

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Open to Public Inspection

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

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

A For the 2006 calendar year, or tax year beginning Jul 1, 2006, and ending Jun 30, 2007

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.

C Name of organization

GEORGIA STATE UNIV BUILDING FOUNDATION

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite

P.O. Box 3963

City, town or country

ATLANTA

State ZIP code + 4

GA 30302-3963

D Employer Identification Number

58-1998542

E Telephone number

(404) 413-3402

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... ☐ Yes ☒ No

H (b) If "Yes," enter number of affiliates ▶

H (c) Are all affiliates included? ... ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ... ▶

M Check ☒ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ N/A

J Organization type  
(check only one) ▶ ☒ 501(c) 2 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its  
gross receipts are normally not more than \$25,000. A return is not required, but if the  
organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2, 212, 119.

## Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

a Contributions to donor advised funds

1a

b Direct public support (not included on line 1a)

1b

c Indirect public support (not included on line 1a)

1c

d Government contributions (grants) (not included on line 1a)

1d

e Total (add lines 1a through 1d) (cash \$ noncash \$ )

1e

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5

158,756.

6a Gross rents

6a

2,053,363.

b Less: rental expenses

6b

534,407.

c Net rental income or (loss). Subtract line 6b from line 6a

6c

1,518,956.

7 Other investment income (describe )

7

8a Gross amount from sales of assets other  
than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss). Combine line 8c, columns (A) and (B)

8d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐a Gross revenue (not including \$ of contributions  
reported on line 1b)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events. Subtract line 9b from line 9a

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12

1,677,712.

13 Program services (from line 44, column (B))

13

679,574.

14 Management and general (from line 44, column (C))

14

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 16 and 44, column (A)

17

679,574.

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18

998,138.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

7,132,115.

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21

8,130,253.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ <u>679,574.</u> non-cash \$ <u>          </u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	679,574.	679,574.		
<b>22b</b> Other grants and allocations (att sch) (cash \$ <u>          </u> non-cash \$ <u>          </u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	0.			
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27				
<b>28</b> Employee benefits not included on lines 25a - 27	28				
<b>29</b> Payroll taxes	29				
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31				
<b>32</b> Legal fees	32				
<b>33</b> Supplies	33				
<b>34</b> Telephone	34				
<b>35</b> Postage and shipping	35				
<b>36</b> Occupancy	36				
<b>37</b> Equipment rental and maintenance	37				
<b>38</b> Printing and publications	38				
<b>39</b> Travel	39				
<b>40</b> Conferences, conventions, and meetings	40				
<b>41</b> Interest	41				
<b>42</b> Depreciation, depletion, etc (attach schedule)	42				
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> Miscellaneous	43a				
<b>b</b> Accounting fees	43b				
<b>c</b>	43c				
<b>d</b>	43d				
<b>e</b>	43e				
<b>f</b>	43f				
<b>g</b>	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	679,574.	679,574.		

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$           ; (ii) the amount allocated to Program services \$           ; (iii) the amount allocated to Management and general \$           ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

Provide support for the Georgia State University and the GSU

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

**a Contribution made to the Georgia State University Foundation**

(Grants and allocations \$ 679,574. ) If this amount includes foreign grants, check here ▶ ☐

679,574.

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

**e Other program services**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 679,574.

BAA

Form 990 (2006)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash – non-interest-bearing .....	2,700,450.	45	4,058,577.
	46 Savings and temporary cash investments .....		46	
	47a Accounts receivable .....	15,018.		
	b Less: allowance for doubtful accounts .....		47c	15,018.
	48a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....		48c	
	49 Grants receivable .....		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50b	
	51a Other notes and loans receivable (attach schedule) .....			
	b Less: allowance for doubtful accounts .....		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	31,043.	53	31,004.
	54a Investments – publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments – other securities (attach sch) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55a Investments – land, buildings, & equipment: basis .....				
b Less: accumulated depreciation (attach schedule) .....		55c		
56 Investments – other (attach schedule) .....		56		
57a Land, buildings, and equipment: basis .....	10,661,670.			
b Less: accumulated depreciation (attach schedule) .....	L-57 Stmt 5,948,791.	57b	5,212,354.	
57c	4,712,879.			
58 Other assets, including program-related investments (describe ▶ .....		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	7,943,847.	59	8,817,478.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses .....	21,000.	60	8,250.
	61 Grants payable .....		61	
	62 Deferred revenue .....	790,732.	62	678,975.
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....		64b	
	65 Other liabilities (describe ▶ .....		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	811,732.	66	687,225.	
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	7,132,115.	67	8,130,253.
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	7,132,115.	73	8,130,253.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	7,943,847.	74	8,817,478.	

**Part IV A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

		N/A	
<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify):	<b>b4</b>	
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part IV B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

		N/A	
<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify):	<b>b4</b>	
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part V** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Dale J. Palmer Atlanta, GA	CFO-GSU Foundation 1	0.	0.	0.
James F. Winters III Atlanta, GA	Controller- GSU Foundatio 1	0.	0.	0.
Dr. Kenneth L. Bernhardt P.O.Box 3963 Atlanta, Ga. 30302	.25	0.	0.	0.
See ATTACHED				

Yes	No
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75b		X
75c	X	
75d	X	

75b		X
-----	--	---

75c	X	
-----	---	--

75d	X	
-----	---	--

75d	X	
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**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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76		Y
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70		X
77		V

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• **What is the purpose of the study?**

816	Y
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Form 990 (2006)

**Part IV Other Information (continued)**

	Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....		X
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) ..... <b>82 b</b>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? .....	N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b> Dues, assessments, and similar amounts from members .....	N/A	
<b>d</b> Section 162(e) lobbying and political expenditures .....	N/A	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	N/A	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	N/A	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	N/A	
<b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12 .....	N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	N/A	
<b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders .....	N/A	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	N/A	
<b>88 a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	X	
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....	X	
<b>89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶</b>		
<b>b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction</b> .....	N/A	
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		
<b>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....</b>		X
<b>f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....</b>		X
<b>g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....</b>		X
<b>90 a</b> List the states with which a copy of this return is filed ▶ <u>Georgia</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) .....	0	
<b>91 a</b> The books are in care of ▶ <u>Dale Palmer/GSU Foundation</u> Telephone number ▶ <u>(404) 413-3402</u> Located at ▶ <u>One Park Place, Suite 533, Atlanta GA</u> ZIP + 4 ▶ <u>30303</u>		
<b>b</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)? .....		X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? .....

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If 'Yes,' enter the name of the foreign country ▶ .....

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here .....

and enter the amount of tax-exempt interest received or accrued during the tax year ..... 92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					158,756.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					1,518,956.
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					1,677,712.
105 Total (add line 104, columns (B), (D), and (E))					1,677,712.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
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96 Interest income used to defray cost of operating building.

97b Used to provide facilities for GSU.

**Part VIII Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Georgia State University Foundation	%			
	%			
	%			
	%			

**Part IX Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

Yes	No
X	

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity .....

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	Georgia State University Foundation Atlanta, Ga.	58-6033185	Revenue transfer	679,574.
b				
c				
<b>Totals</b>				679,574.

Yes	No
	X

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity .....

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

Yes	No
	N/A

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? .....

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <u>James F. Winters, III</u>		Date <u>12/15/2008</u>	
	Type or print name and title. <u>JAMES F. WINTERS, III Controller</u>			
<b>Paid Preparer's Use Only</b>	Preparer's signature	<u>[Signature]</u> CPA	Date	<u>02/15/08</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4	<u>Banks, Finley, White &amp; Co.</u> <u>3504 East Main Street</u> <u>College Park GA 30337</u>		
	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)	EIN	Phone no. <u>404-763-1002</u>

BAA

Form 990 (2006)

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	500,000.	0.	500,000.
Building	6,650,578.	4,012,490.	2,638,088.
Building Equipment	1,834,746.	912,923.	921,823.
Tenant Improvements	1,676,346.	1,023,378.	652,968.
Accumulated Depreciation	0.	0.	0.
Total	<u>10,661,670.</u>	<u>5,948,791.</u>	<u>4,712,879.</u>

**Supporting Statement of:**

Form 990 p 1/Line 6a

Description	Amount
Rental Revenue	1,941,606.
Tenant Improvement Funds	111,757.
Total	<u>2,053,363.</u>

**Supporting Statement of:**

Form 990 p 1/Line 6b

Description	Amount
Fees for professional services	1,040.
Insurance	33,862.
Depreciation	499,475.
Other	30.
Total	<u>534,407.</u>

GEORGIA STATE UNIVERSITY BUILDING FOUNDATION EIN 58 - 1998542					
FORM 990 / 2006					
07/01/06 - 06/30/07					
FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES AND KEY EMPLOYEES					
#	(A) NAME & ADDRESS	(B) Title & Time Devoted to Position	(C) COMPENSATION	(D) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN	(E) EXPENSE ACCOUNT & OTHER ALLOWANCE
1	Mr. W. Frank Blount P.O. Box 3963 Atlanta, GA 30302	Trustee	\$0	\$0	\$0
2	Mr. John H. Cowart Sr. P.O. Box 3963 Atlanta, GA 30302	Trustee	\$0	\$0	\$0
3	Mr. Michael D. Easterly P.O. Box 3963 Atlanta, GA 30302	Trustee	\$0	\$0	\$0
4	Ms Catherine C. Henson P.O. Box 3963 Atlanta, GA 30302	Trustee	\$0	\$0	\$0
5	Mr. Jack R. Kelly Jr. P.O. Box 3963 Atlanta, GA 30302	Chairman	\$0	\$0	\$0
6	Mr. John D. Marshall Jr. P.O. Box 3963 Atlanta, GA 30302	Ex-Officio Foundation VP	\$0	\$0	\$0
7	Mr. L. Anthony Montag P.O. Box 3963 Atlanta, GA 30302	Trustee	\$0	\$0	\$0
8	Dr. Carl V. Patton P.O. Box 3963 Atlanta, GA 30302	Ex-Officio University President	\$0	\$0	\$0
9	Mrs. Nancy E. Peterman P.O. Box 3963 Atlanta, GA 30302	Ex-Officio Foundation President	\$0	\$0	\$0
10	Mr. H. Jerome Russell Jr. P.O. Box 3963 Atlanta, GA 30302	Secretary	\$0	\$0	\$0
11	Mr. Christopher B. Torie P.O. Box 3963 Atlanta, GA 30302	Treasurer	\$0	\$0	\$0