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EXTENSION ATTACHED

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 Jul 1 , 2009, and ending Jun 30 , 2010

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 Name of organization: The Touchdown Club of Athens, Inc.

Number and street (or P O box, if mail is not delivered to street address): P.O. Box 6831

Room/suite:

City or town, state or country, and ZIP + 4: Athens GA 30604

D Employer identification number: 58-2078712

E Telephone number: (706) 543-9860

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) ►

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

I **Website:** ► N/A

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

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 ► $ 321,515.

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	
	2	Program service revenue including government fees and contracts	2	273,142.
	3	Membership dues and assessments	3	47,300.
	4	Investment income	4	780.
	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 line 5b from line 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 ► Other income)	8	293.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	321,515.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	63,350.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	17,525.
	14	Occupancy, rent, utilities, and maintenance	14	1,842.
	15	Printing, publications, postage, and shipping	15	5,843.
	16	Other expenses (describe ► See Other Expenses Statement)	16	201,474.
	17	**Total expenses.** Add lines 10 through 16 ►	17	290,034.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31,481.
	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	140,132.
	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	171,613.

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MAY 17 2011
OGDEN, UT
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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	140,132.	22	165,037.
23	Land and buildings	0.	23	0.
24	Other assets (describe ► See L-24 Stmt)	0.	24	6,576.
25	**Total assets**	140,132.	25	171,613.
26	**Total liabilities** (describe ► _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	140,132.	27	171,613.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

TEEA0812 01/30/10

SCANNED JUN 16 2011

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23

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

What is the organization's primary exempt purpose? To support University of Georgia football program

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	Member Meetings (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	28a	52,418.
29	Support for UGA football program and athletics (Grants $ 8,350.) If this amount includes foreign grants, check here ► ☐	29a	11,950.
30	Senior Gala silent auction fundraising event to benefit the UGA Athletic Association Football program (Grants $ 55,000.) If this amount includes foreign grants, check here ► ☐	30a	199,010.
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	263,378.

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
Ethan Armentrout 996 Riverbend Pkwy Athens GA 30605	Director 1.00	0.	0.	
Gary Armour 6314 Neese Commerce Rd. Hull GA 30646	Director 1.00	0.	0.	
Skip Balcomb 1073 Mill Pointe Bogart GA 30622	Director 1.00	0.	0.	
Larry Benson P.O Box 429 Bogart GA 30622	Director 1.00	0.	0.	
Jim Blasingame 1451 Lake Wellbrook Drive Athens GA 30606	Director 1.00	0.	0.	
Bucky Bliss 190 Sherwood Drive Americus GA 31709	Director 1.00	0.	0.	
George Bond PO Box 48680 Athens GA 30604	Director 1.00	0.	0.	
Jim Bozman 151 Thornhill Drive Athens GA 30607	Director 1.00	0.	0.	
Cliff Brooks P.O Box 277 Crawford GA 30630	Advisory Director 1.00	0.	0.	
Walter Brooks 1321 Beverly Drive Athens GA 30606	Director 1.00	0.	0.	
David Brush 223 Lake Vista Way Athens GA 30607	Director 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

			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			
39	Section 501(c)(7) organizations Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____			
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 ►			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►			
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 ► Georgia			

42a The organization's books are in care of ► Candler Meadors Telephone no ► (706) 543-9860

Located at ► P.O Box 6831 Athens GA ZIP + 4 ► 30604

			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)? If 'Yes,' enter the name of the foreign country ►	42b		X
	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 ? If 'Yes,' enter the name of the foreign country ►	42c		X

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

			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
49b	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

► Signature of officer 5-10-11 Date

► SE CANDACE C. MEADOWS SEC- Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Maureen E Buhr	Date 05/05/11	Check if self-employed ► X	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Maureen E. Buhr, C.P.A. 1551 Jennings Mill Road Suite 300 B Bogart GA 30622-2549		EIN ►	
		Phone no ► (706) 613-1623	

May the IRS discuss this return with the preparer shown above? See instructions ► ☐ 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
The Touchdown Club of Athens, Inc.	58-2078712

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of Support
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 ')	49,500.	49,560.	51,450.	47,178.	47,300.	244,988.
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	49,500.	49,560.	51,450.	47,178.	47,300.	244,988.
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						244,988.

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	49,500.	49,560.	51,450.	47,178.	47,300.	244,988.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,435.	2,688.	3,070.	1,595.	555.	9,343.
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						254,331.

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	96.33 %
15	Public support percentage from 2008 Schedule A, Part II, line 14 . .	15	96.30 %

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.')						
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						
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, 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

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	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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.

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No.
The Touchdown Club of Athens, Inc.	58-2078712

Line 24 - Other Assets:	Beginning of Year	End of Year
Prepaid Expenses	0.	5,550.
Other Receivables	0.	1,026.
Totals to Form 990-EZ, Part II, line 24	0.	6,576.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
Bank Charges	61.
Board Meetings	10,280.
Business Tax and License	0.
Insurance Expense	401.
Management Fees	3,000.
Meeting Expenses	39,742.
Miscellaneous	380.
Radio Broadcast Expense	1,500.
Senior Gala Expenses	144,010.
Individual Grants for less than $5000.00	2,100.
Total	201,474.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business ☐ Person ☐ Woody Chastain 1130 Crystal Hills Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Archie Crenshaw 4095 Gracewood Parkway Bishop GA 30621 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Jack Davis 1561 Tanglebrook Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Eric Eberhardt P.O Box 7908 Athens GA 30604 Foreign city Foreign country	Title 2nd Vice Pres Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Judson Guest 1011 Magnolia Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business ☐ Person ☐ Mack Guest 1070 Lake Wellbrook Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ John Halper 1180 Ramser Drive Bogart GA 30622 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ William Harris P.O Box 177 Winterville GA 30683 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Robert Heath 120 Pendleton Drive Athens GA 30606 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Jay Hodges 229 Westview Drive Athens GA 30606 Foreign city Foreign country	Title 1st Vice President Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Charlie Horton 169 Fortson Circle Athens GA 30606 Foreign city Foreign country	Title Executive Treasur Hours/Week 10.00	2,400.	0.	
Business ☐ Person ☐ James LaBoon 595 Fortson Road AThens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Duke Lindsay 180 Trade Street Bogart GA 30622 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business ☐ Person ☐ Claude McBride 113 Inverness Road Athens GA 30606 Foreign city Foreign country	Title Chaplin Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Mason McWhorter 1101 Summit Oaks Drive Watkinsville GA 30677 Foreign city Foreign country	Title President Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Robert Matthews 1171 Victoria Road Watkinsville GA 30677 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Candler Meadors P.O Box 6915 Athens GA 30604 Foreign city Foreign country	Title Executive Secreta Hours/Week 10.00	3,000.	0.	
Business ☐ Person ☐ Steve Middlebrooks 274 Moss Side Drive Athens GA 30607 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Richard O'Rear 1020 Chris Court Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Robert O'Rear 1041 N. Rossiter Terrace Watkinsville GA 30677 Foreign city Foreign country	Title Historian Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ John Padgett PO Box 6241 Athens GA 30604 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business ☐ Person ☐ Bobby Poss 160 Avalon Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Mixon Robinson 1070 Two Oaks Drive Athens GA 30606 Foreign city Foreign country	Title Ex-Officio Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ William Saye 77 Charter Oak Drive Athens GA 30607 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Paige Scarborough 225 S. MIlledge Avenue Athens GA 30605 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Billy Slaughter P.O Box 1645 Athens GA 30603 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Ronald Smith PO Box 6352 Athens GA 30604 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Loran Smith P.O Box 1472 Athens GA 30603 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Arthur Steedman 230 Terrell Drive Athens GA 30606 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business ☐ Person ☐ Thomas Strickland 129 Princeton Mill Road Athens GA 30606 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Wayne Tamplin P.O Box 522 Madison GA 30650 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Jody Tanner 1251 St. Andrews Drive Bogart GA 30622 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Charlton Veazey 1061 Willow Run Road Greensboro GA 30642 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Tommy Warner 1131 Cory Circle Geensboro GA 30642 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ David Weeks 1151 Saxon Road Watkinsville GA 30677 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business ☐ Person ☐ Jimmy Williams 801 Riverhill Dr, Apt 544 Athens GA 30606 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment: Donation of proceeds from gala to Georgia FOotball Support Fund

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
To support University of Geogia football team	Business ☐ Person ☐ University of Georgia Athletic Association P.O. Box 1472 Athens GA 30603	Supported University Program	55,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: If Touchdown club members pay by February, $50 is donated to this fund.

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Provide scholarship support for student-athletes	Business ☐ Person ☐ Wm C. Hartman Jr. Fund c/o University of Georgia Athens GA 30602	Supported University Program	8,350.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
Senior Gala	225,338.
Meetings - ticket sales	39,804.
Radio Sponsorships	6,000.
Board Meetings	2,000.
Total	273,142.

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Meeting Speakers	12,625.
Professional Fees	4,900.
Total	17,525.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
Rent	1,200.
Telephone	642.
Total	1,842.

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Office Supplies and Postage	341.
Printing and Mailing	5,502.
Total	5,843.

Supporting Statement of:

Form 990-EZ/Line 22, Column (A)

Description	Amount
Cash	87,035.
Investments	53,097.
Total	140,132.

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Cash	111,385.
Investments	53,652.
Total	165,037.

Supporting Statement of:

Form 990-EZ/Line 28, Expenses

Description	Amount
Meeting expenses	39,742.
Meeting speakers	12,676.
Total	52,418.

Supporting Statement of:

Form 990-EZ/Line 29

Description	Amount
Wm C Hartman Jr Fund	8,350.
Radio broadcast	1,500.
Other Contributions	2,100.
Total	11,950.

Supporting Statement of:

Form 990-EZ/Line 30

Description	Amount
Sr Gala expenses	144,010.
Contribution to UGAA	55,000.
Total	199,010.

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 / File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	The Touchdown Club of Athens, Inc.	58-2078712
	Number, street, and room or suite number. If a P O box, see instructions P.O. Box 6831	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Athens GA 30604	

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 ► Candler Meadors

Telephone No. ► (706) 543-9860 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 Feb 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20 ___ or

► [X] tax year beginning Jul 1, 20 09, and ending Jun 30, 20 10.

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

File by the extended due date for filing the return. See instructions.

Name of Exempt Organization	Employer identification number
The Touchdown Club of Athens, Inc.	58-2078712
Number, street, and room or suite number If a P O box, see instructions	For IRS use only
P.O. Box 6831	
City, town or post office, state, and ZIP code For a foreign address, see instructions.	
Athens GA 30604	

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 ► Candler Meadors
  Telephone No. ► (706) 543-9860 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 May 16 , 20 11.

5 For calendar year , or other tax year beginning Jul 1 , 20 09 , and ending Jun 30 , 20 10.

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 ... We are waiting for third party information needed to file a complete and accurate return. The return will be completed as soon as possible.

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	$	0.
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	$	0.
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	$	0.

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 ► Maureen E Burk Title ► CPA Date ► 2/8/11