PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Yes

Form **990** (2023)

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning JUL 1 and ending JUN 30, C Name of organization Check if applicable: D Employer identification number Address change THE UNIVERSITY OF GEORGIA FOUNDATION Name change 58-6033837 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 1 PRESS PLACE 101 706 542 - 6677 348,922,390. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return ATHENS, GA 30601 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELIZABETH PRINCE Yes X No for subordinates? 1 PRESS PLACE, SUITE 101, ATHENS, GA **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.UGAFOUNDATION.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 1937 M State of legal domicile: GA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0 **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 38 3 Number of voting members of the governing body (Part VI, line 1a) 37 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 46 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 142,549,195, 169,925,027. Contributions and grants (Part VIII, line 1h) 8 1,820,571 1,749,838. Program service revenue (Part VIII, line 2g) 72,803,559 75,735,032. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,652,654 10,293,521. 11 228,825,979 257,703,418. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 113,794,865 143,414,931. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 18,057,576. 17,217,415. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 131,852,441 160,632,346. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 97,071,072. 96,973,538. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,974,085,193 2,191,138,081. Total assets (Part X, line 16) 95,026,717, 96,094,060. 21 Total liabilities (Part X, line 26) 三年 1,879,058,476. 2,095,044,021. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. Strabelle vi 11/13/2024 Signature of officer Date Sign ELIZABETH PRINCE, CFO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature SHAWN M HUTCHINSON 11/8/24 P01048557 Paid Firm's name KPMG LLP Firm's EIN 13-5565207 Preparer 500 W 5TH ST, STE 800 Use Only Firm's address Phone no. 336-275-3394 WINSTON-SALEM, NC 27101

May the IRS discuss this return with the preparer shown above? See instructions

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Ра	Check if Schedule O contains a response or note to any line in this Part III	Х
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.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total erevenue, if any, for each program service reported.	expenses, and
	(Code:) (Expenses \$ 150,483,926. including grants of \$ 143,414,931.) (Revenue \$	4,139,685.)
	THE UNIVERSITY OF GEORGIA FOUNDATION ("THE FOUNDATION") WAS CHARTERED	
	IN 1937 TO ESTABLISH AND MAINTAIN ENDOWMENTS FOR THE SUPPORT OF THE	
	ACADEMIC PROGRAMS OF THE UNIVERSITY OF GEORGIA. THE FOUNDATION MANAGES	
	FUNDS ESTABLISHED WITH THE FOUNDATION IN ACCORDANCE WITH THE INSTRUCTIONS OF THE DONOR AND PROVIDES FINANCIAL SUPPORT UPON REQUEST	
	TO THE UNIVERSITY OF GEORGIA FOR SCHOLARSHIPS, FACULTY SALARY	
	SUPPLEMENT, AWARDS AND LECTURESHIPS AND OPERATING PROGRAMS INVOLVING	
	FUNDRAISING AND CONSTITUENT RELATIONS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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 150,483,926.	
		Form 990 (2023)

58 - 6033837

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_	Х	
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,		х	
L	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	х	
^	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 12, If "You " complete Schodule I, Parts I and II	1 21	Α.	i

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Form	990 (2023) THE UNIVERSITY OF GEORGIA FOUNDATION 58-6033	837	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
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 or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	34		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

Form 990 (2		58-6033837
Part V	Statements Regarding Other IRS Filings and Tax Comp	liance (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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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			17
	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	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	х	
a	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 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
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		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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 the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	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 dection b requests information about policies not required by the internal nevertice dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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 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) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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			
	ELIZABETH PRINCE - 706-542-6677			
	1 PRESS PLACE, SUITE 101, ATHENS, GA 30601			

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	J. gu			C)		out	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	heck ss pei	more rson i	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of 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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JERE MOREHEAD	3.00									
EX-OFFICIO TRUSTEE - PRESIDENT	37.00	Х						0.	697,360.	318,623.
(2) JASON BULL	40.00	-							225 244	0.4.000
CIO	0.00		_	Х		_		0.	335,044.	94,072.
(3) JILL WALTON EXECUTIVE DIRECTOR	15.00 25.00	-		х				0.	276 221	99 267
(4) ELIZABETH PRINCE	40.00			Λ				0.	276,321.	88,267.
CFO	0.00	1		Х				0.	177,442.	38,149.
(5) ALLISON AUSBAND	8.00			Λ				· · ·	1//,442.	30,143.
CHAIR	0.00	х		x				0.	0.	0.
(6) MICHAEL BOUDENS	3.00							· · ·	•	
TRUSTEE	0.00	х						0.	0.	0.
(7) CHRISTOPHER BROWN	2.00									
TRUSTEE	0.00	х						0.	0.	0.
(8) LEAH BROWN	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(9) EDWARD CASTRO	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(10) JAMES CHILDS	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(11) JAMES COCHRAN	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(12) NATALIE SCHWEERS COGHILL	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(13) BETSY COX	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(14) YVETTE DANIELS	1.00	1								
TRUSTEE	0.00	Х						0.	0.	0.
(15) JAMES DINKINS	1.00	-								
TRUSTEE	0.00	Х						0.	0.	0.
(16) ELISHA FINNEY	1.00	1_							_	_
TRUSTEE	0.00	Х				_		0.	0.	0.
(17) VERNON GOOGE	2.00									_
TRUSTEE	0.00	Х						0.	0.	0.

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Form 990 (2023) THE UNIVERSI									58-603383	7 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week (list any		Cei aii		I ecto	i/ii us	(66)	from	from related	other
	hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	tution	la e	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instii	Officer	Key e	Highest compensated employee	Former			
(18) MITCHELL GREEN	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(19) MARK JENNINGS	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(20) NANCY JUNEAU	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(21) CHLOE KELLEY	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(22) KEITH KELLY	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(23) SETH KNIGHT	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(24) CHARLES KNOX	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(25) MIDDLETON PARKER	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(26) JOHN PARKER	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
1b Subtotal								0.	1,486,167.	539,111.
c Total from continuation sheets to Part V	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,486,167.	539,111.
2 Total number of individuals (including but n	at limited to th		lioto	ط مه		ا مر	0 10	saired mare than \$100	000 of roportable	

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

Yes Νo Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

(A)	(D)	(0)
(A)	(B)	(C)
Name and business address	Description of services	Compensation
PRIME BUCHHOLZ LLC		
273 CORPORATE DRIVE, PORTSMOUTH, NH 03801	INVESTING SERVICES	493,039.
TRUMPS CATERING, 2026 SOUTH MILLEDGE		
AVENUE, ATHENS, GA 30605	CATERING	487,731.
EPTING EVENTS		
1430 NORTH CHASE STREET, ATHENS , GA 30601	CATERING	314,783.
KPMG LLP		
DEPT 0608 PO BOX 120608, DALLAS, TX 75312	AUDIT SERVICES	305,715.
LOS ATLANTA HOLDINGS LLC		
PO BOX 936485, ATLANTA, GA 31193	RENT FOR OLO BUILDING	293,216.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	14	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 THE UNIVERSI	TY OF GEORG	IA	FOU	NDA	TIO	N			58-60338	337
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	c all	that	арр	ly)	compensation	compensation	amount of
	per week (list any hours for related	e or director	itee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest comper	Former			organizations
(27) MICHAEL PATRICK	2.00	1								
TRUSTEE	0.00	Х						0.	0.	0.
(28) RICHARD PENNELL	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(29) NEAL QUIRK	2.00									
IMM. PAST CHAIR	0.00	Х						0.	0.	0.
(30) ELIZABETH REID	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(31) ELIZABETH CORRELL RICHARDS	2.00									
TRUSTEE	0.00	х						0.	0.	0.
(32) JOHN SCHRAUDENBACH	2.00									
TRUSTEE	0.00	х						0.	0.	0.
(33) JODI SELVEY	2.00									
TRUSTEE	0.00	x						0.	0.	0.
(34) BONNEY SHUMAN	3.00									
SECRETARY	0.00	x		x				0.	0.	0.
(35) DOROTHY SIFFORD	2.00	 							•	
TRUSTEE	0.00	x						0.	0.	0.
(36) KIMBERLY STAMPER	2.00								•	•
TRUSTEE	0.00	x						0.	0.	0.
(37) JOHN TURNER	1.00									
TRUSTEE	0.00	x						0.	0.	0.
(38) REBECCA WINKLER	1.00	 							•	
TRUSTEE	0.00	x						0.	0.	0.
(39) DELOS YANCEY	1.00								••	<u> </u>
TRUSTEE	0.00	×						0.	0.	0.
(40) HOWARD YOUNG	4.00	 						· ·	•	<u> </u>
EXECUTIVE VICE-CHAIR	0.00	x		x				0.	0.	0.
(41) C. LEE ZELL	1.00	 						· ·	•	<u> </u>
EX-OFFICIO, VOTING TRUSTEE	0.00	x						0.	0.	0.
	1 0.00	 						· ·	•	••
		1								
		1								
						\vdash				
		1								
		\vdash				\vdash				
		1								
		 	\vdash			\vdash				
		1								
	I	<u> </u>					<u> </u>			
Total to Part VII, Section A, line 1c								l		

Form 990 (2023) THE UNIVERSITY OF Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		·	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
ant	' '						
Ę g			1,351,524.				
ts, Ar	,		4,707,900.				
ij Gi	,		4,707,500.				
ns, Sim	9	Government grants (contributions)					
utio er (1	All other contributions, gifts, grants, and	(2, 065, 602				
들됨			63,865,603.				
Contributions, Gifts, Grants and Other Similar Amounts			26,988,241.	160 005 005			
<u>0</u> 8		n Total. Add lines 1a-1f		169,925,027.			
		DENT EDON GENERAL LEDOLD	Business Code	1 165 100	1 165 100		
ce	2 8		531110	1,165,182.	1,165,182.		
e vi	-	EVENT REGISTRATIONS	900099	315,117.	315,117.		
Sc	•	INVESTMENT FEE (FHFO)	525990	269,539.	269,539.		
ran Sev	•	d					
Program Service Revenue	•	·					
ď	1	All other program service revenue					
		Total. Add lines 2a-2f		1,749,838.			
	3	Investment income (including dividends, interes					
		other similar amounts)		35,446,918.			35,446,918.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties		7,862,659.			7,862,659.
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 30, 491, 182.	409,476.				
		Less: cost or other basis					
ē		and sales expenses 7b 90,204,215.	408,329.				
en		Gain or (loss) 7c 40,286,967.	1,147.				
her Revenue		Net gain or (loss)		40,288,114.			40,288,114.
er		a Gross income from fundraising events (not					
당		including \$ 1,351,524. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	647,443.				
		Less: direct expenses 8b	606,428.				
		Net income or (loss) from fundraising events	,	41,015.			41,015.
		a Gross income from gaming activities. See		,			,
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		•					
-		Net income or (loss) from sales of inventory	Business Code				
sn	44 -	other	900099	1,614,747.	1,614,747.		
eo ne	116	GA DEPT OF REV LICENSE	900099	775,100.	775,100.		
Miscellaneous Revenue	'		20002	775,100.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Sce	(A All other revenue					
Ξ	(All other revenue		2,389,847.			
		Total revenue See instructions			A 130 69F	0.	83,638,706.
	12	Total revenue. See instructions		257,703,418.	4,139,685.	l .	03,030,700.

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58-6033837

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 143,414,931 143,414,931 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (nonemployees): Management 98,353, 11,434. 86,919 Legal 239,337. 239,337, Accounting Lobbying Professional fundraising services. See Part IV, line 17 762,981. 762,981 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 920,846 438,781 207,534 274,531. column (A), amount, list line 11g expenses on Sch O.) 409,701 264,277 32,588 112,836. Advertising and promotion 12 176,053. 95,231. 19,632 61,190. 13 Office expenses 272,074, 272,074. 14 Information technology Royalties 15 7,686 1,199,259 924,259. 267,314. 16 Occupancy 95,864 55,313, 11,504 29,047. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 825,122. 4,024,892. 2,852,082. 347,688. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 634,229 634,229 22 Depreciation, depletion, and amortization 77,780 131,886. 50,976. 3,130. 23 Other expenses. Itemize expenses not covered 24 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 O.) REIMBURSEMENTS TO UGA 5,468,147. 5,261,837 206,310. 1,947,199 OTHER 948,421. 14,175 984,603. TRANSFERS AND DISTRIBUT 741,776. 741,776. C PROFESSIONAL DUES/MEMBE 67,382. 25,280. 30,351 11,751. 27,436, 26,936 500 All other expenses е 160,632,346. 150,483,926, 7,100,512 3,047,908. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

ı aı	IL A	Check if Schedule O contains a response or r	note to an	/ line in this Part Y			
		CHECK II SCHEGUIE O CONTAINS à l'esponse or l	iote to an	/ IIIIe III UIIS FAIT X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			26,561,603.	1	23,872,524.
	2	Savings and temporary cash investments	231,827,369.	2	259,828,740.		
	3	Pledges and grants receivable, net	105,894,400.	3	119,541,071.		
	4	Accounts receivable, net			5,004,743.	4	3,480,610
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	•	` F		6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	Duran alid assessment and defended black and	970,691.	9	1,010,422		
		Land, buildings, and equipment: cost or other			·	_	·
		basis. Complete Part VI of Schedule D		35,850,857.			
	ь	Less: accumulated depreciation		12,179,710.	24,296,326.	10c	23,671,147
	11	Investments - publicly traded securities	, ,	610,427,646.	11	713,505,968,	
	12	Investments - other securities. See Part IV, lin		962,489,430.	12	1,038,607,114	
	13	Investments - program-related. See Part IV, lin	, ,	13	, , ,		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	6,612,985.	15	7,620,485		
	16	Total assets. Add lines 1 through 15 (must e			1,974,085,193.	16	2,191,138,081
	17	Accounts payable and accrued expenses	9,278,338.	17	9,588,343		
	18	Grants payable		· · ·	18	, ,	
	19	Deferred revenue			101,833.	19	105,159
	20	Tax-exempt bond liabilities			•	20	,
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
pili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr	12,817,379.	23	12,336,796		
	24	Unsecured notes and loans payable to unrela			, ,	24	, ,
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	•				
		of Schedule D	100 17 2 17	. complete r art x	72,829,167.	25	74,063,762
	26	Total liabilities. Add lines 17 through 25			95,026,717.	26	96,094,060.
		Organizations that follow FASB ASC 958, c	heck here	X	, ,		, ,
es		and complete lines 27, 28, 32, and 33.					
anc	27	AL 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			221,485,336.	27	260,601,063.
3ak	28	Net assets with donor restrictions	1,657,573,140.	28	1,834,442,958.		
ρ		Organizations that do not follow FASB ASO					
Fur		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	F		29		
ets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated			31		
et,	32	Total net assets or fund balances			1,879,058,476.	32	2,095,044,021.
Z	33	Total liabilities and net assets/fund balances			1,974,085,193.	33	2,191,138,081.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	257	,703,	418.
2	2 Total expenses (must equal Part IX, column (A), line 25)				346.
3	Revenue less expenses. Subtract line 2 from line 1	3	97	,071,	072.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4				
5					
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		668,	642.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,095	,044,	021.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2023)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	THE UNIVERSITY OF GEORGIA FOUNDATION 58-6033837								
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions		
The	organ	ization is not a private found							
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative)(b)(1)(A)(ii	ii).		
4	一	A medical research organiz					•	iii). Enter	the hospital's name.
•		city, and state:		,,			()(.)()	,.	,
5	Х	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental un	it describe	ed in
J		section 170(b)(1)(A)(iv).		nogo or armorony ownou	or operat	ou by a go	vormilorital arr	it docomb	5 4 III
6				nental unit described in	section 17	70/h\/1\/A\	64)		
7									
′	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
		A community trust describe		(1)(A)(vi) (Complete Day	L II \				
8 9	H					ad in agni	matian with a l	and avant	aallaga
9		An agricultural research org				-		-	-
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	ne college	e Of
40		university:	Illy reasings (1) mars	than 22 1/20/ of its supp	out from o	antribution		food on	d areas ressints from
10	ш	An organization that norma	•				•		•
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) iro	iiii busiiles	sses acqui	red by the orga	II IIZALIOI I a	arter June 30, 1973.
44		See section 509(a)(2). (Co	•	ivaly to toot for public cot	foty Soo	cootion E(20(0)(4)		
11 12	H	An organization organized a	•	•	•			av out the	nurnacea of ano ar
12	ш	An organization organized a	•		-			•	
		more publicly supported or							Sheck the box on
_		lines 12a through 12d that	* *			-		-	air in a
а		■ Type I. A supporting organization	· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization			majority C	n the direc	tors or trustees	s or the st	аррогинд
		organization. You must o Type II. A supporting org	-		ion with it	o oupporto	d organization	(a) by bay	ina
b	,								
		control or management o			arrie perso	ris triat co	Titroi or managi	e trie supp	Jorted
		organization(s). You mus			in connect	tion with	and functionally	, intograta	od with
C	, L	Type III functionally inte its supported organization					•	rinegrate	with,
		¬		•	•	•	•	od organi	zation(a)
C		Type III non-functionally that is not functionally int	=					-	• •
		requirement (see instruct	-		•		·=	an allenin	Veriess
e		Check this box if the orga						Type III	
-	; <u> </u>	_					турет, турет	, rype iii	
	Ento	functionally integrated, or er the number of supported o							
		vide the following information	•	ad organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see ins	tructions)	support (see instructions)
				above (see instructions))		'''			
Tota	al								

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

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

Se	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	95,326,297.	119,315,500.	147,819,703.	142,549,195.	169,925,027.	674,935,722.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	95,326,297.	119,315,500.	147,819,703.	142,549,195.	169,925,027.	674,935,722.	
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)							
	Public support. Subtract line 5 from line 4.						674,935,722.	
Sec	Section B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	95,326,297.	119,315,500.	147,819,703.	142,549,195.	169,925,027.	674,935,722.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	22,851,094.	22,357,842.	28,455,009.	38,738,897.	44,474,759.	156,877,601.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	3,564,042.	3,860,593.	3,669,998.	3,655,330.	3,621,948.	18,371,911.	
11	Total support. Add lines 7 through 10						850,185,234.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	21,665,987.	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publi							
	Public support percentage for 2023 (li					14	79.39 %	
	Public support percentage from 2022					15	79.90 %	
16a	33 1/3% support test - 2023. If the o							
	stop here. The organization qualifies	as a publicly suppo	orted organization				Х	
b	33 1/3% support test - 2022. If the o	•		•		•		
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	t op here. Explain i	n Part VI how the		
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		(Form 990) 2023	

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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.)

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandies sold or services performed, 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 business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its behalf furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons the exceet the greater of 5,000 or this or the amount on line 13 for the year co. Add lines 73 and 75
membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities funished 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 business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 95 of the amount on line 13 for the year c Add lines 7 a and 7 b 8 Public support. (Spingtule 7 tom line 6) 10a Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after Juna 30, 1975 c Add lines 10a and 10b
include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the gester of \$5,000 or Who the amount on line 13 or the year c Add lines 7a and 7b 8 Public support. (Subact line 7c ton line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royatlies, and income from similar sources b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that its related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons business and included on lines 2 and 3 received from disqualified persons business and included on lines 3 for the year c Add lines 7 a and 7 b 8 Public support. (spitragit line 7 from line 6) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, ernets, roysities, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10 and 10b
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securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b
acquired after June 30, 1975 c Add lines 10a and 10b
c Add lines 10a and 10b
activities not included on line 10b,
whether or not the business is
regularly carried on
or loss from the sale of capital
assets (Explain in Part VI.)
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,
check this box and stop here
Section C. Computation of Public Support Percentage
15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))
16 Public support percentage from 2022 Schedule A, Part III, line 15
Section D. Computation of Investment Income Percentage
17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))
investment income percentage for 2023 (line 10c, column (i), divided by line 13, column (ii)
18 Investment income percentage from 2022 Schedule A, Part III, line 17
18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not
 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below*.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
0'		
9b		
000		
9c		
10a		
10b		

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Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
	and or type in dupper unity disparations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	INO
•	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	in dollor	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		I

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-functional	ally integrate	ed Type III supporting orga	nization (see
	instructions).			

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•	Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		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	3	3				
4	Amounts paid to acquire exempt-use assets		4	4			
5	Qualified set-aside amounts (prior IRS approval required - pre	ovide details in Part VI)	į	5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.		7	7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6		9	9			
10	Line 8 amount divided by line 9 amount		10	0			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
<u>a</u>	From 2018						
<u>b</u>	From 2019						
c	From 2020						
d	From 2021						
<u>e</u>	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2023 distributable amount						
<u>_i</u>	Carryover from 2018 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2023 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
d	Excess from 2022						
_	Evenes from 2023						

Schedule A (Form 990) 2023 THE UNIVERSITY OF GEORGIA FOUNDATION	58-6033837	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C, art V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2019 AMOUNT: \$ 3,564,042.		
2020 AMOUNT: \$ 3,860,593.		
2021 AMOUNT: \$ 3,669,998.		
2022 AMOUNT: \$ 3,655,330.		
2023 AMOUNT: \$ 3,621,948.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

THE UNIVERSITY OF GEORGIA FOUNDATION 58-6033837 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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** ☐ 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), 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 \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE UNIVERSITY OF GEORGIA FOUNDATION

58-6033837

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 -	name, address, and ZIP + 4	\$\$ 5,554,500.	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 -		\$\$	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
3 -		\$\$.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 -	Name, audi ess, and Zir +4	\$ 3,879,450.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

THE UNIVERSITY OF GEORGIA FOUNDATION

58-6033837

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SECURITIES		
		\$4,366,145.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES		
4		\$3,879,350.	12/31/23
(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 (Form 990) (2023) Page **4**

Name of organization **Employer identification number** THE UNIVERSITY OF GEORGIA FOUNDATION 58-6033837 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE UNIVERSITY OF GEORGIA FOUNDATION

Employer identification number

58 - 6033837

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Acc	counts. Complete if the			
	2. gamzanon anomorou 100 om om oou, i ait iv, iiit	(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 w	vriting that the assets held in donor advi	sed funds				
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used onl	у			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferrin	g			
Par	T II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, li	ne 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recreat	tion or education) Preservation	of a histori	cally important land area			
	X Protection of natural habitat	Preservation of	of a certifie	ed historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a cons	servation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2 a 1			
				2b 111.58			
С	c Number of conservation easements on a certified historic structure included on line 2a 2c						
d	Number of conservation easements included on line 2c acquire	red after July 25, 2006, and not					
	on a historic structure listed in the National Register		L	2d			
3							
	year						
4	Number of states where property subject to conservation ease	ement is located1	_				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	:				
	violations, and enforcement of the conservation easements it	holds?		Yes X No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cor	nservation	easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserv	ation ease	ments during the year			
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statemer	nt and			
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial staten	nents that	describes the			
	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections of		ther Sir	nilar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement	and balan	ce sheet works			
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtheranc	e of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and	balance s	sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance c	of public service,			
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
	(ii) Assets included in Form 990, Part X			\$ 2,322,808.			
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financi	al gain, pr	ovide			
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1			\$			
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023			

332051 09-28-23

Sche	dule D (Form 990) 2023	THE UNIVERSITY OF			58-6033	rage -
Par	t III Organizations I	Maintaining Collectio	ns of Art,	Historical Treasures,	or Other Similar Assets	(continued)
3	Using the organization's ac	quisition, accession, and ot	her records,	check any of the following th	nat make significant use of its	
	collection items (check all t	hat apply).				
а	X Public exhibition		d	Loan or exchange pro	gram	
b	Scholarly research		е	Other		
С	X Preservation for futur	e generations				

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets						
	to be	sold to raise funds rather than to be maintained as part of the organization's collection?	Yes				
a	rt IV	Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part	IV, line 9, or				
		reported an amount on Form 990, Part X, line 21.					
							

	reported an amount of Form 990, Fart X, line 21.			
1a	Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not incon Form 990, Part X?	luded	Yes	N
b	If "Yes," explain the arrangement in Part XIII and complete the following table:			
			Amount	
С	Beginning balance	1c		
d	Additions during the year	1d		
е	Distributions during the year	1e	·	·
	First trade of the second	4.	_	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

art V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.						
	(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back	
1a Beginning of year balance	1,594,651,151.	1,463,088,491.	1,574,505,207.	1,159,933,743.	1,137,691,331.	
b Contributions	71,578,651.	61,486,648.	61,415,697.	50,005,211.	43,712,059.	
c Net investment earnings, gains, and losses	177,826,297.	125,440,514.	-119,289,701.	406,666,583.	14,408,063.	
d Grants or scholarships						
e Other expenditures for facilities						
and programs	59,705,081.	55,364,502.	53,542,712.	42,100,330.	35,877,710.	
f Administrative expenses						
g End of year balance	1,784,351,018.	1,594,651,151.	1,463,088,491.	1,574,505,207.	1,159,933,743.	
g End of year balance	1,701,331,010.	1,354,031,131.	1, 403,000, 401.	1,3/1,303,207.	1,100,000,740.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 12.8990
 b Permanent endowment 46.0670 %

c Term endowment 41.0340 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the

organization by:		Y
(i) Unrelated organizations?	 3a(i)	
(ii) Related organizations?	 3a(ii)	
If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,960,332.		10,960,332.
b Buildings		18,898,981.	8,150,867.	10,748,114.
c Leasehold improvements			4,028,843.	-4,028,843.
d Equipment		4,064,009.		4,064,009.
e Other		1,927,535.		1,927,535.
Total. Add lines 1a through 1e. (Column (d) must equa	23,671,147.			

Part VII	Investments	- Other	Securities

Complete if the organization answered	"Vec" c	n Form 990	Dart IV	line 11h	See Form 990	Dart Y line 12
Complete ii the organization answered	165 0	JII FUIIII 990,	railiv,	, III I U I ID.	See Fulli 990.	, Fail A, IIIIE 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	200,548.	END-OF-YEAR MARKET VALUE
(2) Closely held equity interests		
(3) Other		
(A) CASH & ST INVESTMENTS	24,495,822.	END-OF-YEAR MARKET VALUE
(B) MARKETABLE ALTERNATIVES	361,729,235.	END-OF-YEAR MARKET VALUE
(C) NON-MARKETABLE ALTS	447,876,533.	END-OF-YEAR MARKET VALUE
(D) OTHER PARTNERSHIPS	38,310.	END-OF-YEAR MARKET VALUE
(E) COMMINGLED FIXED INCOME	198,766,526.	END-OF-YEAR MARKET VALUE
(F) BEN INT IN PERP TRUST	5,500,140.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,038,607,114.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FUNDS HELD FOR OTHERS	64,975,029.
(3)	DEFERRED GIFT OBLIGATIONS	9,088,733.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	74,063,762.

^{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 ... X

Schedule D (Form 990) 2023 THE UNIVERSITY OF GEORGIA FOUNDAT:	ION		58-60	33837 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	itements With I	Revenue per Re	turn	
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	376,566,942.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	118,245,831.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)		1,275,071.		
e Add lines 2a through 2d			2e	119,520,902.
3 Subtract line 2e from line 1			3	257,046,040.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	657,378.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	657,378.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	257,703,418.
Part XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F	Return	
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
Total expenses and losses per audited financial statements			1	160,581,397.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		606,429.		
e Add lines 2a through 2d		•	2e	606,429.
3 Subtract line 2e from line 1			3	159,974,968.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			_	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	657,378.		
b Other (Describe in Part XIII.)		•		
c Add lines 4a and 4b	·		4c	657,378.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	160,632,346.
Part XIII Supplemental Information	10.7			, ,
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	l· Part X I	ine 2· Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	•	*	i, i aic / i, i	
illioo 2d and 45, and 1 are All, illioo 2d and 45. Also complete tills part to provide a	arry additional amorn	idion.		
PART X, LINE 2:				
FIN 48 (ASC 740) DISCLOSURE				
THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INT.	ERNAL REVENUE			
CODE (IRC) SECTION 501 (A) AS A NONPROFIT ORGANIZATION DESCR	IBED IN IRC			
	111 1110			
SECTION 501 (C)(3). THE INTERNAL REVENUE SERVICE HAS DETERMINED	ИЕО ТНАТ ТНЕ			
DECITOR 301 (C)(3), THE INTERNAL REVENUE DERVICE HAS DETERME	NED THAT THE			
FOUNDATION IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)	OF THE TRO			
FOUNDATION 15 NOT A PRIVATE FOUNDATION UNDER SECTION 505(A)	or the tac.			
THE FOUNDATION IS SUBJECT TO FEDERAL INCOME TAX ON UNRELATED	DIICTNECC			
THE FOUNDATION IS SUBJECT TO FEDERAL INCOME TAX ON UNRELATED	POSINESS			
THOOME THE FOUNDATION DOES NOT UNITE ANY MATERIAL INDECOUNTS.	ድቦ ጥልሄ			
INCOME. THE FOUNDATION DOES NOT HAVE ANY MATERIAL UNRECOGNIZ	דעע עעז תה			
POSITIONS THAT SHOULD BE RECOGNIZED IN THE FINANCIAL STATEME	አኒሲር ድህይ ኃህኃላ			
TOSTITONS THAT SHOULD DE RECOGNIZED IN THE FINANCIAL STATEME.	1110 FUR 2024			
AND 2023.				

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023 THE UNIVERSITY OF GEORGIA FOUNDATION		58-6033837	Page 5
Part XIII Supplemental Information (continued)			
CHANGE IN VALUE OF ANNUITIES	-286,068.		
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	158,759.		
CHANGE IN FAIR VALUE OF DERIVATIVES	556,405.		
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	239,546.		
FUNDRAISING EXPENSE	606,429.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,	275,071.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
FUNDRAISING EXPENSE	606,429.		
SCHEDULE D, PART II, LINE 9:			
CONSERVATION EASEMENT			
THE FOUNDATION HOLDS ONE CONSERVATION EASEMENT. THE PERPETUAL CONSE	ERVATION		
EASEMENT CONSISTS OF 111.584 ACRES LOCATED IN MADISON COUNTY, GEORG	SIA. THE		
PURPOSES OF THE CONSERVATION EASEMENT ARE TO PRESERVE AND PROTECT T	гне		
CONSERVATION VALUES OF THE PROPERTY AND TO MAINTAIN PERMANENTLY THE	3		
DOMINANT WOODLAND, SCENIC, OPEN AND NATURAL CHARACTER OF THE PROPER	RTY,		
INCLUDING LAND AND WATER RESOURCES; TO PROTECT PLANTS AND ANIMALS A	AND		
PLANT AND ANIMAL COMMUNITIES ON OR AFFECTED BY THE PROPERTY'S MANAGE	GEMENT;		
AND TO PREVENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPA	AIR OR		
INTERFERE WITH THE CONSERVATION VALUES OR INTERESTS OF THE PROPERTY	<i>r</i> .		
SCHEDULE D, PART III, LINE 4:			
ORGANIZATION'S ART COLLECTIONS			
WORKS OF ART RECORDED ON THE UGA FOUNDATION'S BALANCE SHEET ARE MAI	INTAINED		
BY THE UNIVERSITY OF GEORGIA'S, GEORGIA MUSEUM OF ART, THE OFFICIAL			
COLLECTOR AND KEEPER OF IMPORTANT WORKS OF ART FOR THE UNIVERSITY,	TO CARE		
AND USE THE WORK FOR MUSEUM PURPOSES. THE MUSEUM MAINTAINS AND MANA	AGES A		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Inspection

Employer identification number

THE UNIVERSITY OF GEOR	GIA FOUNDATIO	ON		58-603	33837
			side the United States. Comple		
 Form 990, Part I\				on and organization and	
		maintain record	ds to substantiate the amount of its grai	nts and other assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Description United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and other assistar	nce outside the
3 Activities per Region. (TI	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in is a program servic describe specific ty of service(s) in the re	e, expenditures for and investments
CENTRAL AMERICA AND	0	0	INVESTMENTS		187,067,940.
EUROPE (INCLUDING ICELAND AND					
GREENLAND)	0	0	INVESTMENTS		34,474,570.
3 a Subtotal	0	0			221,542,510.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			221,542,510.

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

³ Enter total number of other organizations or entities

Schedule F (Form 990) 2023	HE UNIVERSITY OF	GEORGIA FOUND	ATION		58-6033837		Page 3
Part III Grants and Other Assistance	ce to Individuals Outsid	le the United Sta	ates. Complete i	f the organization answered "Yes'	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is neede	ed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

the Instructions for Form 5713; don't file with Form 990)

· u· ·	Totelgit Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	X Yes	☐ No

Schedule F (Form 990) 2023

Yes X No

6

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
	estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

THE UNIVERS	SITY OF GEORGIA FOUNDATION				58-60338	37
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-E2	Z filers are not
Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includerofessi	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
3 List all states in which the organization	n is registered or licensed to solicit c		 utions	or has been notified	it is exempt from re	egistration
or licensing.						

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

Schedule G (Form 990) 2023

1		Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	BALL	13	(add col. (a) through
<u>o</u>			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	780,722.	683,725.	534,520.	1,998,967.
	2	Less: Contributions	366,291.	628,603.	356,630.	1,351,524.
	3	Gross income (line 1 minus line 2)	414,431.	55,122.	177,890.	647,443.
	4	Cash prizes				
	5	Noncash prizes				
seuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	288.		34,820.	35,108.
ä	8	Entertainment			379.	379.
	9	Other direct expenses		141,983.	111,574.	570,941.
	10	Direct expense summary. Add lines 4 through				606,428. 41,015.
Pa	<u>11</u> rt l	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990 Part IV line 19 or	reported more than	41,015.
		\$15,000 on Form 990-EZ, line 6a.		1000, 1 4, 11, 11, 11, 10, 0,	roportod moro trian	
			(a) Pingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Jeke						
-	1	Gross revenue				
S	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
٦	_	Other direct expenses				
		Other direct expenses	Yes%		Yes %	
	6	Volunteer labor	L No	L No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				Yes No
		he organization licensed to conduct gaming a No," explain:				Yes No
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	vear?	Yes No
		Yes," explain:				
	_					

sch	edule G (Form 990) 2023 THE UNIVERSITY OF GEORGIA FOUNDATION 58-	0033837	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		-	

Schedule G	(Form 990) THE UNIVERSITY OF GEORGIA FOUNDATION	58-6033837	Page 4
Part IV	(Form 990) THE UNIVERSITY OF GEORGIA FOUNDATION Supplemental Information (continued)		
	i (continued)		
-			
1			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2023
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 58-6033837 THE UNIVERSITY OF GEORGIA FOUNDATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) THE UNIVERSITY OF GEORGIA BROAD STREET SCHOLARSHIPS AND OTHER 58-6001998 GOVT SUPPORT ATHENS, GA 30602 79,405,365, 0 NATIONAL MERIT SCHOLARSHIP PO BOX 99389 CHICAGO, IL 60692 36-2307745 501 (C) (3) 0. SCHOLARSHIPS 78,750 UGA ATHLETIC ASSOCIATION 1 SELIG CIRCLE, BUTTS MEHRE BUILDIN SCHOLARSHIPS AND ATHENS, GA 30602 58-0652581 501 (C) (3) 63,330,369 0. CONSTRUCTION PROJECTS CHESS & COMMUNITY CONFERENCE PO BOX 48911 PUBLIC SERVICE AND 46-1104552 501 (C) (3) OUTREACH ATLANTA, GA 30604 11 650 0. UGA RESEARCH FOUNDATION 324 BUSINESS SRVCS 456 E BROAD ST 58-1353149 501 (C) (3) 0. OTHER SUPPORT ATHENS GA 30602 588 797. 5. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
PART I, LINE 2:					
MONITORING THE USE OF GRANT FUNDS					
THE GRANTS MADE BY THE UNIVERSITY OF GEORGIA FOUN	IDATION WERE MA	DE TO THE			
UNIVERSITY OF GEORGIA, RELATED ORGANIZATIONS, AND	DIIDI TO CUADIT	TEC EOD HCE			
IN THEIR EXEMPT MISSION. ACCORDINGLY, THE UNIVERS	SITY OF GEORGIA	FOUNDATION			
EXPECTS THE RECIPIENTS TO USE THE FUNDS FOR PROPE	R PURPOSES, AN	ID, AS SUCH,			
PERIODICALLY REVIEWS THE GRANTS.					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE UNIVERSITY OF GEORGIA FOUNDATION

Employer identification number 58-6033837

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			l
	First-class or charter travel Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
				1
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			1
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	v
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only specifical F04(a)(2), F04(a)(4), and F04(a)(90) agreening times are reported lines. F. 0.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			1
•	The organization?	5a		Х
	Any related organization?	5b		x
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
•	contingent on the net earnings of:			1
а	The organization?	6a		Х
	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JERE MOREHEAD	(i)	0.	0.	0.	0.	0.	0,	0.
EX-OFFICIO TRUSTEE - PRESIDENT	(ii)	666,525.	0.	30,835.	309,592.	9,031.	1,015,983.	0.
(2) JASON BULL	(i)	0.	0.	0.	0.	0.	0,	0.
CIO	(ii)	333,265.	0.	1,779.	64,425.	29,647.	429,116.	0.
(3) JILL WALTON	(i)	0.	0.	0.	0.	0.	0,	0.
EXECUTIVE DIRECTOR	(ii)	275,785.	0.	536.	57,298.	30,969.	364,588.	0.
(4) ELIZABETH PRINCE	(i)	0.	0.	0.	0.	0.	0,	0.
CFO	(ii)	177,442.	0.	0.	35,749.	2,400.	215,591.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Fart 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, PART I, LINE 1A:
HEALTH OR SOCIAL CLUB DUES
FROM TIME TO TIME, THE UNIVERSITY OF GEORGIA FOUNDATION PROVIDES
CERTAIN EXECUTIVES WITH TAXABLE COMPENSATION TO REIMBURSE THE EXPENSE
OF MEMBERSHIP DUES AND APPROPRIATE INITIATION FEES FOR A SOCIAL OR
COUNTRY CLUB USED FOR THE UNIVERSITY OF GEORGIA FOUNDATION BUSINESS
ENTERTAINMENT PURPOSES.
SCHEDULE J, PART I, LINE 4B:
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN
JERE MOREHEAD RECEIVED \$269,573 FROM A SUPPLEMENTAL NON-QUALIFIED
RETIREMENT PLAN, PAID BY THE UNIVERSITY OF GEORGIA, A RELATED
ORGANIZATION.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

THE UNIVERSITY OF GEORGIA FOUNDATION

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

Employer identification number

58-6033837

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion an	nounts	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	282	26,533,297.	FMV			
10	Securities - Closely held stock	Х	1	51,944.				
11	Securities - Partnership, LLC, or			,				
•••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential	Х	1	375,000.	FMV - SALE AMOUN	r		
16	Real estate - Commercial			,				
17	Real estate - Other							
18	Collectibles	Х	1	28,000.	FMV			
19	Food inventory			,				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II							

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

Schedule M (Form 990) 2023

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B:
THE UNIVERSITY OF GEORGIA FOUNDATION UTILIZES MERRILL LYNCH AS A BROKER
TO SELL PUBLICLY TRADED SECURITIES.
SCHEDULE M, PART I, LINE 31:
THE ORGANIZATION HAS A GIFT ACCEPTANCE COMMITTEE AND POLICY. THE
COMMITTEE REVIEWS ANY NON-STANDARD CONTRIBUTION THAT THE ORGANIZATION
ACCEPTS.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection **Employer identification number**

Name of the organization 58-6033837 THE UNIVERSITY OF GEORGIA FOUNDATION FORM 990, PART I, LINE 1: BRIEF ORGANIZATION'S MISSION TO PROVIDE SUPPORT FOR THE TEACHING, RESEARCH, PUBLIC SERVICE AND OUTREACH PROGRAMS OF THE UNIVERSITY OF GEORGIA, FORM 990, PART III, LINE 1: ORGANIZATION'S MISSION THE MISSION AND PURPOSE OF THE UNIVERSITY OF GEORGIA FOUNDATION IS TO PROVIDE SUPPORT FOR THE TEACHING, RESEARCH, PUBLIC SERVICE AND OUTREACH PROGRAMS OF THE UNIVERSITY OF GEORGIA BY MEANS OF VOLUNTEER LEADERSHIP AND ASSISTANCE IN DEVELOPMENT AND FUNDRAISING ACTIVITIES; FIDUCIARY CARE FOR THE ASSETS OF THE FOUNDATION FOR THE LONG-TERM BENEFIT AND ENHANCEMENT OF THE UNIVERSITY; AND BROAD ADVICE, CONSULTATION AND SUPPORT TO THE PRESIDENT OF THE UNIVERSITY. THE FOUNDATION SHALL OPERATE AS A COOPERATIVE ORGANIZATION IN ACCORDANCE WITH POLICIES OF THE UNIVERSITY SYSTEM OF GEORGIA BOARD OF REGENTS. FORM 990, PART VI, SECTION A, LINE 2: BONNEY SHUMAN AND KIMBERLY STAMPER HAVE A FAMILY RELATIONSHIP. HARDMAN KNOX AND CHARLIE KNOX HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FINALIZED FORM 990 WAS SUBMITTED TO EACH MEMBER OF THE GOVERNING BODY VIA SECURE EMAIL FOR THEIR REVIEW BEFORE FILING.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization THE UNIVERSITY OF GEORGIA FOUNDATION		Employer identification number 58-6033837
FORM 990, PART VI, SECTION B, LINE 12C:		
OFFICERS, DIRECTORS, AND TRUSTEES MUST FILL OUT AN ANNUAL DISCI	OSURE OF	
INTERESTS, WHICH IS REVIEWED BY THE UNIVERSITY OF GEORGIA FOUND	OATION AUDIT	
COMMITTEE.		
FORM 990, PART VI, SECTION B, LINE 15:		
THE UNIVERSITY OF GEORGIA FOUNDATION DOES NOT HAVE ANY EMPLOYEE	S. THERE IS	
AN ADMINISTRATIVE SERVICES AGREEMENT BETWEEN THE UNIVERSITY OF	GEORGIA AND	
THE UNIVERSITY OF GEORGIA FOUNDATION. INDIVIDUALS WHO PROVIDE S	SERVICES TO	
THE FOUNDATION ARE EMPLOYEES OF THE UNIVERSITY OF GEORGIA. THE	UNIVERSITY	
OF GEORGIA REVIEWS PERFORMANCE AND ESTABLISHES COMPENSATION THE	T FOLLOWS	
UNIVERSITY POLICIES.		
FORM 990, PART VI, SECTION C, LINE 19:		
ORGANIZATION DOCUMENTS ARE AVAILABLE ON THE WEBSITE AND UPON RE		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN VALUE OF ANNUITIES	-286,068.	
CHANGE IN CASH SURRENDER VALUE	158,759.	
CHANGE IN VALUE OF BEN INTEREST IN PERPETUAL TRUST	556,405.	
CHANGE IN FAIR VALUE OF DERIVATIVE	239,546.	
TOTAL TO FORM 990, PART XI, LINE 9	668,642.	

SCHEDULE 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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 58-6033837 THE UNIVERSITY OF GEORGIA FOUNDATION

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling

organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE UNIVERSITY OF GEORGIA - 58-6001998							
BROAD STREET							
ATHENS, GA 30602	PUBLIC UNIVERSITY	GEORGIA			N/A		Х
UGA ATHLETIC ASSOCIATION - 58-0652518							
1 SELIG CIRCLE	TO SUPPORT THE UNIVERSITY				UNIVERSITY OF		
ATHENS, GA 30602	OF GEORGIA	GEORGIA	501(C)(3)	5	GEORGIA		Х
UGA RESEARCH FOUNDATION - 58-1353149							
200 DW BROOKS DRIVE	TO SUPPORT THE UNIVERSITY						
ATHENS, GA 30602	OF GEORGIA	GEORGIA	501(C)(3)	7	N/A		Х
UGA REAL ESTATE FOUNDATION - 58-2491922							
1280 SOUTH LUMPKIN STREET	TO SUPPORT THE UNIVERSITY				UGA RESEARCH		
ATHENS, GA 30602	OF GEORGIA	GEORGIA	501(C)(3)	12E	FOUNDATION		Х

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	Disprop	h) ortionate utions?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir	(k) Percentage ownership
·		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	1	20 of Schedule K-1 (Form 1065)	Yes N	
	-										
	-										
											+
]										
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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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		ocumy)						Yes	No
									_

Schedule R (Form 990) 2023 1111 0111	IVERSITI OF GEORGIA FOUNDATION			30 (3033037	P	<u>age</u>		
Part V Transactions With Related O	rganizations. Complete if the organization ar	nswered "Yes" on Forn	n 990, Part IV, line 34, 35b,	or 36.					
Note: Complete line 1 if any entity is liste	ed in Parts II. III. or IV of this schedule.					Yes	No		
	ation engage in any of the following transaction	ons with one or more re	elated organizations listed in	n Parts II-IV?			110		
	(iii) royalties, or (iv) rent from a controlled ent		_		1a		Х		
	o related organization(s)					Х	_		
	om related organization(s)					Х	_		
	related organization(s)						Х		
	d organization(s)						Х		
2 Louis of four guarantees by foliates	2 organization(c)								
f Dividends from related organization	n(s)				1f		Х		
g Sale of assets to related organization	on(s)				1g		X		
h Purchase of assets from related organization(s)									
i Exchange of assets with related org	ganization(s)				1i		Х		
j Lease of facilities, equipment, or other	her assets to related organization(s)				1j	Х			
k Lease of facilities, equipment, or other	her assets from related organization(s)				1k		Х		
	rship or fundraising solicitations for related org						Х		
m Performance of services or member	rship or fundraising solicitations by related org	ganization(s)			1m		Х		
n Sharing of facilities, equipment, ma	iling lists, or other assets with related organiza	ation(s)			1n	Х			
Sharing of paid employees with relationships						Х			
p Reimbursement paid to related orga	anization(s) for expenses				1p		Х		
	anization(s) for expenses						Х		
r Other transfer of cash or property to	o related organization(s)				1r	Х			
	rom related organization(s)						Х		
2 If the answer to any of the above is	"Yes," see the instructions for information on	who must complete th	nis line, including covered re	elationships and transaction thresholds.					
	(a)	(b)	(c)	(d)					
Name of re	(a) lated organization	Transaction	Amount involved	Method of determining amo	ount involved				
		type (a-s)							
<u>(1)</u>									
(2)									
(3)									
(4)		1							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	Dispr tior alloca Yes	opor- late tions?		Genera manag partne Yes	(k) Percentage ging ownership
								Ochodolo		