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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
University of Georgia Athletic Assn Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
456 East Broad Street

City or town, state or country, and ZIP + 4
Athens, GA 30602

D Employer identification number
58-0652518

E Telephone number
(706) 542-1197

G Gross receipts $ 91,838,967

F Name and address of principal officer
Michael F Adams
456 East Broad Street
Athens, GA 30602

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www georgiadogs com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1928

M State of legal domicile GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Our mission is to offer nationally competitive intercollegiate athletic programs which reflect the interests of our students and faculty, the Southeastern Conference, and the people of Georgia

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	188
6	Total number of volunteers (estimate if necessary)	6	9
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,300
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	24,221,859	23,672,669
	9	Program service revenue (Part VIII, line 2g)	60,275,657	62,259,933
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,912	112,697
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,567,563	5,693,916
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,169,991	91,739,215
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,652,842	11,388,742
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,559,782	29,691,324
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,266,761		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	40,121,473	47,093,744
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	78,334,097	88,173,810
	19	Revenue less expenses Subtract line 18 from line 12	11,835,894	3,565,405

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	340,905,783	347,342,078
	21	Total liabilities (Part X, line 26)	157,611,960	160,551,351
	22	Net assets or fund balances Subtract line 21 from line 20	183,293,823	186,790,727

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer | 2013-02-14 Date

▶ Timothy P Burgess Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	ERNST & YOUNG US LLP 55 IVAN ALLEN JR BLVD SUITE 1000 ATLANTA, GA 30308		EIN ▶ Phone no ▶ (404) 874-8300

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

OUR MISSION IS TO OFFER NATIONALLY COMPETITIVE INTERCOLLEGIATE ATHLETIC PROGRAMS WHICH REFLECT THE INTERESTS OF OUR STUDENTS AND FACULTY, THE SOUTHEASTERN CONFERENCE, AND THE PEOPLE OF GEORGIA, AND PROVIDE A WORTHWHILE EXPERIENCE FOR OUR STUDENT-ATHLETES, TEACHING THEM THE MEANING OF INTEGRITY AND ETHICAL CONDUCT, THE BASIC PRINCIPLES OF AMATEUR COMPETITION, SPORTSMANSHIP, AND THE PRINCIPLE OF EQUITABLE OPPORTUNITY FOR ALL STUDENTS AND STAFF WE SEEK TO ENHANCE THE ACADEMIC ENDEAVORS OF THE UNIVERSITY, BY HELPING THROUGH OUR SUCCESS TO ATTRACT BOTH PROMISING STUDENTS AND THE ASSISTANCE OF PRIVATE PHILANTHROPY, AND BY PROVIDING DIRECT FINANCIAL SUPPORT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 14,554,528 including grants of $ 2,368,706) (Revenue $ 20,555,178)

THE FOOTBALL PROGRAM WITHIN THE UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION ENHANCES THE ACADEMIC ENDEAVORS OF THE UNIVERSITY OF GEORGIA BY HELPING, THROUGH ITS SUCCESS, TO ATTRACT BOTH PROMISING STUDENTS AND THE ASSISTANCE OF PRIVATE PHILANTHROPY, AND BY PROVIDING DIRECT FINANCIAL SUPPORT TO THE INSTITUTION

4b (Code) (Expenses $ 4,403,680 including grants of $ 412,471) (Revenue $ 2,922,668)

THE MEN'S BASKETBALL PROGRAM WITHIN THE UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION ENHANCES THE ACADEMIC ENDEAVORS OF THE UNIVERSITY OF GEORGIA BY HELPING, THROUGH ITS SUCCESS, TO ATTRACT BOTH PROMISING STUDENTS AND THE ASSISTANCE OF PRIVATE PHILANTHROPY, AND BY PROVIDING DIRECT FINANCIAL SUPPORT TO THE INSTITUTION

4c (Code) (Expenses $ 2,286,019 including grants of $ 441,913) (Revenue $ 124,038)

THE WOMEN'S BASKETBALL PROGRAM WITHIN THE UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION ENHANCES THE ACADEMIC ENDEAVORS OF THE UNIVERSITY OF GEORGIA BY HELPING, THROUGH ITS SUCCESS, TO ATTRACT BOTH PROMISING STUDENTS AND THE ASSISTANCE OF PRIVATE PHILANTHROPY, AND BY PROVIDING DIRECT FINANCIAL SUPPORT TO THE INSTITUTION

4d Other program services (Describe in Schedule O)
(Expenses $ 48,710,104 including grants of $ 8,165,652) (Revenue $ 44,245,913)

4e **Total program service expenses** ▶$ 69,954,331

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 295			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a 188			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 19				
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		**9**		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶GA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Chad Cleveland
456 East Broad Street
Athens, GA 30602
(706) 542-1197

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

Check if Schedule O contains a response to any question in this Part VII . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Michael F Adams Chairman	2 0	X		X					462,853	257,158
(2) Jere W Morehead Vice-Chairman	2 0	X		X					348,937	39,378
(3) Timothy P Burgess Treasurer	2 0	X		X					277,869	43,266
(4) David E Shipley Secretary/Faculty Athletic Rep	2 0	X		X					264,936	37,359
(5) Rodney Bennett Appointed Faculty	1 0	X							224,770	35,935
(6) Anne L Sweaney Appointed Faculty	1 0	X							142,523	29,893
(7) Greg Robinson Appointed Faculty	1 0	X							237,841	39,925
(8) Jeffery H Dorfman Faculty Elected	1 0	X							157,346	29,612
(9) Scott Shamp Faculty Elected	1 0	X							131,201	35,237
(10) Jennifer Samp Faculty Elected	1 0	X							80,643	23,412
(11) William C Archer III Elected Alumni	1 0	X								
(12) Robert D Bishop Elected Alumni	1 0	X								
(13) Mack H Guest III Elected Alumni	1 0	X								
(14) Patrick S Pittard Elected Alumni	1 0	X								
(15) Thomas W Lawhorne Jr Elected Alumni	1 0	X								
(16) Donald M Leebern III Elected Alumni	1 0	X								
(17) Swann Seiler Elected Alumni	1 0	X								

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) Steve Jones President of UGA Alumni Assoc	1 0	X								
(19) J Wells Ellenberg Student	1 0	X								
(20) William G McGarity Athletic Director	50 0				X				453,104	56,033
(21) Frank Crumley Exec Associate AD	50 0				X				202,332	23,222
(22) Carla Williams Exec Assoc AD/SWA	50 0				X				182,681	39,638
(23) Mark Richt Head Football Coach	50 0					X		2,164,500	419,456	466,063
(24) Mark Fox Head Men's Basketball Coach	50 0					X		1,400,000	292,200	139,677
(25) Todd Grantham Assistant Football Coach	50 0					X		510,000	299,446	43,155
(26) Andrew Landers Head Women's Basketball Coach	50 0					X		455,000	263,797	71,116
(27) David Perno Head Baseball Coach	50 0					X		241,660	198,716	66,437

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	4,771,160	4,640,651	1,476,516

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶11

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Daktronics Inc PO Box 86 MINNEAPOLIS, MN 55486	SCOREBOARD MAINT	1,599,017
Comprehensive Technical Group Inc 2030 Powers Ferry Rd Suite 130 ATLANTA, GA 30339	AUDIO/VISUAL	1,597,688
Brasfield Gorrie LLC 1990 Vaughn Rd Suite 100 KENNESAW, GA 30144	CONSTRUCTION	1,436,032
American Stadium Payroll Services PO Box 25 ARNOLDSVILLE, GA 30619	TEMP STAFFING	794,040
Borden Perlman Insurance 2000 Lenox Drive Suite 202 LAWRENCEVILLE, NJ 08648	INSURANCE	791,860

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶57

Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,672,669				
	g	Noncash contributions included in lines 1a-1f $						
	h	**Total.** Add lines 1a-1f			23,672,669			
Program Service Revenue				Business Code				
	2a	Ticket Revenue		711211	21,073,742	21,073,742		
	b	NCAA/SEC Distributions		711211	20,181,077	20,181,077		
	c	Media Revenue		711211	10,200,000	10,200,000		
	d	Sky Suites Revenue		711211	5,172,471	5,166,171	6,300	
	e	Student Fees		711211	3,243,812	3,243,812		
	f	All other program service revenue			2,388,831	2,388,831		
	g	**Total.** Add lines 2a–2f			62,259,933			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			212,449			212,449
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses		99,752				
	c	Gain or (loss)		-99,752				
	d	Net gain or (loss)			-99,752	-99,752		
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory			0			
		Miscellaneous Revenue		Business Code				
	11a	Licensing		711211	3,729,513	3,729,513		
	b	Postage and Handling		900099	727,410	727,410		
	c	Product Endorsements		711211	600,000	600,000		
	d	All other revenue			636,993	636,993		
	e	**Total.** Add lines 11a–11d			5,693,916			
	12	**Total revenue.** See Instructions			91,739,215	67,847,797	6,300	212,449

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,000,000	2,000,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	9,388,742	9,388,742		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	24,930,192	18,955,578	5,361,543	613,071
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,569,359	1,062,987	447,197	59,175
9 Other employee benefits	1,891,446	1,093,358	737,222	60,866
10 Payroll taxes	1,300,327	880,761	370,535	49,031
11 Fees for services (non-employees)				
a Management	0			
b Legal	283,469		283,469	
c Accounting	138,236		138,236	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17* . .	0			
f Investment management fees	675,857		675,857	
g Other	517,542	383,595	133,947	
12 Advertising and promotion	513,948	513,948		
13 Office expenses	5,527,387	2,770,520	2,583,547	173,320
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	1,544,936	1,544,936		
17 Travel	5,625,988	5,320,545	222,170	83,273
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	5,011,658		5,011,658	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,408,055	7,408,055		
23 Insurance	883,845	330,929	552,916	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a REPAIRS, MAINT, EQUIP	5,864,252	5,765,345	98,907	
b GAME AND MEET EXPENSE	3,107,708	3,107,708		
c RECRUITING	1,797,575	1,797,575		
d MEDICAL FEES AND SUPPLIES	1,588,319	1,588,319		
e				
f All other expenses	6,604,969	6,041,430	335,514	228,025
25 **Total functional expenses.** Add lines 1 through 24f	88,173,810	69,954,331	16,952,718	1,266,761
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			97,244,508	1	97,361,745
	2	Savings and temporary cash investments			1,957,143	2	3,360,570
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			1,843,295	4	1,700,160
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			162,540	9	312,633
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	302,678,534			
	b	Less accumulated depreciation	10b	74,709,581	228,014,546	10c	227,968,953
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			11,683,751	15	16,638,017
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			340,905,783	16	347,342,078
Liabilities	17	Accounts payable and accrued expenses			7,744,264	17	7,694,118
	18	Grants payable			0	18	0
	19	Deferred revenue			21,527,844	19	22,102,232
	20	Tax-exempt bond liabilities			107,491,886	20	106,246,493
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			13,278,935	23	11,850,077
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			7,569,031	25	12,658,431
	26	**Total liabilities.** Add lines 17 through 25			157,611,960	26	160,551,351
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			183,293,823	27	186,790,727
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			183,293,823	33	186,790,727
	34	Total liabilities and net assets/fund balances			340,905,783	34	347,342,078

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	91,739,215
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,173,810
3	Revenue less expenses Subtract line 2 from line 1	3	3,565,405
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	183,293,823
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-68,501
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	186,790,727

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A
(Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
University of Georgia Athletic Assn Inc

Employer identification number
58-0652518

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 **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 to 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 it 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 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 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	27,337,164	24,526,196	23,657,475	24,221,859	23,672,669	123,415,363
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	27,337,164	24,526,196	23,657,475	24,221,859	23,672,669	123,415,363
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						123,415,363

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	27,337,164	24,526,196	23,657,475	24,221,859	23,672,669	123,415,363
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,952,614	640,906	188,841	164,718	212,449	3,159,528
9 Net income from unrelated business activities, whether or not the business is regularly carried on	16,140	14,763	20,947	10,650	900	63,400
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,703,502	5,187,227	5,421,279	5,567,563	5,693,916	23,573,487
11 **Total support** (Add lines 7 through 10)						150,211,778

12 Gross receipts from related activities, etc (See instructions) | **12** | 293,524,785

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | **14** | 82 161 %

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | **15** | 83 068 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 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 year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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 year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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 lines 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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public support percentage from 2010 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
University of Georgia Athletic Assn Inc

Employer identification number
58-0652518

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶______________

4 Number of states where property subject to conservation easement is located ▶______________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶______________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

(ii) Assets included in Form 990, Part X ▶ $ ______________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

b Assets included in Form 990, Part X ▶ $ ______________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		270,289,575	57,741,686	212,547,889
c Leasehold improvements				
d Equipment		7,871,594	6,015,088	1,856,506
e Other		24,517,365	10,952,807	13,564,558
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				227,968,953

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DEFERRED COMPENSATION PAYABLE	932,994
DERIVATIVE INSTRUMENT PAYABLE	11,725,437
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,658,431

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	91,739,215
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	88,173,810
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,565,405
4	Net unrealized gains (losses) on investments	4	-68,501
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-68,501
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,496,904

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	91,670,714
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-68,501		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-68,501
3	Subtract line **2e** from line **1**			3	91,739,215
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	91,739,215

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	88,173,810
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	88,173,810
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	88,173,810

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART X	THE ENTITY'S AUDITED FINANCIAL STATEMENT INCLUDES THE FOLLOWING FOOTNOTE UNDER GOVERNMENTAL ACCOUNTING STANDARDS BOARD (GASB) STATEMENT NUMBER 20, ACCOUNTING AND FINANCIAL REPORTING FOR PROPRIETARY FUNDS AND OTHER GOVERNMENTAL ENTITIES THAT USE PROPRIETARY FUND ACCOUNTING, THE ASSOCIATION HAS ELECTED NOT TO APPLY FINANCIAL ACCOUNTING STANDARDS BOARD PROVISIONS ISSUED AFTER NOVEMBER 30, 1989 THEREFORE, THE ENTITY IS NOT SUBJECT TO FIN 48

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
University of Georgia Athletic Assn Inc

Employer identification number
58-0652518

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF GEORGIA FOUNDATION 394 S MILLEDGE AVE STE 100 ATHENS,GA 30602	58-6033837	501(C)(3)	2,000,000				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	FOLLOWING NCAA RULES AND REGULATIONS, INDIVIDUAL COACHES DETERMINE HOW MUCH SCHOLARSHIP THEY WISH TO AWARD TO A STUDENT THE INFORMATION IS FORWARDED TO THE ASSISTANT ATHLETIC DIRECTOR FOR ACADEMICS AND ELIGIBILITY, WHO IN TURN ISSUES SCHOLARSHIP PAPERS (SIGNING PAPERS) TO THE STUDENT THE STUDENT SIGNS TO ACCEPT THE AWARD REPORTS ARE CREATED AND SENT TO THE UGA FINANCIAL AID OFFICE TO HAVE THE SCHOLARSHIP PUT ON THE STUDENT'S AWARD LETTER INFORMATION IS ALSO SENT TO THE BURSAR'S OFFICE WITH SPECIFICS OF WHICH STUDENTS GET WHAT AMOUNT OF MONEY DEFERRED BY ATHLETICS THE BURSAR'S OFFICE BILLS THE ATHLETIC ASSOCIATION FOR THE DEFERMENTS (FOR TUITION, ROOM AND MEALS ON CAMPUS) THE ATHLETIC ASSOCIATION ALSO ISSUES CHECKS DIRECTLY TO STUDENTS IF THEY LIVE OFF CAMPUS AND RECEIVE SCHOLARSHIPS FOR ROOM AND MEALS BOOK SCHOLARSHIPS ARE PROVIDED BY HAVING THE ATHLETIC COUNSELOR GIVE A CHARGE SLIP TO THE STUDENT WHICH LISTS THE BOOKS THEY ARE ALLOWED TO PURCHASE AT THE UGA BOOKSTORE THE ATHLETIC ASSOCIATION RECEIVES A MONTHLY BILL FROM THE UGA BOOKSTORE TO PAY FOR THESE CHARGES THE COUNSELORS ONLY ISSUE BOOK FORMS TO STUDENTS WHOSE NAMES APPEAR ON THE SCHOLARSHIP BOOK LIST PROVIDED BY THE ASSISTANT ATHLETIC DIRECTOR EACH SEMESTER PURPOSE OF GRANT OR ASSISTANCE SCHEDULE I, PART II, LINE 1, COLUMN H SUPPORT FOR VARIOUS ACADEMIC AND SCHOLARSHIP NEEDS

Additional Data

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Software ID:
Software Version:
EIN: 58-0652518
Name: University of Georgia Athletic Assn Inc

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
Women's Basketball Scholarships	12	441,913		FMV	ATHLETIC SCHOLARSHIP
Women's Equestrian Scholarships	14	558,830		FMV	Athletic Scholarship
Women's Golf Scholarships	6	213,970		FMV	Athletic Scholarship
Women's Gymnastics Scholarships	12	503,484		FMV	Athletic Scholarship
Women's Soccer Scholarships	14	538,372		FMV	Athletic Scholarship
Women's Softball Scholarships	11	519,334		FMV	Athletic Scholarship
Women's Swimming Scholarships	14	654,252		FMV	Athletic Scholarship
Women's Tennis Scholarships	7	306,135		FMV	Athletic Scholarship
Women's Track Scholarships	17	734,605		FMV	Athletic Scholarship
Women's Volleyball Scholarships	11	509,010		FMV	Athletic Scholarship
Baseball Scholarships	12	436,787		FMV	Athletic Scholarship
Men's Basketball Scholarships	12	412,471		FMV	Athletic Scholarship
Football Scholarships	72	2,368,706		FMV	Athletic Scholarship
Men's Golf Scholarships	4	155,509		FMV	Athletic Scholarship
Men's Swimming Scholarships	10	415,291		FMV	Athletic Scholarship
Men's Track Scholarships	11	393,910		FMV	Athletic Scholarship
Men's Tennis Scholarships	5	217,163		fmv	Athletic Scholarship

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
University of Georgia Athletic Assn Inc

Employer identification number
58-0652518

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Part I, Line 1a	First-class and charter travel	OFFICERS AND KEY EMPLOYEES FLY FIRST CLASS ONLY THROUGH FREE UPGRADES EARNED FROM FREQUENT FLYER BENEFITS THE UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION OWNS A PRIVATE PLANE AVAILABLE TO THIS GROUP TO USE FOR BUSINESS PURPOSES HOWEVER, IF THE PLANE IS AT LEAST FILLED 50% WITH OCCUPANTS TRAVELING FOR A BONA FIDE BUSINESS PURPOSE, THESE INDIVIDUALS ARE ALLOWED TO FILL OPEN SEATS
Part I, Line 1a	Travel for companions	OFFICERS AND KEY EMPLOYEES MAY BRING ASSOCIATES OR FAMILY MEMBERS ON A CHARTERED FLIGHT OR THE PRIVATE PLANE ONLY IF SEATS ARE AVAILABLE AND THE PLANE IS USED AT LEAST 50% FOR BUSINESS PURPOSES, COMPANIONS MAY FILL OPEN SEATS IN THE EVENT OF SPOUSAL OR DEPENDENT TRAVEL OR NON-BUSINESS USE OF THE PRIVATE PLANE, THE FAIR MARKET VALUE OF SUCH USE IS ADDED AS A TAXABLE FRINGE BENEFIT TO THE EMPLOYEE'S W-2
Part I, Line 1a	Health and social club dues or initiation fees	OFFICERS AND KEY EMPLOYEES PAY FOR SOCIAL CLUB MONTHLY DUES UGAA REIMBURSES THEM 50% OF THE MONTHLY COST WITHOUT SUBSTANTIATION THE REIMBURSEMENT IS TAXABLE COMPENSATION REPORTED ON FORM W-2 PART I, LINE 3 THE CHAIRMAN OF THE UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION IS PAID DIRECTLY BY THE UNIVERSITY OF GEORGIA, THE PARENT ENTITY, FOR HIS ROLE AS PRESIDENT OF THE UNIVERSITY THE UNIVERSITY SYSTEM OF GEORGIA BOARD OF REGENTS ESTABLISHES THE PRESIDENT'S ANNUAL COMPENSATION THROUGH THE USE OF A WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY AND THE APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Part I, Line 4b	SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN	THE COMPENSATION REPORTED IN SCHEDULE J, PART II, COLUMN C INCLUDES DEFERRED COMPENSATION OF $200,000 PAID BY THE UNIVERSITY OF GEORGIA AS PART OF A 457(F) DEFERRED COMPENSATION PLAN

Additional Data

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Software ID:
Software Version:
EIN: 58-0652518
Name: University of Georgia Athletic Assn Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Michael F Adams	(i)							
	(ii)	453,597		9,256	238,837	18,321	720,011	
Jere W Morehead	(i)							
	(ii)	326,042		22,895	30,954	8,424	388,315	
Timothy P Burgess	(i)							
	(ii)	253,486		24,383	27,699	15,567	321,135	
David E Shipley	(i)							
	(ii)	264,792		144	22,638	14,721	302,295	
Rodney Bennett	(i)							
	(ii)	224,602		168	21,075	14,860	260,705	
Anne L Sweaney	(i)							
	(ii)	125,926		16,597	15,172	14,721	172,416	
Greg Robinson	(i)							
	(ii)	237,841			25,065	14,860	277,766	
Jeffery H Dorfman	(i)							
	(ii)	157,346			14,837	14,775	186,958	
Scott Shamp	(i)							
	(ii)	131,057		144	14,240	20,997	166,438	
William G McGarity	(i)							
	(ii)	420,256		32,848	32,756	23,277	509,137	
Frank Crumley	(i)							
	(ii)	196,732		5,600	20,519	2,703	225,554	
Carla Williams	(i)							
	(ii)	158,656		24,025	18,761	20,877	222,319	
Mark Richt	(i)		2,164,500		420,000		2,584,500	
	(ii)	359,995		59,461	25,186	20,877	465,519	
Mark Fox	(i)		1,400,000		100,000		1,500,000	
	(ii)	263,014		29,186	22,638	17,039	331,877	
Todd Grantham	(i)		510,000				510,000	
	(ii)	293,017		6,429	22,638	20,517	342,601	
Andrew Landers	(i)		455,000		25,000		480,000	
	(ii)	236,888		26,909	25,119	20,997	309,913	
David Perno	(i)		241,660		25,000		266,660	
	(ii)	192,057		6,659	20,560	20,877	240,153	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
University of Georgia Athletic Assn Inc

Employer identification number
58-0652518

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No	(i) Pool financing Yes	(i) Pool financing No
A	DVLPMNT AUTH OF GOVT OF ATHENS-CLARKE CTY GEORGIA	58-2613761	047059AR1	08-28-2003	36,000,000	SFTBLL/FTBLL STADIUM IMPROVEMENTS		X		X		X
B	DVLPMNT AUTH OF GOVT OF ATHENS-CLARKE CTY GEORGIA	58-2613761	047059AT7	08-25-2005	30,000,000	BSKTBLL STADIUM/GYMNASTICS FCLTY		X		X		X
C	DVLPMNT AUTH OF GOVT OF ATHENS-CLARKE CTY GEORGIA	58-2613761	047059CE8	04-21-2011	67,556,766	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	33,100,000	
2	Amount of bonds defeased	0	0	0	
3	Total proceeds of issue	36,230,601	31,940,233	67,556,766	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrow	0	0	0	
7	Issuance costs from proceeds	311,804	262,507	654,504	
8	Credit enhancement from proceeds	0	4,863	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	33,699,490	30,152,939	32,586,692	
11	Other spent proceeds	2,219,307	1,519,924	0	
12	Other unspent proceeds	0	0	1,215,570	
13	Year of substantial completion	2005	2008	2011	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use?		X		X	X			
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	0 %		0 %		1 080 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %		1 080 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X		X			
2	Is the bond issue a variable rate issue?	X		X			X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X			X		
b	Name of provider	BANK OF AMERICA		BANK OF AMERICA		0			
c	Term of hedge	28		30					
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, COL (F), BOND C	0	PURPOSE 1) REFUND BONDS ORIGINALLY ISSUED ON SEPTEMBER 27, 2001, 2) CAPITAL IMPROVEMENTS TO REED PLAZA, STEGEMAN COLISEUM CONCOURSE EXPANSION AND FOR THE BUTTS-MEHRE ADDITION TAX EXEMPT BOND POLICIES SCHEDULE K, PART IV TAX EXEMPT BOND POLICIES ARE CURRENTLY BEING WRITTEN AND IMPLEMENTED

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
University of Georgia Athletic Assn Inc

Employer identification number
58-0652518

Identifier	Return Reference	Explanation
VOLUNTEERS	Form 990, Part I, Question 6	THE ATHLETIC ASSOCIATION HAS VOLUNTEER COACHES FOR ONE OF ITS TEAMS
Description of Other Program Services	Form 990, Part III, Line 4d	OTHER COLLEGE ATHLETIC SPORTS ALONG WITH THEIR ASSOCIATED REVENUE STREAMS FROM CONTRIBUTIONS, SEC/NCAA DISTRIBUTIONS, MEDIA, LICENSING AND STUDENT FEES
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 11b	FORM 990 IS PROVIDED TO BOARD MEMBERS PRIOR TO THE FILING DEADLINE WITH SUFFICIENT LEAD-TIME TO ALLOW THE BOARD MEMBERS TO REVIEW IT THE UNIVERSITY OF GEORGIA'S ASSOCIATE CONTROLLER REVIEWS IT AND ALSO PROVIDES THE REQUIRED INFORMATION FOR THE COMPLETION OF THE FORM 990 TO THE TAX MANAGER WITH AN INDEPENDENT ACCOUNTING FIRM, WHICH FINISHES THE 990 THE EXECUTIVE DIRECTOR WITH THE INDEPENDENT ACCOUNTING FIRM ALSO ATTENDS THE BOARD MEETING TO REVIEW THE 990 AND ANSWER QUESTIONS
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	PRIMARY MONITORING OF CONFLICT OF INTEREST IS DONE THROUGH THE COMPLETION OF A FORM BY BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES OF THE UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION, INC REQUESTING DISCLOSURE OF ALL RELATED ENTITIES AND TRANSACTIONS ANY CONFLICTS NOTED ARE DISCUSSED AND APPROPRIATE ACTION TAKEN IF A CONFLICT IS CONFIRMED, A PLAN FOR ALLEVIATING OR MANAGING THE CONFLICT IS IMPLEMENTED INDIVIDUALS WITH POTENTIAL CONFLICTS MAY BE ASKED TO RECUSE AND ABSENT THEMSELVES FROM MEETINGS IN WHICH AN ALLEGED CONFLICT IS DISCUSSED IF SO DOING WOULD BETTER ASSURE THE INTEGRITY OF THE PROCESS
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15a	THE ATHLETIC DIRECTOR'S SALARY IS RECOMMENDED BY THE PRESIDENT OF THE UNIVERSITY OF GEORGIA THE SALARY RECOMMENDATION IS THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS THE PRESIDENT OF THE UNIVERSITY OF GEORGIA BEGAN DETERMINING THE SALARY OF THE ATHLETIC DIRECTOR WHEN THE POSITION BEGAN REPORTING DIRECTLY TO THE PRESIDENT IN 2004 SALARIES ARE ROUTINELY COMPARED TO NATIONAL AVERAGES
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15b	THE EXECUTIVE ASSOCIATE ATHLETIC DIRECTOR'S SALARY IS SET BY BENCHMARKING IN THE MARKET (COMPARED IN CONFERENCE AND NATIONALLY) COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BY COMPARING DATA OR BENCHMARKING BOTH IN THE SEC AND NATIONALLY RECOMMENDATIONS ARE MADE AND SUBMITTED TO THE EXECUTIVE ASSOCIATE ATHLETIC DIRECTOR FOR FINANCE AND ADMINISTRATION SALARIES ARE REVIEWED BY THE ATHLETIC DIRECTOR FOR FINAL DETERMINATION ALL SALARIES ARE THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AT THE SPRING BOARD MEETING OFFICERS OF THE UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION, INC BOARD OF DIRECTORS ARE EMPLOYED BY THE UNIVERSITY OF GEORGIA AND ARE COMPENSATED FOR THE ROLE PERFORMED FOR THE ATHLETIC ASSOCIATION BY THE UNIVERSITY OF GEORGIA SALARIES HAVE ROUTINELY BEEN COMPARED TO NATIONAL AVERAGES
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public	Form 990, Part VI, Question 19	UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION'S WEB SITE ADVISES INTERESTED PARTIES THAT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
Hours Worked for Related Organizations	Form 990, Part VII, Column B	MICHAEL F ADAMS - 50 HOURS, UNIVERSITY OF GEORGIA JERE W MOREHEAD - 50 HOURS, UNIVERSITY OF GEORGIA TIMOTHY P BURGESS - 50 HOURS, UNIVERSITY OF GEORGIA DAVID E SHIPLEY - 40 HOURS, UNIVERSITY OF GEORGIA RODNEY BENNETT - 40 HOURS, UNIVERSITY OF GEORGIA ANNE L SWEANEY - 40 HOURS, UNIVERSITY OF GEORGIA GREG ROBINSON - 40 HOURS, UNIVERSITY OF GEORGIA JEFFREY H DORFMAN - 40 HOURS, UNIVERSITY OF GEORGIA SCOTT SHAMP - 40 HOURS, UNIVERSITY OF GEORGIA JENNIFER SAMP - 40 HOURS, UNIVERSITY OF GEORGIA
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XII, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS - $68,501

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
University of Georgia Athletic Assn Inc

Employer identification number
58-0652518

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	No
(1) University of Georgia 456 East Broad Street Athens, GA 30602 58-6001998	University	GA	GOV'T	N/A	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Sale of assets to related organization(s)	**1f**		**No**
g	Purchase of assets from related organization(s)	**1g**		**No**
h	Exchange of assets with related organization(s)	**1h**		**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**Yes**	
n	Sharing of paid employees with related organization(s)	**1n**	**Yes**	
o	Reimbursement paid to related organization(s) for expenses	**1o**	**Yes**	
p	Reimbursement paid by related organization(s) for expenses	**1p**		**No**
q	Other transfer of cash or property to related organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from related organization(s)	**1r**	**Yes**	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income(related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate allocations?		**(i)** Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:	
Software Version:	
EIN:	58-0652518
Name:	University of Georgia Athletic Assn Inc

Form 990, Special Condition Description:

Special Condition Description