			** PUBLIC DISCLOSURE COPY **		
	0	00	Return of Organization Exempt From Income Ta	X	OMB No. 1545-0047
Forr	пy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found		2020
			Do not enter social security numbers on this form as it may be made public.		Open to Public
Intern	al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
AF	or the	e 2020 calend	lar year, or tax year beginning $ m JUL1$ , $2020$ and ending $ m JUN30$ , $20$	)21	
	heck if pplicabl	C Name o	of organization D Employer ide	entificatio	on number
	Addre] chang	e Alba	ny State University Foundation Inc		
	Name Chang	e Doing b	business as 23-703	<u>32763</u>	
	Initial return Final return	504	r and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone nu 229-50		89
	termir ated		town, state or province, country, and ZIP or foreign postal code G Gross receipts \$		1,543,862.
	Amen		ny, GA 31705 H(a) Is this a gro	oup return	1
	Applic distance	<sup>ra-</sup> <b>F</b> Name a	and address of principal officer: Greg Hylick for subordir	nates?	Yes X No
	pendi	same	as C above H(b) Are all subordin	nates include	d? Yes No
		empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or 527 If "No," atta	ach a list.	See instructions
		te:►N/A	H(c) Group exem		
			X Corporation ☐ Trust   Association   Other ►   L Year of formation: 196	<b>59 м</b> Sta	ite of legal domicile: GA
Ра	rt I	Summary			
Governance	1	Briefly describ	be the organization's mission or most significant activities: See Schedule O		
rnai	2	Check this bo	ox 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its ne	et assets.	
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)	3	13
	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)	4	11
8 S	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
/itie	6	Total number	of volunteers (estimate if necessary)	6	20
Activities &			ed business revenue from Part VIII, column (C), line 12	7a	0.
4	b	Net unrelated	I business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year		Current Year
e	8	Contributions	and grants (Part VIII, line 1h) 799, 37		1,160,668.
nuə	9	Program servi	ice revenue (Part VIII, line 2g) 2,298,61		0.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		371,254.
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,940.
			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3, 219, 69		1,543,862.
			milar amounts paid (Part IX, column (A), lines 1-3) 520,96		1,471,979.
		-	to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
sue	16a	Professional f	er compensation, employee benefits (Part IX, column (A), lines 5-10) fundraising fees (Part IX, column (A), line 11e) sing expenses (Part IX, column (D), line 25) $12,668.$	0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25)		750 100
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e) 2,439,42		759,128.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,960,39 expenses. Subtract line 18 from line 12 259,30		2,231,107.
		Revenue less			-687,245.
Assets or d Balances		<b>-</b>	Beginning of Current Y		End of Year
Sse	20		Part X, line 16) 46 , 424 , 76 s (Part X, line 26) 37 , 963 , 31		<u>7,770,602.</u> 986.
Net A					7,769,616.
	22 Irt II	Signature		:2•	7,709,010.
			I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my know	wladge and bolief it is
			e. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	-	אוטעשב מווע טבוולו, ול וג
<u></u> ,	COLLEC		י שנימומנוטו טו אופראניד (טנווסי נוומו טוונכו) וא שמשכט טו מו וווטווומנוטו טו אוונוו אופראניס וומא מווא גווטאופעעני.		
Cia-		Signature	re of officer Date		
Sigr Her		-	. Fleming, Executive Director		
	-		······································		

	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	Mary Jo Alexander	Mary Jo Alexander	11/12/21 self-employed P00002534
Preparer	Firm's name 🕒 Mauldin & Jenkin	Firm's EIN <b>58-0692043</b>	
Use Only	Firm's address 🔈 200 Galleria Pkw		
	Atlanta, GA 3033	Phone no. 770 - 955 - 8600	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
			000

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	Albany State University Foundation Inc 23-7032763 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
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.
<b>4</b> a	(Code:) (Expenses \$1, 672, 358 including grants of \$1, 215, 003) (Revenue \$)
Ĩ	The Foundation's leasing operations consist of leasing real estate with
	Albany State University and Board of Regents for the operation and
	management of student housing facilities and a student center facility,
	located on the East campus, under a direct financing-type lease.
4b	(Code:)(Expenses \$
	used for financial assistance to qualified university students.
	ased for financial assistance to qualified university statenes.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 2,100,289.

Form 990 (2				University	Foundation	Inc
Part IV	Checklist of R	equired Sc	hedules			

			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?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		X
	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	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	<u></u>	
IZa		120		х
h	Schedule D, Parts XI and XII	12a		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
~	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		х
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	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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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	

 Form 990 (2020)
 Albany State University Foundation Inc

 Part IV
 Checklist of Required Schedules (continued)

22       Did the organization report more than 85,000 of grants or other assistance to or domestic individuals on Part X, clound A, line 27       Y         23       Did the organization averent Tar, existing a strange of the organization is current and forme offices, directors, functions, exemption existing and proceeding of the organization is answer "Yes" to Part VI. Section A, line 3, 4, or 5 about compensated employees?       Y				Yes	No
23       Diff the organization assume "Yes" to Far VII. Section A, line 3, 4, or 5 about compensation of the organization is current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.         24       Diff the organization have a tax exempt bond issue with an outstanding principal amount of more than 5100,000 as of the lists day of the year, that was issued after December 31, 2002? If "Yes," answer line 32 through 22 dat and complete Schedule K. If No. 'g to line 22a.       24a         24a       Diff the organization invest may proceeds of tax-exempt bonds beyond a temporary period exception?       24a         25       Bott the organization and the officities of proceeds of tax-exempt bonds?       24d         25       Section 50(16)(5), 50(16)(4), 400(16)(20) organization. Diff to comparization and the regard in an excess benefit transaction with a disqualified person in a prior year, and the the transaction has not been reported on any of the organization or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 390% corrolled entry of mainty member of any of these periods?       25b       X         27       Did the organization apprets the abusiness transactions with or of the following paries (see Schedule L, Part II)       25b       X         28       Did the organization or pay abus to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or angloyee, creator or founder, substantial contributor, and sabbe entransaction have the tart transaction have the tart transaction have the tart the applayee, thereal y a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officiers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete     24     24       240     Did the organization have a tax exempt bond issue with an oxistanding principal amount of more than \$100,000 as of the last day of the yest, that was issued after December 31, 2002? If "Yes," answer lines 2th through 2td and complete     24a     X       241     Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24a     X       243     Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24d     24d       253     Section 501(c)(2), 501(c)(4), and 501(c)(20) organizations. Did the organization serves a accur the current taraaccion with a disqualified person in a price year. and that the transaction neoported on any of the organization period with a specific taraaccion encore tay and the organization period with a disqualified person in a price year. and that the transaction have that the organization period with a disqualified person in a price year. and that the transaction have on the exployee, creator or fourmer officer, director, trustee, key employee, creator or fourmer officer, director, trustee, key employee, creator or fourder, substantial contributor or anyole therood, grant or the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or anyole target schedule L, Part I     26a     X       27     Was the organization periods, and and and organization accurrent or former officer, director, trustee, key employee, creator or founder, substantial contributors, and exception and the organization neopera and thave and and complete Schedule L, Part I </td <td></td> <td>Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</td> <td>22</td> <td></td> <td>X</td>		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J       23       X         4a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isschedule K, if Yos," on the XSS.       24a       X         4b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24a       X         b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24a       X         25       Section 50(16)(5) 501(-4)(4) and 501(2)(2) organizations. Did the organization angain in an excess benefit transaction with a disqualified person during the year?       24d       24d         25       Section 50(16)(5) 501(-4)(4) and 501(2)(2) organizations. Did the organization are period any of the section with a disqualified person during the year?       24d       25a         25       Section 50(16)(5) 501(-4)(4), and 501(2)(2) organizations are period exception in a priory year, and that the tarasaction has not been reported on any of these persons? (If Yes,' complete Schedule L, Part I       25a       X         20       Did the organization any the time lawy processon with a disqualified person toring and secceptions; custoar fordomer, substantial contributor or graphic schedule L, Part I       25a       X         21       Did the organization a proty may amount on Part X, Ine S or 22, for mereivable from or payables to any current or former officier, director, trustek, expression and the secoptions; and tasket orthore or former officier, director, trustek, expremployee therend, agrat selector conconibute on a Schec	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a       Did the organization have a tax-everyth 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;" or b line 25a       24a       X         24b       Did the organization invest any proceeds of tax-everyth bond beyond a temporary period exception?       24a       X         25a       Sected.bit K. If "No;" or b line 25a       24d       24d       X         25a       Section \$01(c)(3), 601(c)(4), and \$501(c)(2) organizations. Did the organization argae in an excess barreft transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a control term organization is prior Forms 990 or 990-E27. If "Yes," complete Schedule L, Part I       25a       X         25b       Did the organization proved a grant or other assistance to any current or former officier, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled estimation or analyzes thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II       26b       X         27       Did the organization provide a grant or other assistance to any current or former officier, director, trustes, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II       26b       X         28       A current or former officer, director, trustes, key employee, creator or founder, or substantial contributor? If "Yes," completes Schedule L, Part II       26b <td></td> <td>and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete</td> <td></td> <td></td> <td></td>		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is at 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     24b       b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b       c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24d       c Did the organization maintain are score account other than a refurning escore any time during the year to detease any tax-exempt bonds?     24d       25a Section 501(c)[3, 501(c)[4], and 501(c)[20] organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year? If Yes," complete Schedule I, Part I     25a       b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, tuste, key employee, creator or founder, substantial contributor, or 35%     26b       27 Did the organization provide a grant or them assistance to any current or former officer, director, tustes, key employee, creator or founder, substantial contributor, or a 35% concluded any informative member, or a 35% conclude any of these person? If Yes," complete Schedule L, Part IV     26       28 Was the organization approve the provide a grant or them assistance to any our end or any ot these person? If Yes," complete Schedule L, Part IV     28       29 Did the organization approve thereod or family member of any of these person? If Yes," complete Schedule L, Part IV     28       20 Did the organization approve the organization approve thereod or any current or formere officer, director, trustes, key employee, creator or f			23	X	<u> </u>
Schedule K. If "No." go to line 25a       24a       X         Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exampt bonds?       24d       24d         Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24d       24d         Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       24d         Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       24d         Zas       Section S01(c)(A). And S01(c)(A) and S01(c)(A) organizations. Did the organization angua in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with the organization spitor Forms 900 or 909 E27. If "Yes," complete Schedule L, Part I       25a       X         Did the organization provide a grant or other assistance to any current or former oflicer, director, truste, key employee, creator or founder, substantial contributor, or 35%       26       X         Zib dis the organization provide a grant or other assistance to any current or former oflicer, director, truste, key employee, creator or founder, substantial contributor? J       Yes, "complete Schedule L, Part II       26       X         Zib dist the organization proved a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor? J       Yes,	24a				
b       Dot the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c       Did the organization maintain an escrow account other than a refunding secrow at any time during the year 0 defease any tax-exempt bonds?       24c         d       Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24d         d       Did the organization any entity of the organization science is a singulatified person in a prior year, and that the transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I       25a         d       Did the organization as not been reported on any of the organization's prior Forms 990 or 990 E27 If 'Yes,' complete Schedule L, Part I       25b         2       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 35%       26b         2       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part II       26b         2       Did the organization apple schedule L, Part II       28b       X         3       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part II       28b       X         3       A current or former officer, director, trustee, key employee, cre					37
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?       24d         d)       Did the organization acts as an "on behaff of" issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3), 601(c)(4) and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       11% complete Schedule L, Part I       25a         25       Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization report any amount on Part X, line 5 or 22, for receivable to any current or former officer, director, trustes, leve employee, creator or founder, substantial contributor, or 35% controlled entity for founds of any of these persons? If "Yes," complete Schedule L, Part II       26a       X         27       Did the organization provide agrant or other assistance to any current or former officer, director, trustes, leve employee, creator or founder, substantial contributor, or 35% controlled entity for founder of any of these persons? If "Yes," complete Schedule L, Part II       26a       X         28       Was the organization provide agrant or other assistance to any current or former officer, director, trustes, leve employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II       26a       X         29       Did the organization revelve more than \$25,000 in non cash contributions? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization revelve meet					
any tax-exempt bonds?       24d         25a       Section 50 (c)(3), 50 (c)(4), and 50 (c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       24d         25a       Section 50 (c)(3), 50 (c)(4), and 50 (c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       25a         25a       Is the organization aver that it engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction mean other exported on any of the organization's prior Forms 900 or 909.EZ7 II "Yes," complete Schedule L, Part I       25a         25a       Ub the organization aver that it engage in an excess benefit transaction with a disqualified person (in a prior Year, and that the transaction there excess the endit transaction transaction with one organization approximation approximati			24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24d         25a Section 501(6)(3), 501(4)(4), and 501(2)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>It 'Yes,' complete Schedule L, Part I</i> 25a         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 with a disqualified person any of the organization's prior Forms 900 or 900E27 <i>II 'Yes,' complete Schedule L, Part I</i> 25a         2 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% controlled entity including an employee thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol of a rain) member of any rollewes persons? <i>I' Yes,' complete Schedule L, Part II</i> 26       X         2 Was the organization provide a grant or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor? <i>If 'Yes,' complete Schedule L, Part II</i> 27       X         2 Was the organization provide a grant or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part II</i> 28       X         2 Not the organization selection conditions, and exceptions?       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,'</i>	с		04-		
25a       Section 501(c)(X), 501(c)(X) and 501(c)(X) organizations. Did the organization engage 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 spice Forms 900 or 900-E27 // **es,* complete Schedule L, Part I       25a       X         25       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% controlled entity of ramin member of any of these persons? If **es,* complete Schedule L, Part II       26       X         27       Did the organization aware that engaged in a necess benefit transaction with a disqualified person in a prior year, and that the transaction provide a grant or other assistance to any current or former officer, fursteck, expensive, creator or founder, substantial contributor, or 35% controlled entity functions, for applicable Chedule L, Part II       28       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II       28a       X         29       Did the organization receive more than 525,000 in non-cash contributions? If **es,* complete Schedule L, Part IV       28a       X         29       Did the organization receive more than 525,000 in non-cash contributions? If **es,* complete Schedule N, Part I       30       X         29       Did the organization receive more than 525,000 in non-cash contributions? If **es,* complete Schedule N, Part I       30       X	4				
transaction with a disqualified person during the year? // 'Yes,' complete Schedule L, Part /       25a       X         b is the organization ware 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 980 or 902-271 // 'Yes,' complete Schedule L, Part //       25b       X         a Did the organization prior forms 980 or 902-271 // 'Yes,' complete Schedule L, Part //       25b       X         b Did the organization prior forms 900 or 902-271 // 'Yes,' complete Schedule L, Part //       26b       X         2 Did the organization prior forms 900 or 902-271 // 'Yes,' complete Schedule L, Part //       26b       X         2 Did the organization prior forms officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? // 'Yes,' complete Schedule L, Part //       26b       X         2 M active to romer officer, director, trustes, key employee, creator or founder, or substantial contributor? // //       27b       X         2 M active to romer officer, director, trustes, key employee, creator or founder, or substantial contributor? //       27b       X         2 M active to romer officer, director, trustes, key employee, creator or founder, or substantial contributor? //       27b       X         2 M active to romer officer, director, trustes, key employee, creator or founder, or substantial contributor? //       28b       X         2 M activ			<u>24u</u>		
b       Is the organization aware that it engaged in an excess banefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 900 or 990 E22 // "yes," complete Schedule L, Part I       265         27       Did the organization report any amount on Part X, line 5 or 22, cor receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor or 55% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II       26       X         27       Did the organization approximation combine member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II       26       X         28       Was the organization approximation combine member, or to a 35% controlled entity or to a binses transaction with one of the following parties (see Schedule L, Part IV       27       X         29       Na tamily member of any individual described in line 28a' // "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV       28a       X         20       Did the organization receive ontributions of tamisber end case operations? // "Yes," complete Schedule M       30       X         20       Did the organization receive ontributions of tamisber end cases operations? // "Yes," complete Schedule M       30       X	234	···· · · · · · · · · · · · · · · · · ·	25a		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?     # Yes, * complete       26     X       27     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% controlled entity (including an employee) three persons? If Yes, * complete Schedule L, Part II     26     X       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 a 35% controlled entity (including an employee) three of a fair any of these persons? If Yes, * complete Schedule L, Part II     26     X       28     Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV     28     28     X       29     A acurrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If     Yes, * complete Schedule L, Part IV     28     28     X       20     D dt the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M     20     X       30     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I     30     X       31     X     31     X     33     X       32     Did the organization receive contributions of art,	b		2.50		
Schedule L, Part 1       25b       X         20       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? II 'Yes,' complete Schedule L, Part II       26       X         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 entity (including an employee thereof) or family member of any of these persons? II 'Yes,' complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):       28       X         29       Did the organization receive contributions of any individual described in line 28a? II 'Yes,' complete Schedule L, Part IV       28b       X         20       Did the organization receive contributions of n, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes,' complete Schedule M       29       X         30       Did the organization receive contributions of n, thistorical treasures, or other similar assets? II 'Yes,' complete Schedule M, Part I       31       X         31       Did the or					
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% controlled entity of raminy member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         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 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       27       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28b       X         29       D A tamily member of any of these persons? If "Yes," complete Schedule L, Part IV       28b       X         29       D A tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28c       X         29       D d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       X         30       Did the organization sell, exchange, dispose of, or transfer more than 225% of Its net assets? If "Yes," complete Schedule N, Part I       31       X         30 <td></td> <td></td> <td>25b</td> <td></td> <td>x</td>			25b		x
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       26       X         20 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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28a       X         29       DA family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule IN Part II       30       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II       31       X         31       Did the organization receive contributions of art, historical treasures, or discres the assets? If "Yes," complete Schedule N, Part II       31       X         33       Did the o	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 33% controlled entity (fulluding an employee thereof, a grant selection committee member, or to a 33% controlled entity (fulluding an employee thereof, a grant selection committee member, or to a 33% controlled entity (fulluding an employee thereof, a grant selection committee member, or to a 33% controlled entity (fulluding an employee thereof, a grant selection committee member, or to a 33% controlled entity (fulluding an employee, creator or founder, or substantial contributor? If         28       Was the organization for form of finally member or grant calculate, LP atr IV       28a       X         2 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       Yes," complete Schedule L, Patr IV       28b       X         2 A 13% controlled entity of one or more individuals and/or organization section members or to a 33%, complete Schedule L, Patr IV       28b       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule N       29       X         30       X       30       X       30       X         31       Did the organization receive contributions of art, historical treasures, or ther similar assets, or qualified conservation contributions? If 'Yes," complete Schedule R, Part I       31       X					
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part IV       27       X         Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // // ****       28b       X         b A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV       28b       X         29       Did the organization a propiet Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? // *Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes," complete Schedule M, Part I       31       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // *Yes," complete Schedule A, Part I       33       X         32       Did the organization receive any tax-exempt or taxable entity? // *Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       31       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // *Yes," co		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
entity (including an employee thereof) or family member of any of these persons? // *Yes," complete Schedule L, Part III       27       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         29 Was the organization of the following parties (see Schedule L, Part IV       28       X         20 mass the organization of the following parties (see Schedule L, Part IV       28       X         20 A Stronglete Schedule L, Part IV       28       X         20 A Stronglete Schedule L, Part IV       28       X         21 Did the organization receive more individuals and/or organizations described in lines 28a or 28b? /// */ss," complete Schedule L, Part IV       28       X         22 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // */ss," complete Schedule M       30       X         31 Did the organization liquidate, terminate, or dissolve and cease operations? // */ss," complete Schedule N, Part II       31       31       31         32 Did the organization ore 100% of an entity disregarded as separate from the organization under Regulations sections 51/2(b)(13)?       33       X         33 Did the organization related to any tax-exempt or taxable entity? // */ss," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         34 Was the organization nave a controlled entity within the meaning of sec	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV</li> <li>A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV</li> <li>A A surrent of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV</li> <li>B dit the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I</li> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I</li> <li>Did 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</li> <li>Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule entity and the organization and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>Did the organization and the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2</li> <li>Did the organi</li></ul>		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
instructions, for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // // *******************************		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If       28b       X         29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part I       28c       X         30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         31 Did the organization sell, exchange, dispose of, or transfer more than 255 of its net assets? If "Yes," complete Schedule N, Part I       31       X         32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a Did the organization neater a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a Did the organization concluse any payment from or engage in any transaction with a controlled entity with in the meaning of section 512(b)(13)?       36       X	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
"Yes," complete Schedule L, Part IV       28a       X         b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // // *******************************					
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If       "Yes," complete Schedule L, Part IV       28c       X         20       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31       X         34       Was the organization neutry disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part V, Iine 1       33       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       If "Yes," complete Schedule R, Part V, Iine 2       35a       X         35a       Did the organization conduct more than 5% of its act	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If       28c       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31 Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32 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       X         34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?       b If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Ime 1       34       X         35a Did the organization and the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ime 1       34       X         36a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       b If "Yes," complete Schedule R, Part V, Ime 2       35b       35b         37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38 Did the organization conducture than 5% of its activities through an entit					
"Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       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       X         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       35a       X         35a       Did the organization ave a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Bid the organization conduct more than 5% of its activities through an entity that is not a related organization?       36       X         35a       Did the organization conduct more than 5% of its activities through an entity that is not a related organization?       36       X <td></td> <td></td> <td>280</td> <td></td> <td></td>			280		
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       32       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       34       X         35a       Did the organization. Sid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule 0       And this is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         38       Did the organization complete Schedule 0       On provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X      <	C		280		x
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         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         35a       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       If "Yes," complete Schedule R, Part V, line 2       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       Did the organization complete Schedule O	29				
contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       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       X         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         35a       Did the organization neceive 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       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       35b       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O       38       X       37         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI,			25		
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       fr "Yes," complete Schedule R, Part V, line 2       35a       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       X       X       37       X         39       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         39       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         30			30		x
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       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       X         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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       38       X         38       X       X       X       X       X       X         39       Did the organization complete Sc	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Ves " complete Schedule N. Part I			
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<ul> <li>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? <i>If "Yes," complete Schedule R, Part I</i>.</li> <li>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>.</li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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)?</li> <li>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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>.</li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>.</li> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>.</li> <li>38 X</li> <li>29 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> <li>38 X</li> <li>39 X</li> <li>30 X</li> <li>30 X</li> <li>31 X</li> <li>32 X</li> <li>33 X</li> <li>34 X</li> <li>34 X</li> <li>35 X</li> <li>36 X</li> <li>37 X</li> <li>38 X</li> <li>38 X</li> <li>39 Note: All Form 990 filers are required to complete Schedule O</li> <li>39 Statements Regarding Other IRS Filings and Tax Compliance</li> <li>Check if Schedule O contains a response or note to any line in this Part V</li> <li>30 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</li> <li>b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</li> <li>c Did the organization comp</li></ul>			32		X
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         35a       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       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       X       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       3       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b	33				
Part V, line 1       34       X         35a       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)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X       X         Check if Schedule O contains a response or note to any line in this Part V       X       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       1a       3         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       V		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
35a       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       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       Statements Regarding Other IRS Filings and Tax Compliance       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       31b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       31b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       X	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X       X         1a       3       1b       0       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       3       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       X       X         1a       Cold the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       4x       X			34	Х	
within the meaning of section 512(b)(13)? // f "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         9art V       Statements Regarding Other IRS Filings and Tax Compliance       X       X         Check if Schedule O contains a response or note to any line in this Part V       X       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       31       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       4       X			35a		<u> </u>
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X       X         Check if Schedule O contains a response or note to any line in this Part V       X       X         1a       33       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       31       X         b       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       4u       X	b				
If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         90       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       X       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       3       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       V       X         (ambling)       Unapplicable organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a       X       X	~~		356		<u> </u>
<ul> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i></li></ul>	30		26		x
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		30		
38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Mote: All Form 990 filers are required to complete Schedule O         Other IRS Filings and Tax Compliance         Yes No         The end of the organization complete in Box 3 of Form 1096. Enter -0- if not applicable         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming         (ambling)       (ambling)	07		37		x
Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X         Check if Schedule O contains a response or note to any line in this Part V       X         Inal Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       Inal A       Yes       No         Inal Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       Inal A       Inal A <td>38</td> <td></td> <td></td> <td></td> <td></td>	38				
The children of contains a response or note to any line in this Part V         Yes       No         1a       3         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a			38	х	
The children of contains a response or note to any line in this Part V         Yes       No         1a       3         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a	Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1a       1a       3         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a       3		Check if Schedule O contains a response or note to any line in this Part V			X
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       (ampling) winpings to prize winpers?	-			Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			-		
	U	(gambling) winnings to prize winners?	1c	х	

	990 (2020) Albany State University Foundation Inc 23-7032	763	P	age <b>5</b>							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			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 0										
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ (see instructions)										
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	<b>a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	b If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		_X_							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	_		v							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	I If "Yes," indicate the number of Forms 8282 filed during the year 7d										
	<ul> <li>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>b) b) b</li></ul>										
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
•	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.	00									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90									
10	Section 501(c)(7) organizations. Enter:         Initiation fees and capital contributions included on Part VIII, line 12         10a										
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a										
	Gross income from other sources (Do not net amounts due or paid to other sources against										
D	amounts due or received from them.)										
1 <b>2</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?	13a									
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	lou									
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
c	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x							
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		х							
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
-	If "Yes," complete Form 4720, Schedule O.	_									

Form 990 (2020)
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# Albany State University Foundation Inc

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			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 13											
	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	b Enter the number of voting members included on line 1a, above, who are independent 1b 11											
2												
-	officer, director, trustee, or key employee?											
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		<u> </u>								
Ũ	of officers, directors, trustees, or key employees to a management company or other person?	3		х								
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
	<ul> <li>5 Did the organization make any significant changes to its governing declinents since the profile of the organization is assets?</li> </ul>											
6	C Did the exception have members as stackholders?											
7a												
74	more members of the governing body?	7a		х								
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74										
, N		7b		х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15										
	The governing body?	8a	Х									
-		8b		x								
9												
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
	(This Section D requests information about policies not required by the internal neverule code.)		Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a	X									
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?											
11a	<b>1a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13											
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?											
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>											
	in Schedule O how this was done	12c	Х									
13	Did the organization have a written whistleblower policy?	13	Х									
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 independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	Х									
	<ul> <li>b Other officers or key employees of the organization</li> </ul>											
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright GA$											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availal	ble								
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial									
	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 books and records											
	Stan Brown - 229-500-3279											
	Albany State University, 504 College Drive, Albany, GA 31705		000	100								

Form 990 (2020)	Albany State University	Foundation	Inc	23-7032763	Page 7							
Part VII Comp	ensation of Officers, Directors, Trustees, Key	y Employees, Hig	hest Con	npensated								
Employees, and Independent Contractors												
Check i	Check if Schedule O contains a response or note to any line in this Part VII											
Section A. Officer	rs, Directors, Trustees, Key Employees, and Highest Cor	mpensated Employee	S									
1a Complete this ta	ble for all persons required to be listed. Report compensati	ion for the calendar yea	ar ending wi	th or within the organization's	s tax year.							
<ul> <li>List all of the of</li> </ul>	organization's current officers, directors, trustees (whether	individuals or organiza	itions), rega	rdless of amount of compensa	ation.							

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

 (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau	reciu		lee)	from	from related	other .
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	nstitutional trustee	er	emplo	Highest compensated employee	ler			organizations
	line)	Indiv	Instit	Officer	Key (	High	Former			
(1) Marion Federick	1.00									
Ex-Officio Director, ASU	40.00	Х						0.	305,752.	23,464.
(2) A L Fleming	20.00									
Executive Director		Х		Х				0.	151,627.	7,821.
(3) Stan Brown	40.00									
CFO				Х				0.	72,565.	0.
(4) Gregory Hylick	1.00									
Chairman		Х		Х				0.	0.	0.
(5) Graham Edwards	1.00									
Vice Chairman		Х		Х				0.	0.	0.
(6) Rachelle Scott	1.00									
Treasurer		Х		Х				0.	0.	0.
(7) Bruce Melton	1.00									
Secretary		Х		Х				0.	0.	0.
(8) James Griffin	1.00									
Board Member		Х						0.	0.	0.
(9) TaKeshia Thomas	1.00									
Board Member		Х						0.	0.	0.
(10) Daniel Simmons	1.00									
Board Member		Х						0.	0.	0.
(11) Carolyn Jernigan-Glenn	1.00									
Board Member		Х						0.	0.	0.
(12) Virginia Harris	1.00									
Board Member		Х						0.	0.	0.
(13) Marvin Laster	1.00									
Board Member		Х						0.	0.	0.
(14) Dale Bell	1.00									
Board Member		Х						0.	0.	0.
							L			

	ate Uni	.ve	ers	it	У	Fo	un	ndation Inc	23-7	0327	763	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C		· ,	<u> </u>			
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unles	ss per	ition more rson i	l than c s both r/trus	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatic from related	n	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org and	pensa om th anizat d relat	e ion ed
		-								$\square$			
									-+				
										$\rightarrow$			
										$\rightarrow$			
1b Subtotal c Total from continuation sheets to Part VII, Section A								0.	529,94	0. 0.			0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>						 ) wh			529,94		<u> </u>	1,2	00.
compensation from the organization		030	iiste	u ab		,						<u> </u>	0
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com											5		x
Section B. Independent Contractors											. ,		
Complete this table for your five highest control the organization. Report compensation for the organization for the organization compensation compensatio								the organization's tax y					
(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	C	<b>(C</b> omper		n
							_						
2 Total number of independent contractors (in \$100.000 of compensation from the organized statement of	•	ot lin	nitec	d to t	thos (		ted	above) who received me	ore than				

		(2020) Albany State	Universi	ty Foundati	ion Inc	23-7032	763 Page <b>9</b>		
Ра	Part VIII         Statement of Revenue           Check if Schedule O contains a response or note to any line in this Part VIII								
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII	(B)	(C)	(D)		
			Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under			
					function revenue	business revenue	sections 512 - 514		
ខេត	1 a	a Federated campaigns 1a							
rant	b	Membership dues 1b							
کي م	c	Fundraising events							
ar /	c	d Related organizations 1d							
is, C	e	e Government grants (contributions) 1e	5,000.						
rtion S	f	All other contributions, gifts, grants, and							
Contributions, Gifts, Grants and Other Similar Amounts			155,668.						
ontro	g	<b>9</b> Noncash contributions included in lines 1a-1f		1 160 660					
Ŭ ā	h	Total. Add lines 1a-1f		1,160,668.					
			Business Code						
Program Service Revenue	2 a								
Serv ue	b								
am Serv evenue	c c								
gra Re	e								
Pro	f								
	ç								
	3	Investment income (including dividends, intere							
		other similar amounts)		75,134.			75,134.		
	4	Income from investment of tax-exempt bond p	roceeds 🕨 🕨						
	5	Royalties							
		(i) Real	(ii) Personal						
	6 a								
	b	· · · · · · · · · · · · · · · · · · ·							
	c								
		Net rental income or (loss)     Gross amount from sales of     (i) Securities	(ii) Other						
	1 a	assets other than inventory 7a 296, 120.							
	h	Less: cost or other basis							
ē	~	and sales expenses 7b 0.							
venue	c	Gain or (loss) 7c 296,120.							
		I Net gain or (loss)	►	296,120.			296,120.		
Other Re	8 a	a Gross income from fundraising events (not							
₽		including \$ of							
		contributions reported on line 1c). See							
		Part IV, line 18							
	b	· · · · · · · · · · · · · · · · · · ·	L						
		, , , , , , , , , , , , , , , , , , ,	<b>P</b>						
	98	a Gross income from gaming activities. See Part IV, line 19 9a							
	h	D Less: direct expenses							
	- -								
		a Gross sales of inventory, less returns	F						
		and allowances 10a	1						
	b	Less: cost of goods sold 10k							
	c	Net income or (loss) from sales of inventory	►						
s			Business Code						
Miscellaneous Revenue	11 a	Misc Revenue	900099	11,940.			11,940.		
lanc	b								
Scel	C						<u> </u>		
Mis	C	All other revenue	└►	11,940.					
	<u>е</u> 12	Total. Add lines 11a-11d     Total revenue. See instructions		1,543,862.	0.	0.	383,194.		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. <b> </b>				

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,471,979.	1,471,979.								
2	Grants and other assistance to domestic										
-	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										
•	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
Ũ	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (nonemployees):										
ii a	Management										
a b	Legal	23,020.	12,029.	10,991.							
c b	Accounting	38,533.	,0,•	38,533.							
d											
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	3,054.		3,054.							
g	Other. (If line 11g amount exceeds 10% of line 25,	0,0010									
9	column (A) amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion	7,581.	1,076.	5,752.	753.						
13	Office expenses	52,125.	37,000.	7,754.	7,371.						
14	Information technology	11,908.	1,191.	10,717.	· / • · = ·						
15	Royalties										
16	Occupancy	6,653.		6,653.							
17	Travel	.,									
18	Payments of travel or entertainment expenses										
.5	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	11,591.		7,047.	4,544.						
20	Interest	576,023.	576,023.	, /	,						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance	2,821.	617.	2,204.							
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.)	10 0/0		10 0/0							
a		19,948.		19,948.							
b	Dues & Subscriptions Other operating expense	4,660. 1,211.	374.	4,660.							
C A	other operating expense	1,411.	J/4.	.100							
d											
е 25	All other expenses	2,231,107.	2,100,289.	118,150.	12,668.						
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,231,10/•	4,100,2070		12,000.						
20	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here Fight and tunulaising SOP 98-2 (ASC 958-720)										
					Faura <b>990</b> (0000						

Form 990 (2020) Albany State University Foundation Inc Part IX Statement of Functional Expenses

23-7032763 Page 10

ance Sheet	4		 -	

Pa	נא	Dalalice Sheet					
		Check if Schedule O contains a response or note	e to an	/ line in this Part X		<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,257,525.	1	3,713,065.
	2	Savings and temporary cash investments	6,043,638.	2			
	3	Pledges and grants receivable, net	255,424.	3	210,605.		
	4	Accounts receivable, net				4	500.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,950.			
	b	Less: accumulated depreciation	10b	8,950.	0.	10c	0.
	11	Investments - publicly traded securities			2,614,545.	11	3,481,928.
	12	Investments - other securities. See Part IV, line 1	1		470,000.	12	364,504.
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	33,783,629.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	46,424,761.	16	7,770,602.
	17	Accounts payable and accrued expenses	976,320.	17	986.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			36,974,632.	20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er offic	er, director,			
liti		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	10 265		
		of Schedule D			12,367.		0.
	26				37,963,319.	26	986.
s		Organizations that follow FASB ASC 958, chec	ck here				
JCe		and complete lines 27, 28, 32, and 33.			4 967 059		2 752 610
alar	27				4,867,958.	27	2,752,619.
ä	28	Net assets with donor restrictions			3,593,484.	28	5,016,997.
ň		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 🛄			
Ъ		and complete lines 29 through 33.					
its (	29	Capital stock or trust principal, or current funds				29	
SSG	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			8,461,442.	31	7 760 616
ž	32	Total net assets or fund balances			46,424,761.	32	7,769,616.
	33	Total liabilities and net assets/fund balances			40,424,/01.	33	<u>7,770,602.</u>

7,770,602. Form **990** (2020)

Form	Albany State University Foundation Inc	23-70	32763	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,543		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,23	1,1	<u>07.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-68'		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,463	1,4	42.
5	Net unrealized gains (losses) on investments	5	33:	3,6	<u>49.</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	-338	3,2	<u> 30.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	7,769	9,6	16.
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 in Schedule	0.			
2a			<b>2</b> a		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			37	
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	<u> </u>
	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			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audit			v
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3</b> b	000	<u> </u>

SCHEDULE	Α
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(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the T Internal Revenue Se			Open to Public Inspection									
Name of the c		Go to www.irs.gov	<pre>//Form990 for instruction</pre>	ons and tr	ie latest ir	formation.	Employer	identification number				
		ny State II	niversity Fou	undat f	ion Tr	n a		3-7032763				
Part I F	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis nart ) S	ee instruction		5-7052705				
			For lines 1 through 12, cl				10.					
			on of churches described			I)(A)(i)						
						·,,,-,,,,,						
	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	, and state:		·····				·,,,.	···- ··p····- · ····-,				
•	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	ction 170(b)(1)(A)(iv). (		с ,	•	, 0							
			nental unit described in	section 17	70(b)(1)(A)	(v).						
		-	ntial part of its support fr				he general p	oublic described in				
	ction 170(b)(1)(A)(vi). (C			Ũ			0 1					
			(1)(A)(vi). (Complete Part	t II.)								
9 🗌 An	agricultural research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college				
			ulture (see instructions).									
uni	versity:											
<b>10</b> 🗌 An	organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from				
act	ivities related to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment				
inc	ome and unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	Ifter June 30, 1975.				
See	e <b>section 509(a)(2).</b> (Co	mplete Part III.)										
<b>11</b> An	organization organized	and operated exclusi	ively to test for public sat	fety. See	section 50	)9(a)(4).						
<b>12 X</b> An	organization organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or				
mo	re publicly supported or	rganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box in				
line	s 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.					
a 🛄 T	ype I. A supporting org	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving				
tł	ne supported organizati	on(s) the power to rea	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting				
0	rganization. You must	complete Part IV, Se	ections A and B.									
b 🗔 T	ype II. A supporting org	ganization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	on(s), by hav	ring				
	-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported				
	rganization(s). You mus	• •										
		• •	g organization operated				Ily integrate	d with,				
			). You must complete I									
			oorting organization oper				-					
	•		ation generally must sat	•		-	d an attentiv	/eness				
			nplete Part IV, Sections	-								
	•		written determination fro			Type I, Type	II, Type III					
			nally integrated supportin					1				
	e number of supported	•	d arganization(a)					L				
	the following informatio me of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other				
.,	organization		(described on lines 1-10	Yes	ing document? No	support (see i	-	support (see instructions)				
Albany a	State		above (see instructions))	100								
Univers		58-0001996	6	x		41'	7,506.	0.				
01111010	101	50 0001990	Ŭ				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Total						41	7,506.	0.				

### Schedule A (Form 990 or 990-EZ) 2020 Albany State University Foundation Inc 23-7032763 Page 2 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.)

Calendar year (or fiscal year beginning in) >       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         1 Gitts, grants, contributions, and grants, 'n       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         2 Tax revenues leviced for the organization is behalf       (c) 2016       (c) 2016       (c) 2017       (c) 2018       (c) 2019       (c) 2020       (f) Total         3 The value of services or facilities       (c) 2016       (c) 2017       (c) 2018       (c) 2019       (c) 2020       (f) Total         4 Total, Add inset Through 5       (c) 2016       (c) 2017       (c) 2018       (c) 2019       (c) 2020       (f) Total         5 The portion of total contributions       (c) 2016       (c) 2017       (c) 2018       (c) 2019       (c) 2020       (f) Total         6 Public support, Settex the 5 tors the s.       (c) 2016       (c) 2018       (c) 2019       (c) 2020       (f) Total         7 Amounts from line 4       (c) 2016       (c) 2018       (c) 2019       (c) 2020       (f) Total         7 Amounts from line 4       (c) 2016       (c) 2018       (c) 2019       (c) 2020       (f) Total         7 Amounts from line 4       (c) 2016       (c) 2017       (c) 2018       (c) 2	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")			(a) 2016	(b) 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
include any "unusual grants") 2 Tax revenues level for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization's nother of thange 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subvective & fore line 4 Edited ary set (of fiscal year beginning in) 6 Public support Constructions 6 Public support Constructions 7 Amount's from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, regulates, and income from similar sources 9 He income from unrelated business activities, whether or not the business is regularly carried on 1 Other income. 1 Other income. 1 Other income 2019 for the organization of inte organization (include gai or loss from the ada displayed 1 Other income. 1 Other income 2019 for the organization of inte organization (include gai or loss from the ada of capital 1 Ford support Procentage 1 Public support Procentage for 2020 (interesting) 1 Constructions from 2019 for the organization of inter organization of interest, dividends, payments received on securities loans (rents, regulate), and income from similar sources 1 Other income	1							
2 Tax revenues levid for the organ- ization's benefit and either paid to or expended on its behalf Thinkined by a governmetal unit to the organization without charge 4 Total. Add lines 1 through 3 		·						
ization 5 benefit and ether paid to or expended on its behaf	•							
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	ization	
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruct	tions ►

Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 Albany State University Foundation Inc 23-7032763 Page 3 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.)

See	ction A. Public Support			-		-	
Cale	ndar year (or fiscal year beginning in) 🕨 📘	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🗌	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's fi	rst. second, third	fourth, or fifth tax	vear as a section 5	501(c)(3) organ	ization.
	check this box and <b>stop here</b>	0		-			·
Se	ction C. Computation of Public						
	Public support percentage for 2020 (lir			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Invest						
	Investment income percentage for 202		•	ne 13. column (f))		17	%
18						18	%
	<b>1 33 1/3% support tests - 2020.</b> If the						
	more than 33 1/3%, check this box and	d stop here. The	organization quali	fies as a publicly s	supported organiza	ation	►
b	<b>33 1/3% support tests - 2019.</b> If the o						
20	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization	TUIL TIOL CHECK a	DUX UN IIME 14, 19	a, ur 190, check tr	IN NOV ALLA SEE INS	SUUCIONS	🕨 🛄

### Schedule A (Form 990 or 990-EZ) 2020 Albany State University Foundation Inc 23-7032763 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 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 in 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	Х	
2		Х
3a		Х
<b>0</b> h		
3b		
3c		
4a		X
4b		
4c		
5a		Х
5b		
5c		
50		
6		X
7		Х
8		Х
Ŭ		
0-		Х
9a		Δ
		v
9b		X
9c		Х
10a		Х
10b		

### Schedule A (Form 990 or 990-EZ) 2020 Albany State University Foundation Inc 23-7032763 Page 5 Part 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described in line 11a above?	11b		Х
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
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? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>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</i>			
	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			
	Port VI have an initial and have fit and in the assumed as the assumed at a second and in the terms of the second at		1 1	

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

<u>Supervised, or controlled the supporting organization.</u>	
Section C. Type II Supporting Organizations	

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).*

Section D.	All Typ	e III Sup	porting	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	Х	
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	Х	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	Х	

### Section 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).
- a X The organization satisfied the Activities Test. *Complete* line 2 *below*.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

c	Х	The organization s	upported a governm	nental entity.	Describe in Pa	art VI how	you supported a g	governmental entity	(see instruction <u>s).</u>
---	---	--------------------	--------------------	----------------	----------------	------------	-------------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2

Yes No

No

Yes

Х

Х

2a

2b

3a

3b

	dule A (Form 990 or 990-EZ) 2020 Albany State University			23-7032763 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	I
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990 EZ) 2020 Albany State University Foundation Inc 23-7032763 Page 7

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
_ <u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

 Schedule A (Form 990 or 990-EZ) 2020
 Albany
 State
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 Inc
 23-7032763
 Page 8

 Part VI
 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.

 (See instructions.)

Part IV, Section E, Line 1c:

The Albany State University Foundation, Inc. supports Albany State

University ("ASU"). ASU is a university in the the state of Georgia

university system and hence is a unit of govenment.

Part IV, Section E, Line 2B:

Albany State University Foundation's Mission is to be an advocate for

Albany State University (the "University") and to receive, invest,

account for, and allocate private gifts and contributions in support of

the University. The Foundation provides student housing, parking, and

leases administrative, dining, and classroom space to the University.

All these activities are essential to the operations of Albany State

University. If the Foundation did not conduct these activities,

another organization, or the University itself, would have to manage

such activities and properties.

Part IV, Section E, Line 2A:

All activities engaged in by the Foundation are for the benefit of the

supported organization, Albany State University. The scholarships

helped students to attend, the academic programs enrich the programs

offered by the faculty; the leasing operations provide the University's

students with housing, parking, office, and dining.

Part IV, Section D, Line 3:

The Foundation's supported organization (Albany State University) has a

significant voice in the investment policies and the use of income and

assets of the Foundation throughout the year. This is evidenced by the 032028 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 

 Schedule A (Form 990 or 990-EZ) 2020
 Albany
 State
 University
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 Inc
 23-7032763
 Page 8

 Part VI
 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. (See instructions.)

following facts: Albany State University employees are involved with

the Foundation's daily operations; the deference the Foundation's board

has to Albany State University's President and their cabinet regarding

all matters; the presence of the President's and/or their emissaries at

committee and board meetings where decisions are made; the fact that

the President is a ex-officio trustee of the board and Vice President

of Institutional Advancement is actively involved in both the

Foundation and the University.

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Albany	State	University	Foundation	Inc	23-7032763
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 <b>not</b> 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during 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;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Employer identification number

23-7032763

## Albany State University Foundation Inc

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$125,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>50,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$24,154.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$20,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

23-7032763

# Albany State University Foundation Inc

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$13,440.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 12,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>11,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

Employer identification number

23-7032763

# Albany State University Foundation Inc

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$10,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   15</u>		\$10,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

Employer identification number

23-7032763

# Albany State University Foundation Inc

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
19		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20_		\$ <u>7,725.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$ <u>7,500.</u>	Person     X       Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$7,354.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
23		\$7,208.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
24		\$7,103.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

23-7032763

# Albany State University Foundation Inc

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
25_		\$7,015.	Person     X       Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26		\$7,000.	Person     X       Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$6,343.	Person     X       Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
28_		\$6,202.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
29_		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2** 

Employer identification number

23-7032763

## Albany State University Foundation Inc

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
		\$5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
32		\$5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
33		\$5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
34_		\$5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
		\$ Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
		\$ Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2** 

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Employer identification number

### Albany State University Foundation Inc

23-7032763

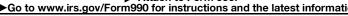
Part II	art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page 4			
Name of or	ganization		Employer identification number			
Albany	v State University Found	lation Inc	23-7032763			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) ► \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
F		(e) Transfer of gif	t			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(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 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, ar	nd <b>7</b> IP ± 4	Relationship of transferor to transferee			
F						
(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, ar	nd ZIP + 4	Relationship of transferor to transferee			
	, <b></b> ,, <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> , <b>_</b> , <b></b>		· · · · · · · · · · · · · · · · · · ·			

Department of the Treasury Internal Revenue Service

032051 12-01-20

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.





Name	of the	organization
------	--------	--------------

Albany State University Foundation Inc

Employer identification number 23-7032763

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Ac	counts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised 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 held in donor advise	ed fund	s		
	are the organization's property, subject to the organization's of	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be i	used or	וy		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	conferri	ng		
_	impermissible private benefit?			Yes No		
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part 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, recreation	tion or education) Preservation of	a histo	rically important land area		
	Protection of natural habitat	Preservation of	a certif	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a cor	servation 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 in (a)		2c		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organiz	zation during the tax		
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervatio	n easements during the year		
_	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion eas	ements during the year		
•				n		
8	Does each conservation easement reported on line 2(d) 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 organization's accounting for conservation easements.	iote to the organization's infancial stateme		it describes the		
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Ot	her Si	milar Assets.		
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95		nd bala	nce sheet works		
14						
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>					
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			► \$		
				► \$		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB A		- 1			
а	Revenue included on Form 990, Part VIII, line 1	-		► \$		
b	Assets included in Form 990, Part X			► \$		
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020		

Sche Par		State Unive ollections of Art					23-70 r <b>Assets</b>			ge <b>2</b>
3	Using the organization's acquisition, accession							<u>(COIIIIII</u>	<u>icu)</u>	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange prograr	n					
b	Scholarly research	е		51 5						
c	Preservation for future generations									
4	Provide a description of the organization's co	lections and explain	how they further th	ne organization	's exemp	t nurno	se in Part	XIII		
5	During the year, did the organization solicit o							/		
Ŭ	to be sold to raise funds rather than to be ma			-				Yes		No
Par	t IV Escrow and Custodial Arrange									110
	reported an amount on Form 990, Par		te in the organizatio			5111 550	, i aitiv,	110 0, 01		
12	Is the organization an agent, trustee, custodi		any for contribution	s or other asse	ats not inc	habul				
Ia								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						······ ∟			NO
D.			owing table.					Amount		
•	Paginning balance					10		Amount		
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance		01 (			1f				N
	Did the organization include an amount on Fo		•			<i>c</i>	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i									
1 41								(-) [		
		(a) Current year	(b) Prior year	(c) Two years			/ears back	(e) Four		
	Beginning of year balance	3,275,118.	3,208,596.				18,819.	<u> </u>	800,3	
	Contributions	27,244.	67,362.	-	,560.		73,406.		79,6	
	Net investment earnings, gains, and losses	819,236.	13,699.	158	,970.	1	30,286.		138,8	28.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	7,000.	14,539.	7	,069.		80,376.			
f	Administrative expenses									
g	End of year balance	4,114,598.	3,275,118.	3,208	,596.	2,3	42,135.	2,	018,8	19.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	)) held as:						
а	Board designated or quasi-endowment	22.0000	_%							
b	Permanent endowment ► <u>78.0000</u>	%								
с	Term endowment  .0000	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administere	d for the o	organiza	ation	_		
	by:							-	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endow								
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X, lin	ie 10.				
	Description of property	(a) Cost or of basis (investm	ther (b) Cost	t or other (other)	<b>(c)</b> Acc			<b>(d)</b> Book	value	
19	Land	· · · ·	,	. ,						
	Land									
	Buildings									
	Leasehold improvements			8,950.		8,9	50			0.
	Equipment			5,550.		0, )				<u>.</u>
	Other			0)						0.
iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part )</u>	<u>x. column (B), line 1</u>	<u>UC.)</u>				D (Farm		

Schedule D (Form 990) 2020

	e University	Foundation Inc	23-7032763 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-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, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 1	5
	Description		(b) Book value
(1)			
(2)			
(3)			
(3)			
(5)			
(6)			
(7)(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e 15.)</u>		🕨
Complete if the organization answered "Yes"	on Form 000 Dart IV line	110 or 11f Soo Form 000 Dort V	line 25
(a) Description of lightlift.	on Form 990, Fait IV, line	The of The See Form 990, Fart A	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		
2 Liability for uncortain tax positions. In Part VIII, provide	the text of the featness to	the ergenization's financial state	monto that reports the

Albany State University Foundation Inc

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

23-7032763 Page 3

	dule D (Form 990) 2020 Albany State University <b>TXI</b> Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With Revenu					
1			1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	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						
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 <b>4a</b> and <b>4b</b>		4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)						
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	<u>_</u>				
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:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d						
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18						
Part XIII Supplemental Information.							

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

Part V, line 4:

Provide a predictable stream of funding to programs supported by its

endowment while seeking to maintain the historic dollar value of the

endowment assets.

Part X, Line 2:

The Foundation follows the statutory requirements for its income tax

accounting and generally avoids risks associated with potentially

problematic tax positions that may be challenged upon examination.

Management believes any liability resulting from taxing authorities

imposing additional income taxes from activities deemed to be unrelated to

the Foundation's tax-exempt status would not have a material effect on the 032054 12-01-20 Schedule D (Form 990) 2020

Schedule D (Form 990) 2 Part XIII Supplem	020 Alban ental Information <sub>(c</sub>	y State Ui ontinued)	iiversity	roundatio	n inc	23-1032163	Page 5
	consolidated						
roundación s	consorrated	TINANCIAI					

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         of the Treasury							
Name of the organization	_						Employer identification number	
		rsity Found	ation Inc				23-7032763	
Part I General Information on Grants and								
1 Does the organization maintain records t criteria used to award the grants or assis	tance?				•			
2 Describe in Part IV the organization's pro						(		
Part II Grants and Other Assistance to I recipient that received more than \$	•			1 0	anization answered "N	res" on Form 990, Part	t IV, line 21, for any	
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
							For University	
Albany State University							Scholarship Grants,	
504 College Drive							Genral and Athletic	
Albany, GA 31705	58-0001996	501(C)(3)	502,570.	0.			Support	
University System of Georgia								
Foundation, Inc 270 Washington							To supoort future	
Street SW Suite 7002 - Atlanta ,							university reserve and	
GA 30334	58-6333106	501(C)(3)	969,409.	0.			replacement projects.	
2 Enter total number of section 501(c)(3) ar	nd government ord	anizations listed in th	ne line 1 table	1	1	1	▶ 2.	
3 Enter total number of other organizations							0.	
LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) 2020	

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

Schedule I (Form 990) 2020
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23-7032763

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
Part I, Line 2:					
Invoices and disbursement request f	forms are	created a	nd submitt	ed to the	

Budget Analyst for review. If the expenses or scholarships are permitted

based on expenditure guidleines, the requests are forwarded to the Vice

President for Institutional Advancement or their designee for approval.

The approval forms as well as the documentation and support for these

expesses are stored either electronically or on file with the Finance and

Administration Officer for records retention.

SC	HEDULE J	I	OMB No. 1	545-004	47			
(Fo	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2			
•		Compensated Employees		20	ZU	J		
Dene	terent of the Treesury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	e of the organization			identificatio		nber		
		Albany State University Foundation Inc	23-	703276:	3			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re-	sidence					
	Discretionary s	ır, chef)						
b	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
-								
3								
			on to					
	·							
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee					
4	During the year dia	Lany parson listed on Form 000. Dart VII. Section A line 1s, with respect to the filing						
4								
2	-	-		4a		x		
a b	Receive a severance payment or change-of-control payment?					X		
						X		
U	•							
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5			'n					
-								
а	-			5a		x		
						x		
6	Albany State University Foundation Inc         23-*           art1         Questions Regarding Compensation         23-*           art1         Questions Regarding Compensation provided any of the following to or for a person listed on Form 990, Par VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         5           First-class or charter travel         Housing allowance or residence for personal use frax informification and gross-up payments         Healthor to social club dues or initiation fees           Discretionary spanding account         Personal services (such as maid, chauffeur, chef)         11           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 aboxe? If "No," complete Part III to explain         Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, payments for buests on other 1a?         Indicate which, if any, of the following the organization to establish the compensation orther to ECO/Executive Director, but explain in Part III.         Compensation committee         Written employment contract           Indicate which, if any, of the following the organization fort							
а	-	-		6a		X		
						X		
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	j.					
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X		
8								
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section	1 53.4958-6(c)?	<u>.</u>	9				
LHA				dule J (Form	n <b>990</b> )	2020		

## 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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) Marion Federick	(i)	0.	0.	0.	0.	0.	0.	0.
Ex-Officio Director, ASU	(ii)	305,752.	0.	0.	0.	23,464.	329,216.	0.
(2) A L Fleming	(i)	0.	0.	0.	0.	0.	0.	0.
Executive Director	(ii)	151,627.	0.	0.	0.	7,821.	159,448.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

Schedule J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	-EZ OMB No. 1545-0047 2020 Open to Public Inspection								
Name of the organization	Albany State University Foundation Inc	Employer identification number 23-7032763							
	rt I, Line 1, Description of Organization Miss								
State Univer	To provide financial aid to students and financial support of Albany State University, its faculty, staff, research, and advancment of								
higher educa	iton.								
<u>Form 990, Pa</u>	rt III, Line 1, Description of Organization Mi	ssion:							
The Albany S	tate University Foundation, Inc. enhances the a	academic							
vision and p	riorities of ASU through its organized fundrais	sing							
<u>activities a</u>	nd funds management. The Foundation, a non-pro-	fit							
corporation,	is governed by an elected Board of Trustees, w	whose members							

serve as advocates for the University and its colleges, schools and

programs.

Private support funds scholarships, eminent scholar chairs,

professorships and the innovative programs that distinguish ASU as an

exceptional institution. We know it is our generous donors who will

sustain our tradition of academic excellence.

Form 990, Part III, Line 3, Changes in Program Services: The Foundation's leasing operations had consisted of leasing real estate with the University and Board of Regents for the operation and management of student housing facilities and a student center facility, located on both the East campus, under a direct financing-type lease expiring in June 2040. As of October 21, 2020, the ground lease between the Foundation and the University and Board of Regents was effectively

## terminated.

Schedule O (Form 990 or 9	Page <b>2</b>					
Name of the organization	Albany	State	University	Foundation	Inc	Employer identification number 23-7032763

Form 990, Part V, Line 6a

Non tax-deductible contributions that were solicited related to

quarterback club donations. An express statement that a portion of such

contributions were not tax deductible was included with each

solicitation.

Form 990, Part VI, Section A, line 8b:

The organization documents the meeting held by each committee only to make

recommendations to the board or executive committee for action.

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

Board Members will review return before filing.

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

Annually, the Foundation Board will complete and sign the Conflict of

Interest Declaration and disclose any actual or potential conflict of

interest.

Form 990, Part VI, Section B, Line 15:

The officers of the Foundation are state employees, and their compensation

is based on what comparable positions pay at similar sector universities

within the University System of Georgia.

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

They are avaliable upon request to the Office of Institutional Advancement

or a Foundation board member.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
Albany State University Foundation Inc	23-7032763

# Form 990, Part XI, line 9, Changes in Net Assets:

Loss on Extinguishment of Debt

-338,230.

Form 990, Part XII, line 2c

The organization has not made any changes to the oversight process.

SCH	EDULE	R

## (Form 990)

# **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.

OMB No. 1545-0047 20

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Name of the organization

# Albany State University Foundation Inc

Employer identification number 23-7032763

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
Campus Facilities I, LLC					
504 College Drive	Student Housing				ALBANY STATE UNIVERSITY
Albany, GA 31705	Construction	Georgia	29,410.	0.	FOUNDATION, INC.

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	ction entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
Albany State University - 58-0001996							
504 College Drive					Georgia Board of		
Albany, GA 31705	Education	Georgia	Govt		Regents		х
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

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 organizations treated as a partnership during the tax year.

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under sections 512-514)	income end-of		end-of-year assets Yes No		amount in box	mana	aging ner?	Percentage ownership
		foreign country)		sections 512-514)		assets			K-1 (Form 1065)			
		oound y)					103					
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	1											
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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) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(i contr ent	(i) ction (b)(13) trolled ttity?		
		country)						Yes	No		

# Schedule R (Form 990) 2020 Albany State University Foundation Inc

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X				
	Gift, grant, or capital contribution to related organization(s)	1b	X					
	Gift, grant, or capital contribution from related organization(s)	1c		X				
d	Loans or loan guarantees to or for related organization(s)	1d		X				
	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		X				
g	Sale of assets to related organization(s)	1g		X				
h	Purchase of assets from related organization(s)	1h		X				
i	Exchange of assets with related organization(s)	1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X					
	Sharing of paid employees with related organization(s)	10	X					
р	p Reimbursement paid to related organization(s) for expenses							
	Reimbursement paid by related organization(s) for expenses	1q		X				
r	Other transfer of cash or property to related organization(s)	1r		X				
s Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
<u>(2)</u>				
<u>(</u> 3)				
<u>(4)</u>				
<u>(5)</u>				
(6)				

# Schedule R (Form 990) 2020 Albany State University Foundation Inc

## 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>(b)</b> Primary activity	(c)	(e) Are a partners 501(c) orgs. Yes	) all 5 sec. )(3) .? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	( <b>r</b> Dispr tior alloca <b>Yes</b>	opor- nate tions?	(j) General ( managin partner Yes No	(k) Percentage ownership

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Part VII	Supplemental Info								
	Provide additional inform	nation for respor	ises to ques	stions on Sch	edule R. Se	e instructions.			