family member of any of these p				22	
_	23	Secured mortgages and notes payable to unrelated			C 004 400	23	10 000 000
	24	Unsecured notes and loans payable to unrelated the	-		6,924,422.	24	10,000,000.
	25	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 17	-	· 1	2 424 226		2 670 051
		of Schedule D			3,424,236.		
	26	Total liabilities. Add lines 17 through 25		X	31,527,275.	26	31,622,709.
ý		Organizations that follow FASB ASC 958, check	(nere				
nce	07	and complete lines 27, 28, 32, and 33.			9,414,060.	27	12,217,516.
ala	27	Net assets without donor restrictions			14,444,673.	28	18,348,576.
B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958			11,111,0/3.	20	10,340,370
Ë		and complete lines 29 through 33.	o, crieci	K flere			
ō	20	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equip				30	
\ss	31	Retained earnings, endowment, accumulated inco				31	
et/	32	Total net assets or fund balances			23,858,733.	32	30,566,092.
Ž	33	Total liabilities and net assets/fund balances			55,386,008.	33	62,188,801.
	J	וייים וומטווונופי מוזע וופנ מסטפנט/זעוזע טמומוונפט			33,300,000.	JJ	Garage 990 (2002)

Georgia Southern University Athletic Foundation, Inc.

58-1485954 Page **12** Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,32		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,02	2,4	<u>90.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	6,30	3,4	<u>50.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,85	8,7	<u>33.</u>
5	Net unrealized gains (losses) on investments	5	40	3,9	<u>09.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	30,56	6,0	<u>92.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Georgia Southern University Athletic

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

58-1485954 Foundation, Inc. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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: 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.) 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 III 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3927250.	4489671.	9167708.	9792312.	11980898.	39357839.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge	861 128	912 137	1025011.	1156829	12/8172	5203277.
4		4788378.	5/01808	10192719.	100/01/1	132290770	11561116
	Total. Add lines 1 through 3	4700370.	2401000.	10192/19.	10343141.	13223070.	44301110.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5110899.
	Public support. Subtract line 5 from line 4.						39450217.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4788378.	5401808.	10192719.	10949141.	<u> 13229070.</u>	44561116.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	69,425.	49,116.	65,725.	394,271.	682,787.	1261324.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	139,155.	75,425.	84.007.	181,547.	651.063.	1131197.
11	Total support. Add lines 7 through 10		70 / 110	01/00/			46953637.
	Gross receipts from related activities,	etc (see instructio	ine)				,404,157.
	First 5 years. If the Form 990 is for th	•	,	fourth or fifth tax v			7 - 0 - 7 - 0 - 0
.0	organization, check this box and stor	-		· · · · · · · · · · · · · · · · · · ·			
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (li			column (f))		14	84.02 %
	Public support percentage from 2022					15	86.85 %
	33 1/3% support test - 2023. If the o						
100	stop here. The organization qualifies	-					T
h	33 1/3% support test - 2022. If the c		-		line 15 is 33 1/3%		
b							
474	and stop here. The organization qualifies as a publicly supported organization						
ı/a							
	and if the organization meets the facts			-	•	vi now the organiz	auon —
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	3 <u> </u>

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include 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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,	` '	` '			,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
				•			
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2023. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2022. If the						nd
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% 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 on 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 on line 9a) 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 on line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		
	_		
	2		
	За		
	- Ou		
	3b		
	3с		
	_		
	4a		
	4b		
	75		
	4c		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	8		
	O		
	9a		
	9b		
	JU		
	9с		
	10a		
	iva		
	10b		
lule	A (Forn	n 990)	2023

Pai	rt IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 on line 2, above, did the organization's supported organizations have a	_		
Ū	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			
	supported organizations played in this regard.	3		
Sec	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 instructions)	_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	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				
-	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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	·			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Georgia Southern University Athletic

Foundation, Inc. 58-1485954 Page 6 Schedule A (Form 990) 2023

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Evenes from 2023				

Schedule A (Form 990) 2023

Georgia Southern University Athletic Foundation. Inc.

58-148<u>5954 Page 8</u> Foundation, Inc. Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Georgia Southern University Athletic

Foundation, Inc.

Semployer identification number
58-1485954

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; I line 1. Complete Parts I and II.
contributor, during literary, or educati	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering o) instead of the contributor name and address), II, and III.
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year \$
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Georgia Southern University Athletic

Foundation Inc.

Employer identification number

Foundation, Inc. 58-1485954 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person **Payroll** 3,000,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person **Payroll** 1,153,600. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person X **Payroll** 1,000,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 598,100. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person **Payroll** 500,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for

Name of organization

Georgia Southern University Athletic

Foundation, Inc.

Employer identification number

58-1485954

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Collection of 26 antique automobiles.		
4			
		\$\$\$	05/13/24
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		,	
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Tarti			
		_	
		\$	
(-)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		_	
		—	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		-	
		<u> </u>	

Name of organization **Employer identification number** Georgia Southern University Athletic Foundation, Inc. 58-1485954 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

Georgia Southern University Athletic Foundation, Inc.

Employer identification number 58-1485954

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	d in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	ι	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	ind not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tree		an Cimilar Assats
Ра	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Ou	ier Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		nuo statamant an	ad balance about works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
b		•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lutthe	erance of public service,
	provide the following amounts relating to these items.			c
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
_	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$
h				

Georgia Southern University Athletic 58-1485954 Page 2 Foundation, Inc. Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program Scholarly research h Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on 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? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2,234,953, 1,900,240, 2,142,176. 1,645,078 1,326,871. **1a** Beginning of year balance 371,146. 230,382. 2,871. 38,185 337,906. Contributions 323,464. 104,331. -244,807. 458,913. -19,699. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses 2,929,563. 2,142,176. 1,645,078. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: .0000 Board designated or quasi-endowment 73.0000 Permanent endowment 27.0000 % The percentages on 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 Yes No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on 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	(d) Book value
1a Land		80,301.		80,301.
b Buildings		15,659,287.	1,934,724.	13,724,563.
c Leasehold improvements				
d Equipment		2,716,501.	828,098.	1,888,403.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	15,693,267.			

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Foundation, Part VII Investments - Other Securities	Inc.	58	3-1485954 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-ot-year market value
(1) Investment in Direct	15 525 060	7 1 6 77 26 1 1	1
(2) Financing Lease	17,535,068.	End-of-Year Market	Value
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	17 525 060		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	17,535,068.		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1:	1d See Form 990 Part X line 15	
	Description	14. CCC 1 CITI CCC, 1 4.17X, IIIC 1C.	(b) Book value
(1)			(b) Dook takes
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	(B))		
Complete if the organization answered "Yes"	on Form 990, Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability	, , ,	,	(b) Book value
(1) Federal income taxes			1
(2) Accrued Interest			371,538.
(3) Due to GSU and GSU Foundat	ion		2,278,493.
(4) Other liabilities			20,020.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col	(B))		2,670,051.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve		age 🕶
	Complete if the organization answered "Yes" on Form 990, Part IV, line		, p	
1	Table of the second of the sec		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5	
Pa	T XII Reconciliation of Expenses per Audited Financial State	-	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities			
b	Prior year adjustments	1 4 1		
С.	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			
	t XIII Supplemental Information		, -,	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			
<u>Pa</u>	et X, Line 2:			
The	e Foundation is considered a 501(c) (3) o	orporation	under the Internal	
Rev	venue Service Code and as such pays no fe	ederal or st	ate income tax on	
<u>al</u>	revenues related to its tax-exempt fund	tions. The	Foundation believes	
tha	at it has appropriate support for any tax	positions	taken, and as such,	
doe	es not have any uncertain tax positions t	hat are mat	erial to the	
fir	nancial statements.			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Georgia	Southern Universi	ty A	Ath]	letic		Employer ide	ntification number
	ion, Inc.					58-1485954	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments b If "Ses," list the 10 highest paid individendments 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total	1						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from re	gistration
					—		

Georgia Southern University Athletic

Schedule G (Form 990) 2023

Foundation, Inc.

58-1485954 Page 2

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
\neg		or randraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
			1 ' '	Evening with	' '	(d) Total events
			1	the Allstars		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ue						
Revenue	1	Gross receipts	205,732.	73,875.	26,372.	305,979.
	2	Less: Contributions	172,018.	71,731.	19,442.	263,191.
	3	Gross income (line 1 minus line 2)	33,714.	2,144.	6,930.	42,788.
	4	Cash prizes				
σ	5	Noncash prizes		3,581.		3,581.
seuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	28,310.	5,757.		34,067.
Dire						
	8	Entertainment Other direct expenses	39,375.	10 540	1 212	39,375. 18,781.
	9	Other direct expenses	4,926.	12,542.	1,313.	
	10	Direct expense summary. Add lines 4 through	9 in column (d)			95,804.
Pa	11 rt I			.000 Dort IV line 10 or		-53,016.
1 4		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
		ψ10,000 0111 01111 000 EE, 11110 0α.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Ä	1	Gross revenue			126,047.	126,047.
	2	Cash prizes			31,706.	31,706.
ses	_	Odon prizos			327.000	3277000
Direct Expenses	3	Noncash prizes				
irect	4	Rent/facility costs				
	5	Other direct expenses			35,891.	35,891.
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	X No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			67,597.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			58,450.
		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming ac				X Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended. or te	rminated during the tax	year?	Yes X No
		Yes," explain:				
	_					

Georgia Southern University Athletic

Sch	edule G (Form 990) 2023 Foundation, Inc. 5	8-1485954	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a 100	.00 %
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name Craig Brown, CFO		
	Address P.O. Box 8053 - Statesboro, GA 30460		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	X Yes	☐ No
	olf "Yes," enter the amount of gaming revenue received by the organization support of gaming revenue retained by the third party support of gaming revenue retained by the third party support of gaming revenue retained by the third party:	nt	
	Name AscendFS Deleware Inc.		
	Address 1 Yonge St. Ste 700 - Toronto, Ontario, CANADA		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Georgia Southern University Athletic Foundation, Inc. Schedule G (Form 990) Foundation Part IV Supplemental Information (continued) 58-1485954 Page 4

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

Georgia Southern University Athletic

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Foundatio	n, Inc.						58-1485954
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monito	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	1	· · · · · · · · · · · · · · · · · · ·	-		(f) Method of		Γ
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Georgia Southern University							
1332 Southern Drive							Scholarships and Athletic
Statesboro, GA 30458	58-6002059		3,588,664.	0.			Department Support
	00 0002005		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
2 Enter total number of section 501(c)(3) a	ind government org	anizations listed in the	e line 1 table				
3 Enter total number of other organization	s listed in the line 1	table					0.

Georgia Southern University Athletic Foundation, Inc.

Schedule I (Form 990) 2023 58-1485954

Page 2

(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 noncash assistan
Supplemental Information. Provide the information	ation required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	

Schedule I (Form 990) 2023 332102 11-01-23

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

Georgia Southern University Athletic
Foundation, Inc.

Employer identification number 58-1485954

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Trip Addison	(i)	242,898.	0.	0.	22,738.	18,831.	284,467.	0.
President, Ex-officio	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Craig Brown	(i)	130,609.	0.	0.	12,591.	10,951.		0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Form 990 Part VII Line 1a President, Trip Addison, is compensated by an unrelated organization, Georgia Southern University, "GSU". His compensation for 2023 was \$242,898. Employer paid benefits include \$18,831 for medical insurance and \$22,738 in retirement contributions. As GSU VP University Advancement, this position's responsiblities include day to day management of the GSU Athletic Foundation involving approximately 30% of Trip Addison's time. Chief Financial Officer, Craig Brown, is compensated by an unrelated organization, Georgia Southern University, "GSU". His compensation for 2023 was \$130,609 in salary. Employer paid benefits include \$10,951 for medical insurance and \$12,591 in retirement contributions. As Chief Financial Officer, this position's resposibilities include day to day management of the financial actions of the organization. Craig Brown is also CFO of GSU Foundation and splits his time between both foundations. Executive Director, Davis Hendrickson, is compensated by an unrelated organization, Georgia Southern University, "GSU". His compensation for 2023 was \$118,355. Employer paid benefits include \$18,120 for medical

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
insurance and \$10,718 in retirement contributions. As Executive
Director, this position's responsibilities include day to day
management of the GSU Athletic Foundation.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023 Open to Public Inspection

Name of the organization

Georgia Southern University Athletic

Foundation Inc.

Employer identification number 58-1485954

foundation, inc.							Q - T	485	954		
Part I Bond Issues See Part VI for Column	n (a) Cont	tinuati	ons								
(a) Issuer name (b) Issuer EIN (c) CUSIP #	(d) Date issued	(e) Issu	ıe price	(f) Descript	on of purpose	(g) De	feased	(h) On	behalf	(i) Po	
								of is:	suer	finan	ıcin
						Yes	No	Yes	No	Yes	N
Development Authority of				Stadium							
A Bulloch County Series 20 58-1538786 120334DX2	06/30/13	2297	8335.C	Construc	tion		X		X		Х
											ĺ
В											<u> — </u>
											ĺ
C											\vdash
D Dracedo									l		
Part II Proceeds				В	С				D		—
1 Amount of bonds retired	4 28	5,849.		В					<u> </u>		
1 Amount of bonds retired 2 Amount of bonds legally defeased		3,043.									
3 Total proceeds of issue		8,335.									
4 Gross proceeds in reserve funds		8,400.									
5 Capitalized interest from proceeds		1,698.									
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds		4,884.									
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds		0,207.									
11 Other spent proceeds	. 10,02	4,844.									
12 Other unspent proceeds											
13 Year of substantial completion	2	014									
	Yes	No	Yes	No	Yes	No		Yes	_	No	
Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,		77									
if issued prior to 2018, a current refunding issue)?		X							+		
Were the bonds issued as part of a refunding issue of taxable bonds (or, if		v									
issued prior to 2018, an advance refunding issue)?	Х	X			 						
Has the final allocation of proceeds been made?	A			+					-		
Does the organization maintain adequate books and records to support the	x										
final allocation of proceeds?	🛕							.1116			

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

Schedule K (Form 990) 2023

Georgia Southern University Athletic Foundation, Inc. 58-1485954

Par	t III Private Business Use								
			Α	I	В		С)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?	X							
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities		•		•				
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a		-		-				
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%	%			%
7	Does the bond issue meet the private security or payment test?		X		1		, ,		, -
	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or				•		-		
-	disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		T				73		7.0
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
·	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		X						
Par	t IV Arbitrage								l
			Α		В		С	I)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
-	Penalty in Lieu of Arbitrage Rebate?		X		110		1.10		
2	If "No" to line 1, did the following apply?				•		-		
	Rebate not due yet?		Х						
	Exception to rebate?		Х						
	No rebate due?	Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		•		•		•		•
	performed								
3	Is the bond issue a variable rate issue?		Х						

Page 2

Part IV Arbitrage (continued)								
		4	E	3)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action		•		•	•			
		4	E	3	(С)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	ictions.					
Schedule K, Part I, Bond Issues:								
(a) Issuer Name: Development Authority of Bulloch	County	y Serie	s 2013	Bond				
Schedule K, Part IV, Arbitrage, Line 2c:								
(a) Issuer Name: Development Authority of Bulloch	County	y Serie	s 2013	Bond				
Date the Rebate Computation was Performed: 06	/12/20	18						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Georgia Southern University Athletic Foundation, Inc.

Employer identification number 58-1485954

Pai	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	•
		арріісаріє		Form 990, Part VIII, line 1g	Tioricasii contribu	LIOIT AII		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	8	87,807.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	1	548,100.	FMV			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			22.22				
25	Other (Construction ma)	X	1	30,000.				
26	Other (Supplies & Equi)	X	3	4,394.	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29		— т		
	5						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the		•	·		00-		v
	exempt purposes for the entire holding period?					30a		Х
	If "Yes," describe the arrangement in Part II.	aliay that	auiroo the review :	of any panatandard contains	tions?	0.4	v	
31	Does the organization have a gift acceptance p) 61 IUI.	31	X	
32a	Does the organization hire or use third parties or					20-		Х
L	contributions? If "Yes," describe in Part II.					32a		
33	If the organization didn't report an amount in co	olumn (a) far	a type of property	for which column (a) is show	sked			
33	describe in Part II.	Marrier (C) 101	a type of property	ioi willon column (a) is chec	incu,			
	GOODING III I AIL II.							

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

Schedule M (Form 990) 2023

Georgia Southern University Athletic Foundation, Inc.

Schedule M (Form 990) 2023 Foundation, Inc.	58-1485954	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and		tion
is reporting in Part I, column (b), the number of contributions, the number of items received, or a c	combination of both. Also comp	plete
this part for any additional information.		
Schedule M, Part I, Column (b):		
Number of contributors.		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Georgia Southern University Athletic Foundation, Inc.

Form 990, Part I, Line 1, Description of Organization Mission:

Employer identification number 58-1485954

The mission of the Georgia Southern University Athletic Foundation, Inc. is to provide financial support for athletic scholarships, facilities and staff enhancement for the Athletic Department of Georgia Southern University. Additionally, the Foundation provides communication and services for all Friends of Eagles athletics. All of the activities of the Foundation are conducted with the highest regard for academic and athletic excellence and within the guidelines established by the University System of Georgia Board of Regents, conference affiliations, and the National Collegiate Athletic Association. Form 990, Part III, Line 1, Description of Organization Mission: The mission of the Georgia Southern University Athletic Foundation, Inc. is to provide financial support for athletic scholarships, facilities and staff enhancement for the Athletic Department of Georgia Southern University. Additionally, the Foundation provides communication and services for all Friends of Eagles athletics. All of the activities of the Foundation are conducted with the highest regard

for academic and athletic excellence and within the guidelines

conference affiliations, and the National Collegiate Athletic

established by the University System of Georgia Board of Regents,

Association.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization Georgia Southern University Athletic Employer identification number 58-1485954

Form 990, Part VI, Section B, line 11b:

A draft of the 990 tax return was reviewed by the Executive Committee prior to its filing.

Form 990, Part I, Line 5 and Part V, Line 2a

The Georgia Southern University Athletic Foundation, Inc. does not

maintain a payroll. The Foundation's seven (7) employees are on the

payroll of Georgia Southern University, "GSU", an unrelated

organization. GSU donated salaries and benefits for 2023 totaled

\$1,248,172.

Form 990, Part VI, Section B, Line 12c:

Disclosures are reviewed by Executive Director and Treasurer.

Form 990, Part VI, Section C, Line 19:

Available upon request and on the Georgia Southern University Foundation accounting website.

Form 990, Part X, Line 24, Column B

During June 2022, the Foundation entered into a loan agreement for the purpose of constructing an indoor practice facility. This loan has a principal balance of up to \$10,000,000 with a variable interest rate of 3.85% at both June 30, 2024 and 2023. The interest rate is subject to change beginning June 2025 and thereafter based upon the prime rate minus 0.5 percentage points. The interest rate will never be greater than 4.85% or less than 3.25%. Interest only payments began in December 2022 for six semiannual payment periods at which point regular

Schedule O (Form 990) 2023 Page 2 Georgia Southern University Athletic Name of the organization **Employer identification number** Foundation, Inc. 58-1485954 principal and interest payments commence. Principal and interest payments begin December 24, 2025. The maturity date of the loan is June 2035. At June 30, 2024 and 2023, the loan balance was \$10,000,000 and \$6,924,422, respectively. Form 990, Part XII, Line 2c The process has not changed since the prior year.

SCHEDULE R (Form 990)

Part I

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

Open to Public Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Department of the Treasury Internal Revenue Service

Georgia Southern University Athletic Foundation, Inc.

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

Employer identification number 58-1485954

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r (d) Total inco	me	(e) End-of-year a	assets	Direct co	(f) ontrolling itity	J
Stadium Construction LLC - 46-2142799									
	Football Stadium								
Statesboro, GA 30458	Improvements	Delaware	982	,313.	19,640	,197.	GSU Athletic	Fd.	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization an	swered "Yes" on Form 990	, Part IV, line 34, b	ecause	e it had one c	or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status	(e) lic charity s (if section	Direc	(f) ct controlling entity	Section 512(b)(controlled entity?	
				50	01(c)(3))			Yes	No

Page 2

Part III	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
Part III	organizations treated as a partnership during the tax year.	

1 3	, , ,	1				_		T	_		
(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage
	(state or	entity	(related, unrelated, lexcluded from tax under	income		alloca	tions?	amount in box	partn	er? Ow	wnership
	country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
									+		
									\vdash		
	(b)	(b) (c) Primary activity Legal domicile (state or foreign	(b) (c) (d)	(b) (c) (d) (e)	(b) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign foreign foreign foreign foreign for the following for the following foreign for the following for the following foreign for the following foreign for the following for the following foreign for the following for the following foreign foreign for the following foreign foreign for the following foreign	(b) (c) (d) (e) (f) (g)	(b) (c) (d) (e) (f) (g) (l	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal Direct controlling Predominant income Share of total Share of	(b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnections Code VI IBI	(b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity (Legal Direct controlling Predominant income Share of total Share of Discontinuity (Code VI IBI General	(b) (c) (d) (e) (f) (g) (h) (i) (j)

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Courtry)						Yes	No

Yes No

Schedule R (Form 990) 2023

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				1c	
d Loans or loan guarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				1f	
g Sale of assets to related organization(s)				1g	
h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
I Performance of services or membership or fundraising solicitations for related orga				11	
m Performance of services or membership or fundraising solicitations by related orga				1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n	
Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1p	
q Reimbursement paid by related organization(s) for expenses				1q	
				1r	
s Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete th T	iis line, including covered re	elationships and transaction thresholds.		
(a) Name of related organization	(b)	(c)	(d)	امدادها	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	voivea	
	-5/2 - (5/				
(4)					
(1)					
(2)					
(-)					
(3)					
(4)					
(4)					
(5)					
(6)					
332163 09-28-23			Schedule	R (Form 9	990) 2023

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 of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

Georgia Southern University Athletic Foundation. Inc.

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Part VII	Supplemental Information Supplemental Inform		
	Provide additional information for responses to questions on Schedule R. See instructions.		