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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500 000 and total assets less than $1 250 000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C
GEORGIA SPORTS FOUNDATION
P.O. BOX 2043
KENNESAW, GA 30156

D Employer identification number
31-1508095

E Telephone number
770/528-3580

F Group Exemption Number ►

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method ☐ Cash ☒ Accrual Other (specify) ►

I Website: ► HTTP://WWW.GEORGIAGAMES.ORG/FOUND.HTM

J Tax-exempt status (check only one) – ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 141,457.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	1,868.
	2	Program service revenue including government fees and contracts	2	139,032.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► SEE STATEMENT 1)	8	557.
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	141,457.
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 2	10	24,578.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	10,000.
	13	Professional fees and other payments to independent contractors	13	2,232.
	14	Occupancy, rent, utilities, and maintenance	14	3,662.
	15	Printing, publications, postage, and shipping	15	106.
	16	Other expenses (describe ► SEE STATEMENT 3)	16	111,205.
	17	**Total expenses.** Add lines 10 through 16 ►	17	151,783.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,326.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	45,937.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	35,611.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	61,543.	22	43,117.
23	Land and buildings		23	
24	Other assets (describe ► SEE STATEMENT 4)	51,088.	24	51,088.
25	**Total assets**	112,631.	25	94,205.
26	**Total liabilities** (describe ► SEE STATEMENT 5)	66,694.	26	58,594.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	45,937.	27	35,611.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 7

(Grants $ 24,578.) If this amount includes foreign grants, check here ► ☐ 28a 144,703.

29

(Grants $) If this amount includes foreign grants, check here ► ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32 144,703.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
TOM BLAIR 124 WEST COLLEGE STREET GRIFFIN, GA 30224	CHAIRMAN 0	0.	0.	0.
DR. MIKE TENOSHOK, PHD 1275 STANLEY RD KENNESAW, GA 30152	DIRECTOR 0	0.	0.	0.
JIM HITE P.O. BOX 717 MILLEN, GA 30442	DIRECTOR 0	0.	0.	0.
TOM FRANKLIN 5600 NEW PEACHTREE ROAD ATLANTA, GA 30341	DIRECTOR 0	0.	0.	0.
MIKE HURDLE 2900 BLARNEY WAY DULUTH, GA 30096	DIRECTOR 0	0.	0.	0.
MATTHEW RYAN 100 EDGEWOOD AVENUE, SUITE 700 ATLANTA, GA 30303	DIRECTOR 0	0.	0.	0.
ERIC PFEIFER SAME AS PAGE ONE ,	PRESIDENT & CEO 0	10,000.	0.	0.

Part V **Other Information** (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 8

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► GA			

42a The organization's books are in care of ► ERIC PFEIFER Telephone no ► 770/528-3580

Located at ► SAME AS PAGE ONE ZIP + 4 ►

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If 'Yes,' enter the name of the foreign country ►			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100 000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

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

► Eric M. Pfeifer 11-11-10
Signature of officer Date

► Eric M. Pfeifer, President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Robert Blad, PC	Date 11/11/10	Check if self-employed ► X	Preparer's Identifying Number (See instructions) P00197666
Firm's name (or yours if self employed) address and ZIP + 4 ►	ROBERT S. BLAD, P.C. 1832 INDEPENDENCE SQUARE, STE. A DUNWOODY, GA 30338		EIN ► 58-2157642 Phone no ► (770) 512-7600	

May the IRS discuss this return with the preparer shown above? See instructions ► X Yes No

SCHEDULE A (Form 990 or 990-EZ)

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.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
GEORGIA SPORTS FOUNDATION	31-1508095

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**	
(ii)	a family member of a person described in (i) above?	**11g (ii)**	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**	

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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 IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	**14**	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	**15**	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')			17,750.	26,361.	1,868.	45,979.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	219,590.	154,015.	158,811.	153,469.	139,032.	824,917.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	219,590.	154,015.	176,561.	179,830.	140,900.	870,896.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	10,000.	0.	10,000.
c Add lines 7a and 7b	0.	0.	0.	10,000.	0.	10,000.
8 **Public support** (Subtract line 7c from line 6)						860,896.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	219,590.	154,015.	176,561.	179,830.	140,900.	870,896.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV			1,131.	481.	557.	2,169.
13 **Total support.** (add lns 9 10c 11 and 12)						873,065.

14 **First five 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 2009 (line 8, column (f) divided by line 13, column (f))	15	98.6 %
16 Public support percentage from 2008 Schedule A Part III, line 15	16	92.4 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0.0 %
18 Investment income percentage from **2008** Schedule A, Part III line 17	18	0.2 %

19a **33-1/3 support tests – 2009.** 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 ► ☒

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information See instructions

GEORGIA SPORTS FOUNDATION 31-1508095

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISC REVENUE	$ 557.
TOTAL	$ 557.

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SPORTS DEVELOPMENT GRANTS	
DONEE'S NAME:	SEE EXHIBIT A	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,705.
CLASS OF ACTIVITY:	INTERN EDUCATION GRANTS	
DONEE'S NAME:	SEE EXHIBIT A	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 22,873.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CHAMPIONSHIPS	$ 101,013.
INFORMATION TECHNOLOGY	792.
INSURANCE	1,540.
OFFICE EXPENSES	14.
OTHER	330.
SUPPLIES	2,500.
TRAVEL	5,016.
TOTAL	$ 111,205.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
MACHINERY AND EQUIPMENT	$ 51,088.	$ 51,088.
TOTAL	$ 51,088.	$ 51,088.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 8,100.	$ 0.
MISC PAYABLES	58,594.	58,594.
TOTAL	$ 66,694.	$ 58,594.

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE GEORGIA SPORTS FOUNDATION IS A COMPREHENSIVE NON-PROFIT, VOLUNTEER DRIVEN, 501 (C) 3 ORGANIZATION WHOSE VISION IS TO IMPROVE GEORGIA THROUGH THE BELIEF OF & ADHERENCE TO PIERRE DE COUBERTIN'S PHILOSOPHY OF A BALANCED BLENDING OF THE BODY AND SOCIETY.

OUR MISSION IS TO DEVELOP, PROMOTE, OPERATE & EDUCATE PHYSICAL FITNESS, SPORTS & HEALTH PROGRAMS IN GEORGIA. THE EDUCATION DIVISION PLAYS A MAJOR ROLE IN COMPLETING OUR MISSION

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

VOLUNTEERS ARE THE BACKBONE OF THE GEORGIA SPORTS FOUNDATION & ALL OF ITS PROGRAMS. ANNUALLY, VOLUNTEERS GIVE THEIR TIME, EFFORT & VACATION DAYS TO MAKE THE FOUNDATION & ALL OF ITS PROGRAMS SUCCESSFUL.

THE EDUCATION DIVISION
THIS DIVISION DEVELOPS AND PROMOTES PROGRAMS, SERVICES AND PARTNERSHIPS TO IMPROVE SPECIFIC POPULATION GROUPS.
THE EDUCATION DIVISION CONSIST OF :

INTERNSHIP & JOB TRAINING PROGRAM
SPORTS MEDICINE CONFERENCE
SPORTS CLINICS
THE FIVE RINGS OF GEORGIA NEWSLETTER
EDUCATIONAL GRANTS PROGRAM
SPORTSMANSHIP PROGRAM
SCHOLARSHIP PROGRAM

FITNESS & HEALTH DIVISION
THIS DIVISION ASSISTS LOCAL EDUCATION INSTITUTIONS, WORKS WITH LOCAL SCHOOLS AND DISTRICTS TO PROMOTE PHYSICAL FITNESS PROGRAMS, INCREASE PHYSICAL FITNESS ACTIVITIES AND HEALTH EDUCATION, SUPPORT AND ASSIST OTHER LOCAL ORGANIZATIONS IN PROMOTING HEALTH AND FITNESS IN GEORGIA.

EVENT OPERATIONS DIVISION
THE EVENT OPERATION DIVISION HAS THE RESPONSIBILITY OF DIRECTING, COORDINATING & CONDUCTING THE PROGRAMS. THE CHAMPIONSHIPS IS AN ANNUAL OLYMPIC-STYLE SPORTS FESTIVAL HELD FOR GEORGIANS OF ALL AGES, ABILITIES, SOCIOECONOMIC STATUS AND GEOGRAPHIC LOCALS. DISTRICT SPORTS FESTIVAL ARE HELD ANNUALLY THROUGHOUT GEORGIA IN 10 REGIONAL SPORTS FESTIVALS PROVIDING A LOCAL FLAIR OF OLYMPISM TO THE ENTIRE STATE. WE HAVE A VOLUNTEER PROGRAM WHERE 3,500 VOLUNTEERS JOIN TOGETHER TO ACCOMPLISH THE FOUNDATION'S GOAL. RUN FOR LIFE IS AN EVENT THAT BEGAN FOR INDIVIDUALS OF ALL AGES TO PARTICIPATE IN RACES. THE COBB COP IS THE LARGEST YOUTH TEAM HANDBALL PROGRAM IN THE UNITED STATES, AND THEY CONDUCT WITH BOYS & GIRLS CLUBS, NGB'S AND LOCAL SCHOOL SYSTEMS. THE SOUTHEAST SPORTS FESTIVAL GATHERS THE SIX NEIGHBORING STATES TO CONDUCT THE INTER-STATE OLYMPIC-STYLE REGIONAL SPORTS FESTIVAL.

ECONOMIC & DEVELOPMENT DIVISION
PHYSICAL FITNESS, HEALTH & SPORTS ARE A BILLION DOLLAR INDUSTRY WHICH SUPPORTS GRASSROOTS PROJECTS, SERVICES AND OUR LOCAL ECONOMY. THIS DIVISION CONSIST OF SPORT TOURISM PROGRAMS, NATIONAL EVENT HOSTING, VENUE DEVELOPMENT AND SPORT DEVELOPMENT. THE FOUNDATION HAS PROVIDED OVER $150,000 IN GRANTS TO LOCAL ORGANIZATIONS TO BUILD OR REFURBISH RECREATION AND PHYSICAL FITNESS FACILITIES.

STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TOTAL

STATEMENT 8
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

GEORGIA SPORTS FOUNDATION 31-1508095

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
MISC	557.	481.	1,131.		
TOTAL	$ 557.	$ 481.	$ 1,131.	$ 0.	$ 0.

EXHIBIT A

FEI #31-1508095

Georgia Sports Foundation
GRANTS TO INDIVIDUALS
2009

Type	Date	Num	Name	Amount
Grant - Intern Education				
Check	01/15/2009	2165	cobb EMC	26 95
Check	01/15/2009	2166	Greenhouse Apartments	51 11
Check	01/23/2009	2169	Tiffany Reaves	146 65
Check	01/23/2009	2170	Ashlee Jenkins	136 38
Check	01/23/2009	2171	Erin Wigley	200 00
Check	01/28/2009	2175	Ashlee Jenkins	63 62
Check	01/28/2009	2176	Tiffany Reaves	53 35
Check	01/28/2009	2177	Jennifer Bergstrom	200 00
Check	01/28/2009	2179	Greenhouse Apartments	950 00
Check	02/09/2009	2185	cobb EMC	66 01
Check	02/09/2009	2186	Infinite Energy	60 64
Check	02/09/2009	2187	Erin Wigley	117 31
Check	02/09/2009	2188	Tiffany Reaves	193 65
Check	02/27/2009	2190	Jennifer Bergstrom	200 00
Check	02/27/2009	2195	Greenhouse Apartments	100 00
Check	02/27/2009	2197	Greenhouse Apartments	182 50
Check	03/03/2009	2199	Greenhouse Apartments	950 00
Check	03/06/2009	2200	Greenhouse Apartments	92 57
Check	03/11/2009	2201	Infinite Energy	76 37
Check	03/11/2009	2202	cobb EMC	100 56
Check	03/19/2009	2205	Ashlee Jenkins	208 11
Check	03/19/2009	2206	Erin Wigley	127 66
Check	03/23/2009	2207	Tiffany Reaves	163 92
Check	03/30/2009	2210	Greenhouse Apartments	950 00
Check	03/30/2009	2213	Jennifer Bergstrom	213 87
Check	04/06/2009	2214	Ashlee Jenkins	200 00
Check	04/07/2009	2215	Tiffany Reaves	215 00
Check	04/17/2009	2217	Jennifer Bergstrom	200 00
Check	04/17/2009	2218	Erin Wigley	87 68
Check	04/18/2009	2219	cobb EMC	101 20
Check	04/18/2009	2220	Infinite Energy	46 47
Check	04/23/2009	2223	Ashlee Jenkins	200 00
Check	04/23/2009	2224	Jennifer Bergstrom	13 49
Check	05/02/2009	2227	Greenhouse Apartments	950 00
Check	05/04/2009	2248	Greenhouse Apartments	1,424 10
Check	05/04/2009	2250	Infinite Energy	40 11
Check	05/18/2009	2254	cobb EMC	100 87
Check	05/29/2009	2299	erin lucas	195 23
Check	05/29/2009	2300	kayla williams	157 07
Check	05/29/2009	2301	krishele guzman	168 35

EXHIBIT A

FEI #31-1508095

Georgia Sports Foundation
GRANTS TO INDIVIDUALS
2009

Check	05/29/2009	2302	stephanie grimm	95 48
Check	05/29/2009	2303	chelsea haser	177 96
Check	05/29/2009	2304	marissa orr	111 74
Check	05/29/2009	2305	kacie dielschneider	200 00
Check	05/29/2009	2306	kerri coughlin	87 08
Check	05/29/2009	2307	nicole thebaud	200 00
Check	05/29/2009	2308	tom flynn	179 00
Check	05/31/2009	2309	Greenhouse Apartments	950 00
Check	05/31/2009	2310	Greenhouse Apartments	1,050 00
Check	06/04/2009	2311	marissa orr	65 65
Check	06/08/2009	2313	cobb EMC	227 32
Check	06/08/2009	2315	Infinite Energy	35 69
Check	07/03/2009	2331	Greenhouse Apartments	731 50
Check	07/03/2009	2332	Greenhouse Apartments	996 03
Check	07/03/2009	2333	nicole thebaud	191 40
Check	07/03/2009	2334	kerri coughlin	112 93
Check	07/03/2009	2335	marissa orr	187 11
Check	07/03/2009	2336	SARAH TIGHE	287 45
Check	07/03/2009	2337	krishele guzman	234 83
Check	07/03/2009	2339	kacie dielschneider	222 10
Check	07/03/2009	2340	tom flynn	200 00
Check	07/03/2009	2341	kayla williams	265 02
Check	07/03/2009	2342	erin lucas	200 00
Check	07/03/2009	2343	chelsea haser	208 65
Check	07/18/2009	2379	Infinite Energy	191 08
Check	07/20/2009	2380	cobb EMC	335 99
Check	07/26/2009	2400	kayla williams	235 00
Check	07/31/2009	2419	ERIN HALL	1,000 00
Check	08/02/2009	2428	Greenhouse Apartments	316 00
Check	08/02/2009	2429	Greenhouse Apartments	350 00
Check	08/02/2009	2431	marissa orr	197 00
Check	08/05/2009	2432	chelsea haser	200 00
Check	08/05/2009	2435	nicole thebaud	177 88
Check	08/05/2009	2436	kerri coughlin	182 01
Check	08/05/2009	2437	SARAH TIGHE	271 51
Check	08/05/2009	2438	krishele guzman	136 86
Check	08/05/2009	2439	erin lucas	267 36
Check	08/05/2009	2440	BRENT SNODGRASS	1,140 75
Check	08/06/2009	2458	Infinite Energy	30 69
Check	08/06/2009	2462	cobb EMC	329 23
Check	08/13/2009	2470	cobb EMC	35 95
Check	08/20/2009	2433	MIN SOO HAN	35 30
Check	08/20/2009	2481	kacie dielschneider	266 05
Check	08/20/2009	2482	kayla williams	187 00

EXHIBIT A

FEI #31-1508095

Georgia Sports Foundation
GRANTS TO INDIVIDUALS
2009

Check	08/27/2009	2485	Infinite Energy		39 48
					22,872 88

Grant - Sports Development

Check	05/29/2009	2263	isaac thomas	40 00
Check	05/29/2009	2264	joaquin bonilla	165 00
Check	05/29/2009	2265	ilukor pius	80 00
Check	05/29/2009	2266	s h hwang	210 00
Check	05/29/2009	2267	David Wilch	40 00
Check	05/29/2009	2268	eid koja	195 00
Check	05/29/2009	2269	keith hamilton	30 00
Check	05/29/2009	2270	curtis mast	10 00
Check	05/29/2009	2271	roy magness	20 00
Check	05/29/2009	2272	david barnett	10 00
Check	05/29/2009	2273	marty dunkerson	10 00
Check	05/29/2009	2274	richard bradley	20 00
Check	05/29/2009	2275	jenni matsuoka	80 00
Check	05/29/2009	2276	christy floyd faria	10 00
Check	05/29/2009	2277	seong ji	10 00
Check	05/29/2009	2278	walter maddox	70 00
Check	05/29/2009	2279	ju hyon seo	60 00
Check	05/29/2009	2280	albert smith	20 00
Check	05/29/2009	2281	claudet sullivan	20 00
Check	05/29/2009	2282	nathan nowak	10 00
Check	05/29/2009	2283	david kemp	20 00
Check	05/29/2009	2284	barry partridge	20 00
Check	05/29/2009	2285	abdullah mujahid	165 00
Check	05/29/2009	2286	mike byrd	50 00
Check	05/29/2009	2287	guillermo carillo	40 00
Check	05/29/2009	2288	cathy brown	20 00
Check	05/29/2009	2289	min su seo	20 00
Check	05/29/2009	2290	carolyn boucher	70 00
Check	05/29/2009	2291	ho won lee	60 00
Check	05/29/2009	2292	j d palesek	10 00
Check	05/29/2009	2293	jerry bice	50 00
Check	05/29/2009	2294	james henry	20 00
Check	05/29/2009	2295	david bartow	10 00
Check	05/29/2009	2296	Seung Hwan Kim	10 00
Check	05/29/2009	2297	tracy goodwin	20 00
Check	05/29/2009	2298	master jeong	10 00
				1,705 00

TOTAL 24,577 88

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	GEORGIA SPORTS FOUNDATION	31-1508095
File by the due date for filing your return See instructions	Number, street and room or suite number If a P O box see instructions P.O. BOX 2043	
	City, town or post office, state, and ZIP code For a foreign address, see instructions KENNESAW, GA 30156	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► ERIC PFEIFER

Telephone No ► 770/528-3580 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above
The extension is for the organization's return for
► [X] calendar year 20 09 or
► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
	GEORGIA SPORTS FOUNDATION	31-1508095
File by the extended due date for filing the return See instructions	Number street and room or suite number If a P O box see instructions ROBERT S. BLAD, P.C. 1832 INDEPENDENCE SQUARE, STE. A	For IRS use only
	City town or post office, state and ZIP code For a foreign address, see instructions DUNWOODY, GA 30338	

Check type of return to be filed (File a separate application for each return)

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► ERIC PFEIFER
  Telephone No ► 770/528-3580 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 20 10

5 For calendar year 2009, or other tax year beginning _____, 20 __, and ending _____, 20 __

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**8a**	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	**8b**	$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	**8c**	$

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature ► Robert S. Blad, PA Title ► CPA Date ► 8/9/10