// 000 T			mination Des	. •		_ =	**** D = 4	_ 1	OMBA	No 1545-0687
Form 990-T		exempt Orga	NIZATION BUS nd proxy tax und						OMB	1545-0687
,	For cale	endar year 2018 or other tax ye	na proxy tax una Parhegiografiti. 1	20	18	, TII	N 30, 200 N 30, 20	29	2	018
4	, 6. 64		irs.gov/Form990T for ir					-		0.10
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only								
A Check box if address changed		Name of organization (
B Exempt under section	Print	GEORGIA STA	TE UNIVERSI	ΤY	FOUNDATIO	N,	INC	5	8-60	33185
X 501(C 1) 3)	or i	Number, street, and room	n or suite no. If a P.O. box	k, see II	structions.				lated busin	less activity code s)
408(e) 220(e)	',,,,,	PO BOX 2668						4		
408A530(a) 529(a)		City or town, state or pro	30301-266		n postal code			532	000	
c Book value of all assets at end of year 412, 277, 5	ه د	F Group exemption num	<u> </u>	<u> </u>	I I road it		T 1404	· · · · ·		1005-1
H Enter the number of the		G Check organization typ		oratioi) trust		Other trust
	-	EE STATEMENT	·	-			the only (or first) us			•
		ce at the end of the previous	· · · · · · · · · · · · · · · · · · ·	rts I an			complete Parts I-V. M for each addition			6 ,
business, then complete		•			ia ii, compicio a com	ouul	THE FOR CACH AGGING		0 0.	
		oration a subsidiary in an	affiliated group or a parei	nt-subs	idiary controlled groi	up?		Y(es X	No
If "Yes," enter the name a	nd ident	ifying number of the parer	it corporation.							
J The books are in care of					Te	eph	one muniper	04-	413-	3402
Part I Unrelated	Trad	le or Business Inc	ome	,	(A) Income		r (B) Expense	<u> </u>	}	(C) Net
1a Gross receipts or sale				. :		8	i i		ြၽွ	: /
b Less returns and allow		A 1: 7)	c Balance	10		8	JUN 24	2020		
2 Cost of goods sold (S		•		3					S S	
3 Gross profit Subtract				<u> </u>	61		OGDEN	$\overline{\Pi}$		/610.
· •								, 0 ,	لـــا	
c Capital loss deduction		. ,	11101)	4c			*			/
•		hip or an S corporation (at	ttach statement)	5	49,32	1.	-STMT 2	2		49,321.
6 Rent income (Schedu	le C)		, i	6	411,62	4.	193,9	29.		17,695.
7 Unrelated debt-finance	ed incom	ne (Schedule E)		7						
-		nd rents from a controlled	-	8		\Box		<u>/_</u>		
		n 501(c)(7), (9), or (17) o	rganization (Schedule G)	9		_				
10 Exploited exempt activ	-	, ,		10						
11 Advertising income (S12 Other income (See ins		•		11			/	,		
13 Total. Combine lines				13	461,55	5/	193,9	29.	2	67,626.
		t Taken Elsewher	e (See instructions fo				100,0			0,,0201
		tions, deductions must					s income)			
14 Compensation of offi	cers, dır	ectors, and trustees (Sche	dule K)					14		
15 Salaries and wages								15		
16 Repairs and mainten	ance							16		
17 Bad debts								17		
18 Interest (attach scher	dule) (se	e instructions)						18		
19 Taxes and licenses20 Charitable contribution	ne (Caa	instructions for limitation	ruloo					19		
			Tules		21				ļ	<u> </u>
•	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 22a 22b									
23 Depletion										
24 Contributions to defe	Contributions to deferred compensation plans									
25 Employee benefit pro	Employee benefit programs 25									
	Excess exempt expenses (Schedule I)									
28 Other deductions (att		•						28		
,	/ · · · · · · · · · · · · · · · · · · ·									
							01,020.			
				y 1, 20	io (see ilisuuciions)	J	Bul	31	2	67.626.
		2 Unrelated business taxable income. Subtract line 31 from line 30 23701_01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. 2407, 626.								

911

Form 990-		033185	Page 2
Part-	Total Unrelated Business Taxable Income	,	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1 83	267,626.
34	Amounts paid for disallowed fringes		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	36	267,626.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	"	
••		38	
37	lines 33 and 34 . Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) .	☆ 37	1,000.
38	Unrelated business taxable Income, Subtract line 37 from line 36. If line 37 is greater than line 36,	P 4' -	
	enter the smaller of zero or line 36	38	0.
Dart	V Tax Computation	1 00 1	
39		▶ 39	0.
40	Trusts Texable at Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from;	30	
40		أمدأ	
44	Tax rate schedule or Schedule D (Form 1041)		
41	Proxy tex. See Instructions		
42	Alternative minimum tax (trusts only)	42	
43	Tax on Honocompilant Facility income, See Instructions	43	0.
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44	
	/ Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	$\dashv \exists$	
	Other credits (see instructions) 45b	- `	
0	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	- `	
8	Total credite. Add lines 45a through 45d	. 458	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul	e) 47 L	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Paymenis: A 2017 overpayment credited to 2018	_	
t	2018 estimated tax payments	_ `	
•	Tax deposited with Form 8868 50c	_ `[
	Foreign organizations: Tax paid or withheld at source (see instructions)	⊣ ∣	
•	Backup withholding (see instructions)		
	Credit for small employer health insurance gremiums (attach Form 8941)		
9	Other credits, adjustments, and payments: Form 2439 Other Total 50g		
	Form 4136 □ Other Total ► 50g		
61	Total payments, Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	. 52	
63	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 63	
64	Overpayment. If line 51 is larger than the total of fines 48, 49, and 52, enter amount overpaid	▶ 54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	▶ 55	
Part	/I Statements Regarding Certain Activities and Other Information (see Instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, if "Yes," enter the name of the foreign country		
	here >		Х
67	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		
•	If 'Yes,' see instructions for other forms the organization may have to file.		···
68	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		1 1 '
		nowledge and t	ollef, it is true,
Sign	Under pensities of perjury, I declare that I have examined this return, including accompanying schedules and stitlements, and to the best of my is correct, and campiate. Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge. CFO AND ASSISTANT		
Here	Dalal CFO + Asst. Treasuret 1/10/2000 TREASURER	mily ald the or	scuse this return with town below (see
	Signature of officer Date Title	Instructions)?	
		If PTIN	٠٠٠ لـــا ٠٠٠ يعم
		1 '	
Paid	Self-employed JEFF T. FUCITO JEFF T. FUCITO 01/10/20		120748
Prepa	Charleson NAULDIN C. TENUTNIC LIC		-0692043
Use (Only Firm's name MAULDIN & JENKINS LLC Firm's EIN 200 GALLERIA PKWY SE STE 1700	- 30-	0034043
		770.05	55-8600
	Firm's address ATLANTA, GA 30339-5946 Phone no.		
823711 0	-V5-1B	F	orm 990-T (2018)

Form 990-T (2018) GEORGIA S Schedule A - Cost of Good						58-6033	3185	Page	
1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4 a Additional section 263A costs (attach schedule) b Other costs (attach schedule) 5 Total. Add lines 1 through 4b Schedule C - Rent Income	1 2 3 4a 4b 5		6 7 8	Inventory at end of ye Cost of goods sold. S from line 5. Enter her line 2 Do the rules of sectio property produced or the organization?	vith respect to for resale) apply to	6 7	Yes No		
(see instructions) 1. Description of property									
(1) COMMERCIAL BILLB	OARD REI	NTAL							
(2)									
(3)									
(4)						 			
		ed or accrued				3(a) Deductions directly	connected with th	не илсоте ил	
rent for personal property is more than of rent for p			ersonal property (if the percentage ersonal property exceeds 50% or if it is based on profit or income)			columns 2(a) and SEE STATE	d 2(b) (attach sche EMENT 4	edule)	
(1)				411,	624.		1	93,929	
(2)									
(3)									
(4)									
Total	0.	Total		411,	624.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter >		411,	624.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	1	93,929	
Schedule E - Unrelated Del	bt-Financed	I Income (see i	nstru	ictions)					
			2	2. Gross income from or allocable to debt-		Deductions directly conn to debt-finance	ed property		
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(D) Other (attach	(b) Other deductions (attach schedule)	
(1)			-	-	<u> </u>				
(2)									
(3)					1		†		
(4)					 				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt on or allocable to debt-financed of or allocable to			6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		(column 6 x	ble deductions total of columns and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					

Form 990-T (2018)

0.

0.

Enter here and on page 1, Part I, line 7, column (B)

Enter here and on page 1, Part I, line 7, column (A)

0.

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest,					Controlled O							
1. Name of controlled organiza	ition	2. Em identifi num	cation	3. Net un (loss) (se	related income e instructions)	4. Tot payr	yments made includ		5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)				<u> </u>					<u> </u>			
(2)									·			
(3)								ļ	_			
(4)							<u> </u>	L				
Nonexempt Controlled Organi	1			1					1	44 .		
7. Taxable Income		related incor e instruction		9. Total	of specified payi made	nents	10. Part of column the controlling gross		ization's		ductions directly connected income in column 10	
(1)					· -		-					
(2)												
(3)						i						
(4)					_							
							Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals						>			0.		0	
Schedule G - Investme		ne of a	Section	n 501(c)(7), (9), or	(17) Or	ganization				·	
	ructions)	ne			2. Amount of	income	3. Deductio	cted	4. Set-a		5. Total deductions and set-asides	
(1)					<u> </u>		(attach sched	ule)	(+		(col 3 plus col 4)	
(2)											 	
(3)												
(4)												
			•		Enter here and e Part I, line 9, co				•	*	Enter here and on page Part I, line 9, column (B)	
Totals						0.					0	
Schedule I - Exploited	-	Activity	Incom	ne, Othe	r Than Ad		ng Income)				
(see instru	2. Gr unrelated to income trade or b	usiness from	directly with pr of un	penses connected oduction related ss income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						1		-				
(2)						f				•		
(3)						Ì						
(4)											1	
Totals	Enter here page 1, line 10, c	Part I,	page	ere and on 1, Part I, , col (B)		,					Enter here and on page 1, Part II, line 26	
Schedule J - Advertisi	na Incon		nstruction] 0.	
Part I Income From					solidated	Basis	···					
<u>, , , , , , , , , , , , , , , , , , , </u>						240.5						
1. Name of periodical		2 Gross advertising income	adv	3. Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput	5. Circulat income	on	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						_						
(2)						,						
(3)						,						
(4)											•	
Totals (carry to Part II, line (5))	▶	(0.	0					_		0	
			•		•		-				Form 990-T (2018	

Form 990-T (2018) GEORGIA STATE UNIVERSITY FOUNDATION, INC 58-60331 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_		
(2)							
(3)					_		
(4)							
Totals from Part I	•	0.	0.	-	Ŧ	1	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	·	.		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		■	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT	1
•	BUSINESS ACTIVITY		

BILLBOARD RENTAL AND UBI FROM PARTNERSHIPS

1,601,571.

1,709,892.

TO FORM 990-T, PAGE 1

06/30/11

06/30/12

FORM 990-7	FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS						
DESCRIPTIO	МС			NET INCOME OR (LOSS)			
UNRELATED	- ORDINARY BUSIN	NESS INCOME (LOSS)		257.			
		EQUITY PARTNERS VI	II - ORDINARY				
BUSINESS I	•	TY FUND V - ORDINA	ADV DIIČTNIEČČ	2,457.			
INCOME (LO		III FUND V - UNDINA	WI DOSINESS	2,641.			
		TY FUND V - NET RE	ENTAL REAL	_,			
ESTATE INC				41.			
ABBOTT CAR	PITAL PRIVATE EQUI	TY FUND V - OTHER	NET RENTAL	120			
INCOME (LO		TY FUND V - INTERE	CO INCOME	139. 452.			
		TY FUND V - INTERI		394.			
		TY FUND V - ROYALT		83.			
ABBOTT CAP	PITAL PRIVATE EQUI	TY FUND V - OTHER					
INCOME (LC				2,270.			
		TY FUND V - OTHER TY FUND VI - ORDIN		9.			
INCOME (LO		TY FUND VI - ORDIN	IARY BUSINESS	40,023.			
		TY FUND VI - NET F	RENTAL REAL	40,025.			
ESTATE INC	COME			-1.			
		TY FUND VI - INTER		474.			
		TY FUND VI - DIVII		78.			
ABBOTT CAP	PITAL PRIVATE EQUI	TY FUND VI - ROYAL	TIES	4.			
TOTAL INCL	LUDED ON FORM 990-	T, PAGE 1, LINE 5		49,321.			
FORM 990-1	NE NE	T OPERATING LOSS I	EDUCTION	STATEMENT 3			
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR			
06/30/08	967,687.	137.832.	829,855.	829.855-			
06/30/09	2,124,112.	0.	2,124,112.	2,124,112.			
06/30/10	1,742,280.	0.	1,742,280.	1,742,280.			
06/30/11	1.601.571.	0.	1 601 571.	1 601 571.			

0.

0.

1,601,571.

1,709,892.

1,601,571.

1,709,892.

GEORGIA STA	ATE UNIVERSITY	FOUNDATION	, INC			58-6033	185
06/30/17	11,573.		0.		11,573.	11,57	3.
NOL CARRYOVE	R AVAILABLE THI	S YEAR			8,019,283.	8,019,28	3.
FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT	4
DESCRIPTION				TIVITY UMBER	AMOUNT	TOTAL	
CONTRACTURAL INSURANCE DEPRECIATION	PAYMENTS				128,634. 9,202. 56,093.		
		- SUBTOTA	L -	1		193,9	29.
TOTAL TO FORM	1 990-T, SCHEDU	LE C, COLU	MIN 3			193,9	29.

SCHEDULE D (Form 112Q)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

December 1 Cont 1 W/ 7 E W 2010	GEORGIA STATE UNIV		58-6033185			
to enter on the lines below. If Som may be assert to complete if you could cents to whole dollars. If Totals for all short-term transactions reported on Form 1099-8 flor which basis was reported to the HRS and for which you change it is a state of the HRS and for which you change it is a state of the HRS and for all transactions reported on Form(s) 8949 with 80x 6 checked 2 Totals for all transactions reported on Form(s) 8949 with 80x 6 checked 3 Totals for all transactions reported on Form 6252, line 26 or 37 4 Short-term capital gain from installment sales from Form 8254. 5 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Form like-kind exchanges from Form 8284. 5 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Form like-kind exchanges from Form 8284. 5 Intermediation of the HRS and Losses (See instructions) 8ea instructions, for how to figure the amounts to nation the line below. 10 Totals for all transactions reported on Form 849, leave this line below. 10 Totals for all transactions reported on Form 849, leave this line below. 10 Totals for all transactions reported on Form 849, leave this line blank and go to line 8b 10 Totals for all transactions reported on Form 849, leave this line blank and go to line 8b 10 Totals for all transactions reported on Form 6252, line 26 or 37 11 Long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Net capital gain or (loss). Combine lines 8a th	Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
1s Totals for all short-term transactions reported on Form 199-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions of the total state of the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions reported on Form(s) 8949 with 80x B checked 2 Totals for all transactions reported on Form(s) 8949 with 80x B checked 3 Totals for all transactions reported on Form(s) 8949 with 80x B checked 4 Short-term capital gain from installment sales from Form 8252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 824 5 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines to a trough 6 in column h Part II I Long-Term Capital Gains and Losses (See instructions) 8e instructions for help in figure the amounts of center on the lines below. 1 This form may be assure to complete if you center on the lines below. 2 This form may be assure to complete if you leads properly (or other basis) or see firm Former) 8949 with 80x Checked 3 Totals for all transactions reported on Form (1988) with 80x Checked 4 Totals for all transactions reported on Form (1988) with 80x Checked 5 Totals for all transactions reported on Form(s) 8949 with 80x Checked 10 Totals for all transactions reported on Form(s) 8949 with 80x Checked 10 Totals for all transactions reported on Form(s) 8949 with 80x Checked 10 Totals for all transactions reported on Form(s) 8949 with 80x Checked 11 Enter gain from Form 4797, Iner 7 or 9 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Totals for all transactions reported on Form (1982) from like-kind exchanges from Form 8824 16 Enter excess of net short-term capital gain (line 1) over net long-term capital loss (line 15)	to enter on the lines below.	Proceeds	Cost	(g) Adjustments to ga or loss from Form(s) 894 Part I, line 2, column (g	ın 19, 3)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from Me-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 -73. Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you und off creits to whole dollars. Bat Totals for all transactions reported on Form 1909-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions reported on Form (99-8) leave this line blank and go to line 8 h B Totals for all transactions reported on Form(s) 8949 with Box D checked 10 Totals for all transactions reported on Form(s) 8949 with Box E checked 11 Totals for all transactions reported on Form(s) 8949 with Box E checked 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8224 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8224 14 Capital gain distributions 15 Set 10 Set 1	1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line				,	
Form(s) 8949 with Box 8 checked -73.	'					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines ta through 6 in column h Part III Long-Term Capital Gains and Losses (See Instructions) See instructions for how to figure the amounts to enter on the lines below. (d) (e) (cost to enter on the lines below. (a) Adjustments (see instructions for how to figure the amounts on enter on the lines below. (h) Cain or (loss) Subtract column (g) and or enter of the lines below. This form may be easier to complete if you could off cents to which dolfars. 8a Totals for all long-term transactions reported on Form 1099-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all thiss termasctions on Form 8949, leave this line blank and go to line 8b 7 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Long-term capital gain or (loss). Combine lines 88 through 14 in column h 15 Net Long-term capital gain or (loss). Combine lines 88 through 14 in column h 16 Enter excess of net short-term capital gain (line 15) over net short-term capital loss (line 7) 17 61.0. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 General III Summary of Parts I and III Column to the proper line on other returns 19 Constitutions Column to the proper line on the returns Column to the column to	2 Totals for all transactions reported on		,			
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18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	, - ,	, -	,	. 7\		610
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			oper line on other returns	l	- 18	010.

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

58-6033185

GEORGIA STATE UNIVERSITY FOUNDATION, Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I Short-Term. Transact	ions involving capit	tal assets you held	1 year or less are ge	enerally short-term (se	e instructio	ns) For long-term		
transactions, see page 2 Note: You may aggregate al codes are required. Enter the	ll short-term transac	ctions reported on	Form(s) 1099-B sho	wing basis was repor	ted to the If	RS and for which no	adjustments or	
You must check Box A, B, or C below. If you have more short-term transactions than w	Check only one b	ox. If more than one t	oox applies for your sho	rt-term transactions, com	iplete a separ	ate Form 8949, page 1, I	or each applicable box	
(A) Short-term transactions re	ported on Form(s) 1099-B showii	ng basis was repo	rted to the IRS (se	e Note ab	ove)		
(B) Short-term transactions re	ported on Form(s) 1099-B showii	ng basis wasn't re	eported to the IRS				
X (C) Short-term transactions no	ot reported to you	u on Form 1099-	В					
1 (a) Description of property (Example 100 sh XYZ Co)	(b) (c) Date acquired Date sold or		(d) Proceeds (sales price)	(e) Cost or other basis See the	loss. If v	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e)	
(Example 100 Str X12 Co.)	(Mo , day, yr)	disposed of (Mo , day, yr)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)	
ABBOTT CAPITAL	<u> </u>	-				a a ja a titi		
PRIVATE EQUITY				· · · · · ·				
FUND V	-			 	<u> </u>		<82.	
ABBOTT CAPITAL							1021	
PRIVATE EQUITY								
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2 Totals. Add the amounts in colum	mns (d), (e), (a), a	nd (h) (subtract		†				
negative amounts). Enter each to				,				
Schedule D, line 1b (If Box A abo		-						
above is checked), or line 3 (if B	• •	•					<73.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

GEORGIA STATE UNIVERSITY FOUNDATION, INC

58-6033185

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or Note. You may aggregate all long-term transactions reported to report these transactions on Form 8949 (see instructions) codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box, if more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B

Adjustment, if any, to gain or (a) (c) (d) (e) loss. If you enter an amount Proceeds Gain or (loss). Cost or other Date acquired Description of property Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) see Column (e) ın combine the result Amount of adjustment Code(s) the instructions with column (g) ABBOTT CAPITAL PRIVATE EQUITY 2,902. FUND V ABBOTT CAPITAL PRIVATE EQUITY FUND VI <5,246.> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

above is checked), or line 10 (if Box F above is checked) Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

<2,344.>

negative amounts) Enter each total here and include on your Schedule D, line 8b (If Box D above is checked), line 9 (If Box E