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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A **For the 2010 calendar year, or tax year beginning** Jul 1 , **2010, and ending** Jun 30 , 2011

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

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) Room/suite
P.O. Box 6831

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 ►

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** (ck only one) – ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (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 $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 176,147.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	132,329.
	3	Membership dues and assessments		3	42,450.
	4	Investment income		4	500.
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	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 in Schedule O)	See Form 990 EZ, Part I, Line 8 Other Revenue	8	868.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►	9	176,147.
EXPENSES	10	Grants and similar amounts paid (List in Schedule O)	See. L-10 Stmt	10	12,300.
	11	Benefits paid to or for members		11	50,704.
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	4,900.
	14	Occupancy, rent, utilities, and maintenance		14	1,846.
	15	Printing, publications, postage, and shipping		15	3,842.
	16	Other expenses (describe in Schedule O)	See Form 990 EZ, Part I, Line 16 Other Expenses	16	94,546.
	17	**Total expenses.** Add lines 10 through 16	►	17	168,138.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,009.
	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	171,613.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	►	21	179,622.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

G9 13

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	165,037.	22	185,081.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O) See L-24 Stmt	6,576.	24	41.
25	**Total assets**	171,613.	25	185,122.
26	**Total liabilities** (describe in Schedule O) See L-26 Stmt	0.	26	5,500.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	171,613.	27	179,622.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III [ ]

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, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(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 50,706.

29 Support for UGA football program and athletics
(Grants $ 12,300.) If this amount includes foreign grants, check here ► [ ] 29a 15,400.

30 Senior Gala to honor UGA Athletic Association football team and program
(Grants $ 0.) If this amount includes foreign grants, check here ► [ ] 30a 76,004.

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ► [ ] 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32 142,110.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(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 400A Hawthorne Lane Athens GA 30606	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.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.		
37b	Did the organization file **Form 1120-POL** for this year?		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 tax year covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9 39a		
39b	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 ►		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	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 ►		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►		
40e	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		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
42b	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: ►		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**		
42c	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: ►		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
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)	45a		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI [X]

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

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 ►

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► [X] Yes [ ] No

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

Sign Here

► Signature of officer Date 5/10/12

► Candler Meadors
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Maureen E. Buhr	Maureen E Buhr	05/10/12		

Firm's name ► Maureen E. Buhr, C.P.A. Firm's EIN ►

Firm's address ► 1551 Jennings Mill Road Suite 300 B
Bogart GA 30622-2549 Phone no (706) 613-1623

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

2010

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 a 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 organization(s).

	(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 column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	49,560.	51,450.	47,178.	47,300.	42,450.	237,938.
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 by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	49,560.	51,450.	47,178.	47,300.	42,450.	237,938.
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						237,938.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	49,560.	51,450.	47,178.	47,300.	42,450.	237,938.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,688.	3,070.	1,595.	555.	500.	8,408.
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						246,346.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	96.59%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.33%

16a **33-1/3% support test – 2010.** 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 – 2009.** 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 – 2010.** 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 – 2009.** 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 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)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not 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 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on 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						
11 Net income from unrelated business activities not included in line 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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** 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 – 2009.** If the organization did not check a box on line 14 or line 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. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

OMB No 1545 0047

2010

Open to Public Inspection

Name of the organization

The Touchdown Club of Athens, Inc.

Employer identification number

58-2078712

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)	
Other Income	868.
Total	868.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Bank Charges	96.
Board Meetings	11,100.
Business Tax and License	150.
Insurance Expense	402.
Management Fees	3,000.
Miscellaneous	694.
Radio Broadcast Expense	3,100.
Senior Gala Expenses	76,004.
Total	94,546.

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

Name and address	Title and average hours per week devoted to position	Compensation **(if not paid, enter -0-)**	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business [ ] Person [X] Walter Brooks 1321 Beverly Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] David Brush 223 Lake Vista Way Athens GA 30607 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Woody Chastain 1130 Crystal Hills Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Archie Crenshaw 4095 Gracewood Parkway Bishop GA 30621 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

Name and address	Title and average hours per week devoted to position	Compensation **(if not paid, enter -0-)**	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business [ ] Person [X] Jack Davis 1561 Tanglebrook Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] 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 [X] Judson Guest 1011 Magnolia Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Mack Guest 1070 Lake Wellbrook Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] John Halper 1180 Ramser Drive Bogart GA 30622 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] William Harris P.O Box 177 Winterville GA 30683 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Robert Heath 120 Pendleton Drive Athens GA 30606 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Jay Hodges 229 Westview Drive Athens GA 30606 Foreign city Foreign country	Title 1st Vice President Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV Continued

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

Name and address	Title and average hours per week devoted to position	Compensation **(if not paid, enter -0-)**	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business [ ] Person [X] Charlie Horton 169 Fortson Circle Athens GA 30606 Foreign city Foreign country	Title Executive Treasur Hours/Week 10.00	2,400.	0.	
Business [ ] Person [X] James LaBoon 595 Fortson Road AThens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Robert Matthews 1171 Victoria Road Watkinsville GA 30677 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Claude McBride 113 Inverness Road Athens GA 30606 Foreign city Foreign country	Title Chaplin Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Mason McWhorter 1101 Summit Oaks Drive Watkinsville GA 30677 Foreign city Foreign country	Title President Hours/Week 1.00	0.	0.	
Business [ ] Person [X] 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 [X] Steve Middlebrooks 274 Moss Side Drive Athens GA 30607 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Richard O'Rear 1020 Chris Court 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

Name and address	Title and average hours per week devoted to position	Compensation **(if not paid, enter -0-)**	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business [ ] Person [X] Robert O'Rear 1041 N. Rossiter Terrace Watkinsville GA 30677 Foreign city Foreign country	Title Historian Hours/Week 1.00	0.	0.	
Business [ ] Person [X] John Padgett 251 Moss Side Drive Athens GA 30607 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Bobby Poss 160 Avalon Drive Athens GA 30606 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Mixon Robinson 1070 Two Oaks Drive Athens GA 30606 Foreign city Foreign country	Title Ex-Officio Hours/Week 1.00	0.	0.	
Business [ ] Person [X] William Saye 77 Charter Oak Drive Athens GA 30607 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Paige Scarborough 225 S. Milledge Avenue Athens GA 30605 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Billy Slaughter P.O Box 1645 Athens GA 30603 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Ronald Smith PO Box 6352 Athens GA 30604 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

Name and address	Title and average hours per week devoted to position	Compensation **(if not paid, enter -0-)**	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business [ ] Person [X] Loran Smith P.O Box 1472 Athens GA 30603 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Arthur Steedman 230 Terrell Drive Athens GA 30606 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Thomas Strickland 129 Princeton Mill Road Athens GA 30606 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Wayne Tamplin P.O Box 522 Madison GA 30650 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Jody Tanner 1251 St. Andrews Drive Bogart GA 30622 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Charlton Veazey 1061 Willow Run Road Greensboro GA 30642 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] Tommy Warner 180 Wedgefield Lane Athens GA 30607 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	
Business [ ] Person [X] David Weeks 1151 Saxon Road Watkinsville GA 30677 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

Name and address	Title and average hours per week devoted to position	Compensation **(if not paid, enter -0-)**	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business [ ] Person [X] Jimmy Williams 801 Riverhill Dr, Apt 544 Athens GA 30606 Foreign city Foreign country	Title Advisory Director Hours/Week 1.00	0.	0.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

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

Purpose of Payment To support the University of Georgia Football program

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Provide scholarship support for student athletes	Business [ ] Person [ ] William C Hartman Fund University of Georgia Athens GA 30602	University Program	7,600.

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 To Support the University of Georgia Golf program

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
support UGA athletic programs	Business [X] Person [ ] UGA Tee Off Club University of Georgia Athens GA 30602	University of Georgia Support organization	100.

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued

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

Purpose of Payment To support the University of Georgia Athletic Programs

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Support UGA athletic program	Business [X] Person [ ] Georgia Tennis Champions Club University of Georgia Athens GA 30602	University of Georgia support organization	2,500.

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 . to support the University of Georgia Football Program

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
support UGA Football program	Business [X] Person [ ] University of Georgia Chapter National Football Foundation & Hall of Fame Athens GA 30606	University of Georgia support organization	2,000.

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 . Support community organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
support	Business [X] Person [ ] YMCA 915 Hawthorne Avenue Athens GA 30606	none	100.

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Prepaid Expenses	5,550.	
Other Receivables	1,026.	
Accrued Interest		41.
Total	6,576.	41.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Deferred Revenue		3,000.
Accounts Payable		2,500.
Total		5,500.

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
Senior Gala	77,600.
Radio Sponsorships	14,775.
Board Meetings	1,000.
Meetings	38,954.
Total	132,329.

Supporting Statement of:

Form 990-EZ/Line 11

Description	Amount
Meeting expense	39,708.
Speakers fees	8,700.
Speakers expenses	2,296.
Total	50,704.

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Audit fees	2,500.
Monthly accounting	2,400.
Total	4,900.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
Rent	1,200.
Telephone	646.
Total	1,846.

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Printing	3,478.
Office supplies and postage	364.
Total	3,842.

Supporting Statement of:

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

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

Supporting Statement of:

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

Description	Amount
Athens First Checking	35,194.
Athens First Money Market	95,920.
Petty Cash	100.
CD - Athens First	16,531.
CD - Athens First	37,336.
Total	185,081.

- 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.	
	P.O. Box 6831	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	Athens GA 30604	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 15, 20 12.

5 For calendar year , or other tax year beginning Jul 1, 20 10, and ending Jun 30, 20 11.

6 If the tax year entered in line 5 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, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	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 Bulv Title ► Certified Public Accountant Date ► 02/03/12