efi	ile GR	APHIC p	orint - D	O NOT PROCESS	As Filed Data -					DLN:	93490097007049
	00	0		Return of Orga	anization Exe	mpt Fro	m In	come 1	Гах		OMBNo 1545-0047
Forn	.99	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)					2007			
•	ment of the al Revenue		► The or	ganization may have to	•			e reporting	require	ements	Open to Public Inspection
A F	or the 2	2007 cale	endar yea	r, or tax year beginning	07-01-2007 and en	ding 06-30-2	2008				
_	heck if aj		Please	C Name of organization UNIVERSITY OF GEORGIA	ATHLETIC				DEm	ployer id	lentification number
	ldress ch	ange	use IRS abel or	ASSOCIATION INC Number and street (or P C) have if mail is not doluge	rad to streat ad	(draga)	Deem (auto		06525 phone n	
ΓN	ame chai		orint or type. See	456 EAST BROAD STREET	box il mail is not delive	red to street ad	luless)	Room/suite		-	
Γ In	utial retur		Specific Instruc-	City or town, state or cour	ntry, and ZIP + 4					6) 542-	ethod Cash 🔽 Accrual
Γ Fι	Final refurm tions ATHENS GA 30602								ecify) 🕨		
∏ Ar	mended i	return									
Γ Aι	oplication			501(c)(3) organizations a nust attach a completed So			le F	I(a) Is this	a group	return fo	section 527 organizations or affiliates? Ves V No
G V	Veb site	e: 🕨 www	georgiado	gs collegesports com				H(C) Are all			of affiliates 🕨 1?
JO)rganiza	tion type (check only	one) 🕨 🔽 🗐 501(c) (3) 🕇	【(Insert no.)	a)(1) or 🔽 5					iee instructions)
							— r	H(d) Is this	a separ	ate return	n filed by an organization
n	ormally r	not more th	an 25,000	ion is not a 509(a)(3) suppo A return is not required, but i			n, 📃			group rulır	- , ,
D	e sure to	file a comp	lete return							•	umber 🕨
LG	Gross re	eceipts A	dd lines 6	b, 8b, 9b, and 10b to lu	ne 12 🕨 83,137,08	5					anızatıon ıs not required to 0, 990-EZ, or 990-PF)
Pa	art I	Reven	ue, Exp	enses, and Chang	es in Net Assets	or Fund E	Balan	ces (See	e the	instru	ctions.)
	1	Contribut	tions, gifts	s, grants, and sımılar an	nounts received						
	а			onor advised funds .		1a					
	b	•		ort (not included on line		1b		27,33	7,164		
	C L	•	•	oport (not included on lir	•	1c					
	d		rernment contributions (grants) (not included on line 1a)								27,337,164
	e	-	t al (add lines 1a through 1d) (cash \$ <u>27,337,164</u> noncash \$)							1e	
	2 3		rogram service revenue including government fees and contracts (from Part VII, line 93) .						•	2 3	52,139,953
	4		mbership dues and assessments						4	1,952,614	
	5			rest from securities						5	
	6a					6a					
	Ь	Less ren	ntal expen	ises		6b					
	с	Net renta	al income	or (loss) subtract line 6	b from line 6a .					6c	
DIE DIE	7	Other inv	estment	ıncome (describe 🕨)						7	
Revenue	8a			n sales of assets	(A) Securities			(B) Other			
ц				ry		8a			362		
	Ь			sis and sales expenses		8b			25,975 -25,613		
	c d	•		ach schedule) Combine line 8c, columi	(A) and (B)	8c				8d	- 2 5 ,6 1 3
	9	-		d activities (attach sche						ou	-25,013
	а			t including \$							
	ь		-	rted on line 1b) ises other than fundrais		9a 9b					
	c			s) from special events S						9c	
	10a			entory, less returns and		1 1			-		
	Ь	Less cos	st of good	ssold		. 10b					
	с	Gross profit	t or (loss) fr	om sales of inventory (attacl	n schedule) Subtract line 1	LOb from line 10	0a .			10c	
	11	Other rev	/enue (fro	m Part VII, lıne 103)					•	11	1,706,992
	12			lınes 1e, 2, 3, 4, 5, 6c,						12	83,111,110
.0	13	-		(from line 44, column (B						13	52,327,532
Expenses	14			Jeneral (from line 44, co						14	14,507,376
÷d×⊒	15 16		sing (from line 44, column (D))					15 16	1,296,408		
تت	16			d lines 16 and 44, colur						16	68,131,316
	17			for the year Subtract lu						18	14,979,794
ī.	19			balances at beginning o						19	139,409,170
Nel As	20	Other ch	anges in r	net assets or fund balan	ces (attach explanat	ion) 🔁 🚬				20	-185,932
ź	21	Net asse	ts or fund	balances at end of year	Combine lines 18, 1	9, and 20				21	154,203,032
For	Privacy	Act and F	Paperworl	k Reduction Act Notice,	see the separate ins	t ruct ions.	Cat	No 11282	2Y		Form 990 (2007)

Form 990 (2007)

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here F	22a				
22Ь	Other grants and allocations (attach schedule) ⁵⁵ (cash \$ ^{8,142,575} noncash \$ ⁰) If this amount includes foreign grants, check here F	22Ь	8,142,575	8,142,575		
23	Specific assistance to individuals (attach schedule)	23	0,142,575	0,142,575		
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	14,479	0	14,479	0
Ь	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
С	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	20,177,829	15,492,593	4,038,251	646,985
27	Pension plan contributions not included on lines 25a, b and c	27	217,028	0	217,028	0
28	Employee benefits not included on lines 25a - 27	28	3,487,894	2,293,219	1,042,018	152,657
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	84,090	0	84,090	0
32	Legal fees	32	1,339,953	0	1,339,953	0
33	Supplies	33	1,718,946	1,082,169	633,622	3,155
34	Telephone	34	204,638	61,857	131,218	11,563
35	Postage and shipping	35	365,393	282,920	82,473	0
36	Occupancy	36	950,332	0	950,332	0
37	Equipment rental and maintenance	37	2,538,827	2,392,036	89,791	57,000
38	Printing and publications	38	611,231	468,775	18,019	124,437
39	Travel	39	4,755,394	4,412,149	282,465	60,780
40	Conferences, conventions, and meetings	40				
41	Interest	41	3,581,552	0	3,581,552	0
42	Depreciation, depletion, etc (attach schedule)	42	5,570,426	5,570,426	0	0
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
b		43b				
с		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 12–15)	44	68,131,316	52,327,532	14,507,376	1,296,408
loint 4	to lines 13–15)		50,151,510	26,126,232	17,507,570	1,290,400
Are ar If "Yes	ny joint costs from a combined educational campaign and fundraisins," enter (i) the aggregate amount of these joint costs \$ <u>0</u>	, (llocated to Prog	gram services \$	□ Yes I No □,

Page **2**

Form 990 (2007)

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose	Program Service Expenses (Required for 501(c)(3) and		
pub	organizations must describe their exempt purpose achieve lications issued, etc Discuss achievements that are not m ritable trusts must also enter the amount of grants and all	ieasura	in a clear and concise manner State the number of clients served, ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt is to others)	(4) orgs , and 4947(a)(1) trusts, but optional for others)
а	See Additional Data Table			
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
b				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
с				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
d				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule)	-		
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should eq	ual lın	e 44, column (B), Program services) 🛛 🕨	52,327,532
				Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Where required, attached schedules and amounts within the description Note: (A) (B) column should be for end-of-year amounts only. Beginning of year End of year 86,132,121 45 65,606,584 45 7,358,609 46 Savings and temporary cash investments 46 3,115,208 47a 1.225.830 47a Accounts receivable 47b 2,235,542 1,225,830 b Less allowance for doubtful accounts 47c 48a Pledges receivable 48a Ь Less allowance for doubtful accounts 48b **48c** 49 49 Grants receivable 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) 50a h Receivables from other disqualified persons (as defined under section 50b 51a Other notes and loans receivable (attach schedule) 51a Less allowance for doubtful accounts 51b 51c Assets b 52 52 Inventories for sale or use 53 Prepaid expenses and deferred charges 154,655 53 128,194 0 54a Investments—publicly-traded securities . ► Cost FMV 0 54a Investments—other securities (attach schedule) 🕨 🔽 Cost 🖵 FMV h 54h 55a Investments-land, buildings, and equipment basis 55a Less accumulated depreciation (attach b 55b 55c schedule) 95 3,025,134 2,839,202 56 Investments—other (attach schedule) . 56 236,362,730 57a Land, buildings, and equipment basis 57a Less accumulated depreciation (attach b 51,082,524 57b 187,025,258 185,280,206 57c schedule) Other assets, including program-related investments 58 (describe 🕨 \mathcal{D} 1,340,691 1.397.480 58 280.061.452 266.803.262 59 59 Total assets (must equal line 74) Add lines 45 through 58 . . 5,727,144 7,635,734 60 60 Accounts payable and accrued expenses . . . 1,413,495 970 588 61 61 18,929,131 18,513,850 62 Deferred revenue . 62 63 Loans from officers, directors, trustees, and key employees (attach ዮ 63 schedule) S :: 80,190,000 Tax-exempt bond liabilities (attach schedule) 81,365,000 64a 64a 8 18,618,540 17,283,033 Mortgages and other notes payable (attach schedule) . . . 64b b $\epsilon_{\rm D}$ Other liablilities (describe 🕨 1,340,782 1,265,215 65 65 127,394,092 125,858,420 66 Total liabilities Add lines 60 through 65 66 Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 67 through 69 and lines 73 and 74 Balances 67 139,409,170 154,203,032 Unrestricted 67 Temporarily restricted 68 68 . . 69 Permanently restricted 69 Fund Organizations that do not follow SFAS 117, check here 🕨 🦵 and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 70 Ъ As sets 71 71 Paid-in or capital surplus, or land, building, and equipment fund . . 72 Retained earnings, endowment, accumulated income, or other funds . 72 73 Total net assets or fund balances Add lines 67 through 69 or lines 70 Net through 72 (Column (A) **must** equal line 19 and column (B) **must** equal 139,409,170 73 154,203,032 line 21) 266,803,262 280,061,452 74 Total liabilities and net assets / fund balances Add lines 66 and 73 . 74 Form 990 (2007)

-	90 (200	· · · · · · · · · · · · · · · · · · ·						Page 5
Part		Reconciliation of Revenu <i>the instructions.</i>)	e per Audited Fina	ncial Sta	tements V	Vith Reven	ue per	Return (See
а	Total r	evenue, gains, and other support	t per audited financial sta	tements			а	82,925,178
b	A moun	ts included on line a but not on l	Part I, line 12					
1	Net un	realized gains on investments		b1		-185,932		
2	Donate	ed services and use of facilities		b2				
3	Recove	eries of prior year grants		b3				
4	Other ((specify)		b 4				
	A dd Iın	es b1 through b4					Ь	-185,932
с	Subtra	ctline b from line a					с	83,111,110
d	Amoun	ts included on Part I, line 12, bu	it not on line a					
1	Invest	ment expenses not included on F	Part I, line					
				d1				
2	Other ((specify)		d2				
		es d1 and d2		- 42				105 022
						• •	d	-185,932
е		evenue (Part I, line 12) Add line					e	83,111,110
Part		Reconciliation of Expens		ncial Sta	atements	With Expe		r Return
а		xpenses and losses per audited					а	68,131,316
b	A moun	ts included on line a but not on l	Part I, line 17					
1	Donate	ed services and use of facilities		b1				
2	Priory	ear adjustments reported on Par	t I, line					
	20.			b2				
3		reported on Part I, line						
		••••••••••••••••••••••••••••••••••••••		b3				
4	Other ((specify)		b4				
		es b1 through b4		-			ь	
с		ct line b from line a				• •	c	68,131,316
d		ts included on Part I, line 17, bu						00,151,510
1		ment expenses not included on F						
T			art I, inte	d1				
2	O ther ((specify)						
		· · · · · · · · · · · · · · · · · · ·		d2				
	A dd Iın	es d1 and d2					d	
е		xpenses (Part I, line 17) Add lir						68,131,316
	d		· · · · •		<i></i>		e	
Part	(Current Officers, Director director, trustee, or key emp instructions.)	bloyee at any time dur	ing the ye	yees (List ear even if	each persor they were r	i who wa lot comp	ensated.) <i>(See the</i>
	1 (A)	Name and address	(B) Title and average hours per week devoted to position		npensation d, enter -0)	(D) Contribu employee bene deferred com plans	efit plans & pensation	(E) Expense account and other allowances
See Ac	ditional	Data Table						
				1				

Form	Form 990 (2007) Page 6						
Par	rt V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No			
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board						
	meetings						
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V - A, or highest compensated						
	employees listed in Schedule A, Part I, or highest compensated professional and other independent						
	contractors listed in Schedule A , Part II-A or II-B, related to each other through family or business						
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b		No			
с	Do any officers, directors, trustees, or key employees listed in Form 990, Part V - A, or highest compensated						
	employees listed in Schedule A, Part I, or highest compensated professional and other independent						
	contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether						
	tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" 😨	75c	Yes				
	If "Yes," attach a statement that includes the information described in the instructions						
d	Does the organization have a written conflict of interest policy?	75d	Yes				

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

t VI Other Information (See the instructions.)		Yes	No
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a			
detailed statement of each change	76		No
Were any changes made in the organizing or governing documents but not reported to the IRS? $$. $$.	77		No
If "Yes," attach a conformed copy of the changes			
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes	
If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Yes	
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach			
a statement	79		No
Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes	
If "Yes," enter the name of the organization 🕨 UNIVERSITY OF GEORGIA			
and check whether it is 🔽 exempt or 🗌 nonexempt			
Enter direct or indirect political expenditures (See line 81 instructions) 81a 0			
Did the organization file Form 1120-POL for this year?	81b		No
	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a 76 detailed statement of each change 76 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 If "Yes," attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this retum? 78a If "Yes," has it filed a tax return on Form 990-T for this year? 78b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach 79 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, 80a If "Yes," enter the name of the organization by UNIVERSITY OF GEORGIA 81a If "Yes," enter to indirect political expenditures (See line 81 instructions) 81a	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a 76 detailed statement of each change 76 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 If "Yes," attach a conformed copy of the changes 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 If "Yes," has it filed a tax return on Form 990-T for this year? 78b Yes Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach 79 79 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, 80a Yes If "Yes," enter the name of the organization by UNIVERSITY OF GEORGIA 79 79 If "Yes," enter the name of the organization by UNIVERSITY OF GEORGIA 81a 0

Form	990 (2007)			Page 7
Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
Ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue. in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? \ldots .	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gıfts were not tax deductıble?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
С	Dues assessments, and similar amounts from members	_		
d	Section 162(e) lobbying and political expenditures	_		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	_		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
Ь	Gross receipts, included on line 12, for public use of club facilities 86b	- I		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	- 		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		No
Ь	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI			
		88b		No
	501(c)(3) organizations Enter A mount of tax imposed on the organization during the year under section 4911 0 , section 4912	1		
Ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	,		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 🕨0			
е	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		89g		
90a	List the states with which a copy of this return is filed 🍉 GA			
b	Number of employees employed in the pay period that includes March 12, 2007 (See 90b			301
91a	The books are in care of 🕨 JOYCE H SNIFF Telephone no 🕨 (706)	542-0	292	
	456 EAST BROAD STREET Located at ATHENS, GA ZIP + 4 30602			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		No
	If "Yes," enter the name of the foreign country b			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

| | Form **990** (2007)

orm 990 (2007)									Page
Part VI Other Information (cor	ntinued)							Yes	No
${f c}$ At any time during the calendar yea	r, dıd the organızatı	on maintain a	an office outside o	fthe United	l States	?	91c		No
If "Yes," enter the name of the foreig	an country 🕨								
2 Section 4947(a)(1) nonexempt charita	ble trusts filing Forn	n 990 in lieu d	of Form 1041 —Ch	eckhere .					⊩ [
and enter the amount of tax-exempt	interest received o	or accrued du	iring the tax year			92			
art VII Analysis of Income-Pr	oducing Activit	ties (See t							
te: Enter gross amounts unless otherwis	se indicated.		business income	Excluded by s	ection 51	2, 513, o	⁻ 514	(E) Relate	
		(A) Business code	(B) Amount	(C) Exclusion code		(D) Amount		exempt fu	Inction
Program service revenue									
a See Additional Data Table									
b									
c									
d									
e									
f Medicare/Medicaid payments .									
g Fees and contracts from governme	nt agencies								
Membership dues and assessment	5								
Interest on savings and temporary cash inv	restments			14		1,952,	614		
Dividends and interest from securit	ies								
Net rental income or (loss) from rea	F								
a debt-financed property									
b non debt-financed property									
Net rental income or (loss) from personal p	property								
Other investment income	· · · ·			10		25	(12		
Gain or (loss) from sales of assets other th	-			18		-25,	.613		
1 Net income or (loss) from special e									
 Gross profit or (loss) from sales of Other revenue a POSTAGE & H 	· ·								660,51
	ANDLING	I							-
b MISCELLANEOUS REV									235,34
c INTERNET ROYALTIES									415,53
d OTH ATHLETIC PROGS		900004	3,490						392,11
e									
4 Subtotal (add columns (B), (D), and			17,174			1,927,	001		,829,77
5 Total (add line 104, columns (B), (D		• • • • •			• •			55,7	73,94
e: Line 105 plus line 1e, Part I, should e Relationship of Activ					(6	++-	inchu		
e No. Explain how each activity for wh									
of the organization's exempt pur	-				nportur	10, 10 11		piioinii	ent
3A ATHLETIC PROGRAMS ARE AI	N INTEGRAL PART	OF THE EXE	EMPT PURPOSE						
03 POSTAGE & HANDLING REVE	NUE REPRESENTS	A COST RE	IMBURSEMENT						
art IX Information Regardin	a Tavable Sube	sidiaries a	nd Disregard	ad Entitio	s /Sa	a tha i	nctru	ctions	<u>, </u>
(A)	(B)						<u> </u>	(E)	
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		(C) Nature of activities		То	(D) tal income		End-of- asse	
participant of all control of any	%	>							
	%								
	%								
Part X Information Regardin		-	with Personal	Renefit C	ontra	rte /C	be the	1	
instructions.)	y mansiers AS	Socialeu V	WILLI PEISUIIdi		unu d	cia (30	le ine		
Did the organization, during the year, receiv	e any funds, directly or	indirectly, to pa	ay premiums on a per	sonal benefit c	ontract?			☐ Yes	✓ No
) Did the organization, during the yea	r, pay premiums, dii	rectly or indi	rectly, on a persor	nal benefit c	ontract	?		∏ Yes	⊡ No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity							
106								
	(A) Name and address of each cont rolled ent it y	(B) Employer Identification Number	(C) Description of transfer	(A mount c	D) of transf	fer		
а								
b								
с								
	Totals							

		Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Ident if icat ion Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
с				
	Totals			

					Yes	No		
	id the organization have a binding written contract in e yalties and annuities described in question 107 above	- ,	06 covering the i	nterests, rents,				
	Under penalties of perjury, I declare that I have examined this and belief, it is true, correct, and complete Declaration of prepa							
Please	2009-04-01							
Sign	Signature of officer	Signature of officer Date						
Here	TIM BURGESS SR VP/TREASURER	TIM BURGESS SR VP/TREASURER						
	Type or print name and title							
Paid	Preparer's signature	Date	Check If self- empolyed I 🔽	Preparer's SSN or PTIN (See Gen In				
Preparer' Use Only	ıf self-employed),				EIN 🕨			
	address, and ZIP + 4 T1901 6TH AVENUE NORTH STE1200 BIRMINGHAM, AL 35203 Phone no (e no 🕨 (205) 251-2000			

SCHEDULE A (Form 990 or 990EZ) (Except Private Foundation) and Section 501(e), 501(f), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.) 2007 > MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number 58-0652518 Name of the organization NAME of the organization Social NNC Employer identification number 58-0652518 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (e) Expense account and other allowances (a) Name and address of each employee paid more than \$50,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Combutons to employee benefit plans & defend compensation (e) Expense account and other allowances MARK A RICHT PO BOX 1472 ATHENS, GA 30602 MEN'S BSKTBALL COACH 50 0 2,246,000 0 0 OP BOX 1472 ATHENS, GA 30602 MEN'S BSKTBALL COACH 50 0 635,000 0 0 0 DAVID PERNO PO BOX 1472 ATHENS, GA 30602 BASEBALL COACH 50 0 215,000 0 0 0 DAVID PERNO PO BOX 1472 ATHENS, GA 30602 EASEBALL COACH 50 0 135,000 0 0	efile GRAPHIC pr	int - DO NOT PROC	ESS	As Filed Data -		DLN: 9	3490097007049
Process PHOTE be completed by the above organization and attacked to their Form 900 of 900-EZ Partial Compensation Ministration of Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Employee identification mumber Second 2000 Case of the instructions, List addright on the five Highest Paid Employees Other Than Officers, Directors, and Trustees Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Case of the instructions, List addright on the five Highest Paid Employees Other Than Officers, Directors, and Trustees Compensation Compensation (a) Name and address of each employee (b) The address of each employee (c) Compensation (c) Compensation (a) Name and address of each employee (c) Compensation (c) Compensation (c) Compensation (a) Name and address of each employee (c) Compensation (c) Compensation (c) Compensation (a) Name and address of each employee (c) Compensation (c) Compensation (c) Compensation (c) Bank ABLCT (c) Compensation (c) Compensation (c) Compensation (c) Bank ABLCT (c) Compensation (c) Compensation (c) Compensation (c) Bank ABLCT (c) Compensation (c) Compensation (c) Compensation	SCHEDULE A (Form 990 or 990EZ)	(Excep	t Priva 501(n)	te Foundation) and Sectio , or 4947(a)(1) Nonexem	on 501(e), 501(f), 501 ot Charitable Trust	L(k),	омв № 1545-0047 2007
And the model and market between the standard and t	1990 - L2,		-	-	-	-	2001
Sector and the restructions. Let each one. If there are none, enter "None.") Sector and the restructions. Let each one. If there are none, enter "None.") Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Sector and the restructions. Let each one. If there are none, enter "None.") (a) Name and address of each employee Sector and the restructions. (b) The and average hours or point with the rest of the restruction of the res	Department of the Treasury Internal Revenue Service Name of the organization	-	a by t	ne above organizations an	attached to their Fo		cation number
Part 2 Companisation of the Five Highest Paid Employees Other Than Offices, Distance, and Trustees (see paid to the instructions, List each one, It there are none, enter "None.") (a) Name and address of each amployee paid marks are compared to the and address of each amployee paid marks are compared to the set of	UNIVERSITY OF GEORGIA AT						
(See page 1 of the instructions. List each one. If there are none, enter "None.") (6) None and offices of each inspired by the and varies hours per week devoted to position in the per week devoted tor		sation of the Five	Hiat	est Paid Employees	Other Than Offic		and Trustees
(a) Rame and address of each employee paid must bain \$50,000 (b) Ittle and variage hours provide devices of paid on the second address of each one water and owned a second address of each one paid one address of each one water address of each one paid one address of each one paid over 50,000 for ATRENS, GA, 30602 (c) Companyation ice comp							
PO Description HEAD FO OTBALL COACH ATHENS, GA 33602 Second S					(c) Compensation	benefit plans & deferred	account and other
ATHENS GA 30602 50 U Image: Solution of the solutio			HEA	D FOOTBALL COACH			
DENNISA FELTON MEN'S BSKTBALL COACH 635,000 0 0 ATHENS, GA. 30602 50 0 0 0 ATHENS, GA. 30602 50 0 0 0 DAVID PERMO BASEBALL COACH 215,000 0 0 DAVID PERMO BASEBALL COACH 135,000 0 0 DAVID PERMO BASEBALL COACH 135,000 0 0 DAVID PERMO BASEBALL COACH 135,000 0 0 OP BOY 1472 FISL DEF COORDINATOR 132,650 0 0 Stantamber of other employees paid over 0 0 0 0 Centra and devises of each independent contractors for Professional Services (c) Compensation 0 0 Centra and devises of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Stans and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Stans and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Stans and address of each independent contractor for Professional Services (c) Compensation (d) Compensation Stans and address of each independent contractor for Professional Services (d) Contractor for Other Services (d) C			50 0		2,246,000		0
P0 B0X 1472 50 0 C33,000 0 0 0 AND REW G LANDERS WO MEN BSKTBALL COACH 215,000 0 0 AND REW G LANDERS WO MEN BSKTBALL COACH 215,000 0 0 ATHENS, GA 30602 50 0 135,000 0 0 ATHENS, GA 30602 FIBL DEF COORDINATOR 132,650 0 0 WILLIAM MARTINEZ FTBL DEF COORDINATOR 132,650 0 0 ATHENS, GA 30602 FIBL DEF COORDINATOR 132,650 0 0 VILLIAM MARTINEZ FTBL DEF COORDINATOR 132,650 0 0 ATHENS, GA 30602 FIBL DEF COORDINATOR 132,650 0 0 VILLIAM MARTINEZ FTBL DEF COORDINATOR 132,650 0 0 Solo Solo Solo 0 0 ATHENS, GA 30602 FIBL DEF COORDINATOR 132,650 0 0 Solo Solo Solo 0 0 0 Solo Solo Solo 0 0 0 Solo Solo Solo Solo 0 0 Solo Solo Solo Solo 0 0 Solo Solo Solo So							
ANDERKY GLANDERS WOMEN BSKTBALL COACH 215,000 0 0 PO BOX 1472 S0 0 DASEBALL COACH 215,000 0 0 0 PO BOX 1472 BASEBALL COACH 135,000 0 0 0 0 PO BOX 1472 BASEBALL COACH 132,050 0 0 0 0 ATHENS, GA. 30602 FIBL DEF CO ORDINATOR 132,650 0 0 0 0 WILLIAM MARTINEZ FTBL DEF CO ORDINATOR 132,650 0 0 0 0 FATHENS, GA. 30602 Compensation of the Five Highest Paid Independent Contractors for Professional Services (c) Compensation 6 Stop dots address of ach mdependent contractor paid more than 550,000 (b) Type of service (c) Compensation ASAKI ASSOCIATES INC CONTRACTOR ACHITECTURAL 566,898 BOSTON, MA 02284 RACH AND SPALDING 1130 PEACHTRE STREET CONTRACTOR 454,578 ATHENS, GA. 30309 COLLINS COORER CARUSI ARCHITECTS ARCHITECTURAL 151,817 1180 PEACHTRE STREET NE LEGAL 140,611 140,611 COLLINS COORER CARUSI ARCHITECTS ARCHIT				S BSRIBALL COACH	635,000		0
P 0 BOX 1472 WOMEN BSK IBALLCOACH 215,000 0 0 DAVID PERMO BASEBALL COACH 135,000 0 0 DAVID PERMO BASEBALL COACH 135,000 0 0 ATHENS, GA 30602 50 50 132,650 0 0 WILLIAM MARTINEZ FTBL DEF COORDINATOR 132,650 0 0 0 VILLIAM MARTINEZ FTBL DEF COORDINATOR 132,650 0 0 0 Total number of ther employees paid over 9 9 9 9 9 Stord Stord 0 0 0 0 (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation (b) Stord Address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation (c) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation (c) Stard Stard Address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation (c) Stard Star							
ATHENS, GA 30602 BASEBALL COACH S0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				EN BSKTBALL COACH	215,000		0
PO BOX 1472 BASEBALCOACH 135,000 0 0 0 ATHENS,GA 30602 50 132,650 0 0 0 0 WILLIAM MARTINEZ FTBL DEF COORDINATOR 132,650 0 0 0 0 YILLIAM MARTINEZ FTBL DEF COORDINATOR 50 132,650 0 0 0 0 YILLIAM MARTINEZ FTBL DEF COORDINATOR 50 0 0 0 0 0 0 YILLIAM MARTINEZ FTBL DEF COORDINATOR 50 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
ATHERS; GA 30602 90 0 132,650 0 0 WILLIAM MARTINEZ FTBL DEF COORDINATOR 50 0 132,650 0 0 ATHENS; GA 30602 9 9 132,650 0 0 ATHENS; GA 30602 9 9 132,650 0 0 0 Constant of the remployees paid over \$50,000 9 9 132,650 0 0 0 Call number of other employees paid over \$50,000 9 9 0 0 0 Call number of other employees paid over \$50,000 9 9 0 0 0 Call number of other employees paid over \$50,000 9 0 0 0 0 0 0 Stati AtSociaties 0 <td></td> <td></td> <td>BASI</td> <td>EBALL COACH</td> <td>135.000</td> <td></td> <td>0</td>			BASI	EBALL COACH	135.000		0
P 0 B0X 1472 FISL DEF COORDINATOR 132,650 0 0 ATTENS, GA 30602 9 9 Total number of other employees paid over \$50,00 9 9 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.") (c) Compensation of the Five Highest Paid Independent Contractors for Professional Services (C) Compensation SASAKI ASSO CIATES INC Age to a stability of the service on the service on the service on the instructions. List each one (whether individual or firms). If there are none, enter "None.") (c) Compensation of the service on the			50 0		155,000		, j
PO BOX 1472 50 0 132,530 0 0 0 ATHENS, GA 30602 50 0 132,530 0 0 0 Total number of other employees paid over \$50,000 (See page 2 of the instructons. List each one (whether individual or firms). If there are none, enter "None.") (e) Compensation of the Five Highest Paid Independent Contractors for Professional Services (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation (b) Sta 43026 Soston, MA 02284 ARCHITECTURAL 566,698 Soston, MA 02284 ARCHITECTURAL 566,698 CONTRACTOR 454,578 KING AND SPALDING LEGAL 227,226 CONTRACTOR 454,578 Collume Cooper CARUSI ARCHITECTS COLLING COOPER CARUSI ARCHITECTS 140,611 140,611 1708 PEACHTREE ST NE 4 COLLING COOPER CARUSI ARCHITECTS 4 140,611 Total number of others receiving over \$50,000 for professional services, whether individual or firms. If there are none, enter "None".	WILLIAM MARTINEZ		FTBI				
Total number of other amployees paid over \$50.000 9 Part 11-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter 'None.'). (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation SASKI ASSO CLATES INC (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation SASKI ASSO CLATES INC (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation SASKI ASSO CLATES INC Not SAS AG ASSO CLATES INC ARCHITECTURAL 566,998 SOSTON, MA 02284 CONTRACTOR 454,578 ATLANTA, GA 30309 CONTRACTOR 454,578 COLLINS COOPER CARUSI ARCHITECTS COLLINS COOPER CARUSI ARCHITECTS 181,817 1708 PEACHTREE STREET NE ARCHITECTURAL 181,817 ATLANTA, GA 30309 4 140,611 ATLANTA, GA 30305 4 140,611 Total number of others receiving over \$50,000 for professional services 4 140,611 Patt 1-B0 Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor bard ore than \$50,000 (b					132,650	(0
\$50,000 > 3 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None,") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation SASAKI ASSOCIATES INC 0 BOX 83026 ARCHITECTURAL 566,898 BOSTON, MA 02284 ARCHITECTURAL 566,898 WALLEN AND ASSOCIATES CONTRACTOR 454,578 1865 WEAT BROAD STREET CONTRACTOR 454,578 ATHENS, GA 36660 LEGAL 227,226 COLLINS COOPER CARUSI ARCHITECTS CONTRACTOR 181,817 ATLANTA, GA 30309 ARCHITECTURAL 181,817 ATLANTA, GA 30305 LEGAL 140,611 Total number of others receiving over \$50,000 for professional services 4 Part IES Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (d) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (d) Type of service (d) Compensation (b) Name and address of each indepen		employees paid over					
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation SASAKI ASSOCIATES INC ARCHITECTURAL 566,898 DO BOX 83026 ARCHITECTURAL 566,898 BOSTON, MA 02284 CONTRACTOR 454,578 RW ALLEN AND ASSOCIATES CONTRACTOR 454,578 1865 WEAT EROAD STREET CONTRACTOR 454,578 ATHENS, GA 30306 LEGAL 227,226 COLLINS COOPER CARUSI ARCHITECTS ARCHITECTURAL 181,817 1708 PEACHTREES TNW ARCHITECTURAL 181,817 ATLANTA, GA 30309 LEGAL 140,611 CLICK AND NULL PC LEGAL 140,611 3475 PIEDMONT RD NE 4 140,611 ATLANTA, GA 30305 CONSTRUCTION 921,458 Total number of others receiving over \$50,000 for professional services of ther than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (c) Compensation of the Five Highest Paid Independent Contractors for Other Services ROOR STRUCTION COMPANY CONSTRUCTION 921,458 ATLANTA, GA 30350 CONSTRUC	\$50,000	►		-			
SASAKI ASSOCIATES INC ARCHITECTURAL 566,898 PO BOX 843026 ARCHITECTURAL 566,898 BOSTON, MA 02284 ARCHITECTURAL 566,898 RWALLEN AND ASSOCIATES CONTRACTOR 454,578 1865 WEAT BROAD STREET CONTRACTOR 454,578 ATHENS, GA 30606 ELEGAL 227,226 COLLINS COOPER CARUSI ARCHITECTS TO30 FRACHTREE ST NW ARCHITECTURAL 181,817 ATLANTA, GA 30309 CILCK AND NUL PC LEGAL 140,611 3475 PIEDMONT RD NE LEGAL 140,611 ATLANTA, GA 30305 CILCK AND NUL PC LEGAL 140,611 3475 PIEDMONT RD NE LEGAL 140,611 140,611 ATLANTA, GA 30305 CONTRACTOR for Other Services (LICK AND NUL PC LEGAL 140,611 3475 PIEDMONT RD NE LIEGAL 140,611 140,611 140,611 ATLANTA, GA 30305 CONTRACTOR for Other Services (LICK AND NUL PC 140,611 GIL Back cach independent contractor paid more than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructors.) (D) Type of service (C) Compensation CHADATE CONSTRUCTION COMPANY	(See	page 2 of the instru					
PO BOX \$43026 ARCHITECTURAL \$66,898 BOSTON, MA 02284 ARCHITECTURAL \$66,898 BOSTON, MA 02284 CONTRACTOR 454,578 1865 WEAT BROAD STREET CONTRACTOR 454,578 ATHENS, GA, 30306 LEGAL 227,226 KING AND SPALDING LEGAL 227,226 1180 PEACHTREE STREET NE ARCHITECTURAL 181,817 ATLANTA, GA 30309 ARCHITECTURAL 181,817 708 PEACHTREE ST NW ARCHITECTURAL 181,817 ATLANTA, GA 30309 ARCHITECTURAL 181,817 7130 PEACHTREE ST NW ARCHITECTURAL 181,817 ATLANTA, GA 30309 LEGAL 140,611 7137 PIEDONT RD NE LEGAL 140,611 ATLANTA, GA 30305 4 140,611 PPATITEB Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None", See page 2 for instructions.) (B) Type of service (C) Compensation CONATE CONSTRUCTION COMPANY S200 ROBERTS DRIVE CONSTRUCTION COMPANY 921,458 8200 ROBERTS DRIVE CATERING 730,270 ATLANTA, GA 3050 INSURANCE 712,500 DATLANTA, GA 30350 INSURANCE	(a) Name and address	s of each independent o	ontrac	tor paid more than \$50,00	00 (b) Тур	e of service	(c) Compensation
BOSTON, MA 22284 RW ALLEN AND ASSOCIATES BOSTOR, MA 02284 RW ALLEN AND ASSOCIATES CONTRACTOR ATLAND, ASSOCIATES CONTRACTOR CONTRACTO		SINC					F66 909
RW ALLEN AND ASSOCIATES CONTRACTOR 454,578 1865 WEAT BROAD STREET CONTRACTOR 454,578 ATHENS, GA 30606 LEGAL 227,226 KIN G AND SPALDING LEGAL 227,226 COLLINS COOPER CARUSI ARCHITECTS ARCHITECTURAL 181,817 708 PEACHTREE ST NW ARCHITECTURAL 181,817 ATLANTA, GA 30309 CLICK AND NULL PC LEGAL 140,611 3475 PIEDMONT RD NE LEGAL 140,611 Total number of others receiving over \$50,000 for professional services 4 140,611 Order Structure 4 Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation CHOATE CONSTRUCTION COMPANY S200 ROBERTS DRIVE CONSTRUCTION 921,458 TRUMPS CATERING CATERING 730,270 ATHENS, GA 30601 INSURANCE 712,500 DAR THE SERVICES CORPORATION SECURITY 537,078 NORTHRIDGE, CA 91328 TRAVEL 473,518 ONTEMPEORARY SERVICES CORPORATION FALVEL 473,518						A L	500,898
ATHENS, GA 30606 KING AND SPALDING KING AND SPALDING KING AND SPALDING LISO COPECTREST REET NE ATLANTA, GA 30309 COLLINS COOPER CARUSI ARCHITECTS TOR PEACHTREE ST NW ATLANTA, GA 30309 COLLINS COOPER CARUSI ARCHITECTS CLICK AND NULL PC ATLANTA, GA 30309 COLLINS COOPER CARUSI ARCHITECTS CLICK AND NULL PC ATLANTA, GA 30305 COLLING COMPARYSES COMPORED CLICK AND NULL PC ATLANTA, GA 30305 COLLING COMPANY CLICK AND NULL PC ATLANTA, GA 30305 COMPARYSES COMPARIANCE CONSTRUCTION COMPANY CLICK CONSTRUCTION COMPANY CONSTRUCTION CONSTRUCT CONSTRUCTION CONSTRUCT CONSTRUCTION CONSTRUCT CONSTRUCTION CONSTRUCT CONSTRUCTION CONSTRUCT CONSTRUCTION CONSTRUCT CONSTRUCTION	· · · · · · · · · · · · · · · · · · ·						
KING AND SPALDING LEGAL 227,226 1180 PEACHTREE STREET NE LEGAL 227,226 COLLINS COOPER CARUSI ARCHITECTS ARCHITECTURAL 181,817 1708 PEACHTREE ST NW ARCHITECTURAL 181,817 CLICK AND NULL PC LEGAL 140,611 3475 PIEDMONT RD NE LEGAL 140,611 Total number of others receiving over \$50,000 for professional services 4 140,611 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation of Chore Services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) 921,458 RULANTA, GA 30350 CONSTRUCTION 921,458 TRUMPS CATERING CATERING 730,270 TRUMPS CATERING INSURANCE 712,500 BORDEN PERLMAN INSURANCE INSURANCE 712,500 PO BOX 65010 INSURANCE 537,078 ONTEMPORARY SERVICES CORPORATION SECURITY 537,078 NORTHRIDGE, CA 91328 TRAVEL 473,518 CHAMPION COACH INC <td></td> <td>STREET</td> <td></td> <td></td> <td>CONTRACTOR</td> <td></td> <td>454,578</td>		STREET			CONTRACTOR		454,578
1180 PEACHTREE STREET NE LEGAL 227,226 ATLANTA, GA 30309 ARCHITECTS 181,817 COLLINS COOPER CARUSI ARCHITECTS ARCHITECTURAL 181,817 T108 PEACHTREE ST NW ARCHITECTURAL 181,817 ATLANTA, GA 30309 LEGAL 140,611 CLICK AND NULL PC LEGAL 140,611 3475 PIEDMONT RD NE LEGAL 140,611 Total number of others receiving over \$50,000 for professional services 4 140,611 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation CHOATE CONSTRUCTION COMPANY See page 2 for instructions.) 921,458 730,270 ATLANTA, GA 30350 INSURANCE PO BOX 6710 921,458 CATERING INSURANCE 730,270 ATHENS, GA 30601 INSURANCE 730,270 BORDEN PERLMAN INSURANCE INSURANCE 537,078 PO BOX 280456 SECURITY 537,078							
COLLINS COOPER CARUSI ARCHITECTS ARCHITECTURAL 181,817 1708 PEACHTREE ST NW ARCHITECTURAL 181,817 ATLANTA, GA 30309 CLICK AND NULL PC LEGAL 140,611 3475 PIEDMONT RD NE LEGAL 140,611 ATLANTA, GA 30305 4 PATLANTA, GA 30305 140,611 PATLINE Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation S200 ROBERTS DRIVE CONSTRUCTION COMPANY CONSTRUCTION 921,458 ATLANTA, GA 30350 TRUMPS CATERING CATERING 730,270 Z47 E WASHINGTON STREET CATERING 730,270 ATHENS, GA 30601 INSURANCE PO BOX 260456 712,500 BORDEN PERLMAN INSURANCE SECURITY 537,078 PO BOX 280456 SECURITY 537,078 CONTEMPORARY SERVICES CORPORATION SECURITY 473,518 CHAMPION COACH INC TRAVEL 473,518 T					LEGAL		227,226
1708 PEA CHTREE ST NW ARCHITECTURAL 181,817 ATLANTA, GA 30309 ACCHITECTURAL 181,817 CLICK AND NULL PC 475 PIEDMONT RD NE 140,611 ATLANTA, GA 30305 LEGAL 140,611 Total number of others receiving over \$50,000 for for firms. If there are none, enter "None". See page 2 for instructions.) 4 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation CHOATE CONSTRUCTION COMPANY S200 ROBERTS DRIVE CONSTRUCTION 921,458 ATLANTA, GA 30350 TRUMPS CATERING CATERING 730,270 ATHENS, GA 30601 INSURANCE 712,500 BORDEN PERLMAN INSURANCE INSURANCE 712,500 PO BOX 260456 INSURANCE 537,078 CONTEMPORARY SERVICES CORPORATION SECURITY 537,078 PO BOX 280456 TRAVEL 473,518 GREENVILLE, SC 29615 TRAVEL 473,518							
ATLANTA, GA 30309 LEGAL 140,611 3475 PIEDMONT RD NE LEGAL 140,611 ATLANTA, GA 30305 4 140,611 Total number of others receiving over \$50,000 for professional services 4 140,611 Part IT-B Compensation of the Five Highest Paid Independent Contractors for Other Services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation CHOATE CONSTRUCTION COMPANY Construction 921,458 8200 ROBERTS DRIVE CONSTRUCTION 921,458 ATLANTA, GA 30360 CONSTRUCTION 921,458 TRUMPS CATERING CATERING 730,270 247 E WASHINGTON STREET INSURANCE 712,500 DAWENCEVILLE, NJ 08648 INSURANCE 712,500 CONTEMPORARY SERVICES CORPORATION SECURITY 537,078 PO BOX 280456 SECURITY 537,078 CHAMPION COACH INC TRAVEL 473,518 Total number of other contractors receiving over 40 473,518						A L	181.817
3475 PIEDMONT RD NE LEGAL 140,611 ATLANTA, GA 30305 4 140,611 Total number of others receiving over \$50,000 for professional services ▲ 4 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation CHOATE CONSTRUCTION COMPANY 8200 ROBERTS DRIVE CONSTRUCTION 921,458 ATLANTA, GA 30350 TRUMPS CATERING CONSTRUCTION 921,458 247 E WASHINGTON STREET CATERING 730,270 ATHENS, GA 30601 INSURANCE 712,500 BORDEN PERLMAN INSURANCE PO BOX 280456 SECURITY 537,078 PO BOX 280456 SECURITY 537,078 537,078 NORTHRIDGE, CA 91328 TRAVEL 473,518 CHAMPION COACH INC TRAVEL 473,518						-	
ATLANTA, GA 30305							
Total number of others receiving over \$50,000 for professional services 4 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation CHOATE CONSTRUCTION COMPANY 8200 ROBERTS DRIVE CONSTRUCTION 921,458 ATLANTA, GA 30350 CONSTRUCTION 921,458 TRUMPS CATERING CATERING 247 E WASHINGTON STREET ATHENS, GA 30601 CATERING 730,270 BORDEN PERLMAN INSURANCE INSURANCE 712,500 PO BOX 6710 LAWRENCEVILLE, NJ 08648 SECURITY 537,078 CONTEMPORARY SERVICES CORPORATION SECURITY 537,078 PO BOX 280456 SECURITY 537,078 NORTHRIDGE, CA 91328 TRAVEL 473,518 CHAMPION COACH INC TRAVEL 473,518							140,611
Professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation CHOATE CONSTRUCTION COMPANY 8200 ROBERTS DRIVE CONSTRUCTION 921,458 ATLANTA, GA 30350 CONSTRUCTION 921,458 TRUMPS CATERING CATERING 730,270 247 E WASHINGTON STREET CATERING 730,270 ATHENS, GA 30601 INSURANCE 712,500 BORDEN PERLMAN INSURANCE INSURANCE 712,500 PO BOX 6710 INSURANCE 712,500 LAWRENCEVILLE, NJ 08648 SECURITY 537,078 CONTEMPORARY SERVICES CORPORATION SECURITY 537,078 PO BOX 280456 SECURITY 537,078 NORTHRIDGE, CA 91328 TRAVEL 473,518 CHAMPION COACH INC TRAVEL 473,518 145 BEN HAMBY LANE TRAVEL 473,518			00 for		4		
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation CHOATE CONSTRUCTION COMPANY CONSTRUCTION 921,458 8200 ROBERTS DRIVE CONSTRUCTION 921,458 ATLANTA, GA 30350 CONSTRUCTION 921,458 TRUMPS CATERING CATERING 730,270 247 E WASHINGTON STREET CATERING 730,270 ATHENS, GA 30601 INSURANCE 712,500 BORDEN PERLMAN INSURANCE INSURANCE 712,500 PO BOX 6710 SECURITY 537,078 LAWRENCEVILLE, NJ 08648 SECURITY 537,078 CONTEMPORARY SERVICES CORPORATION ECURITY 537,078 PO BOX 280456 SECURITY 537,078 NORTHRIDGE, CA 91328 TRAVEL 473,518 CHAMPION COACH INC TRAVEL 473,518 Total number of other contractors receiving over 40 473,518		•					<u>.</u>
CHOATE CONSTRUCTION COMPANYCONSTRUCTION8200 ROBERTS DRIVE ATLANTA, GA 30350CONSTRUCTIONTRUMPS CATERING 247 E WASHINGTON STREET ATHENS, GA 30601CATERINGBORDEN PERLMAN INSURANCE PO BOX 6710 LAWRENCEVILLE, NJ 08648INSURANCECONTEMPORARY SERVICES CORPORATION PO BOX 280456 NORTHRIDGE, CA 91328SECURITYCHAMPION COACH INC 145 BEN HAMBY LANE GREENVILLE, SC 29615TRAVEL4040	(List	each contractor who	perf	ormed services other t	han professional se		
8200 ROBERTS DRIVE ATLANTA, GA 30350CONSTRUCTION921,458TRUMPS CATERING 247 E WASHINGTON STREET ATHENS, GA 30601CATERING730,270BORDEN PERLMAN INSURANCE PO BOX 6710 LAWRENCEVILLE, NJ 08648INSURANCE712,500CONTEMPORARY SERVICES CORPORATION PO BOX 280456 NORTHRIDGE, CA 91328SECURITY537,078CHAMPION COACH INC 145 BEN HAMBY LANE GREENVILLE, SC 29615TRAVEL410		•	ontrac	tor paid more than \$50,00	00 (b) Typ	e of service	(c) Compensation
247 E WASHINGTON STREET ATHENS, GA 30601CATERING730,270BORDEN PERLMAN INSURANCEINSURANCE712,500PO BOX 6710 LAWRENCEVILLE, NJ 08648INSURANCE712,500CONTEMPORARY SERVICES CORPORATIONSECURITY537,078PO BOX 280456 NORTHRIDGE, CA 91328SECURITY537,078CHAMPION COACH INCTRAVEL473,518145 BEN HAMBY LANE GREENVILLE, SC 29615TRAVEL40	8200 ROBERTS DRIV	Έ			CONSTRUCTIO	N	921,458
ATHENS, GA 30601 BORDEN PERLMAN INSURANCE PO BOX 6710 LAWRENCEVILLE, NJ 08648 CONTEMPORARY SERVICES CORPORATION PO BOX 280456 NORTHRIDGE, CA 91328 CHAMPION COACH INC 145 BEN HAMBY LANE GREENVILLE, SC 29615 Total number of other contractors receiving over 40							
BORDEN PERLMAN INSURANCE INSURANCE 712,500 PO BOX 6710 INSURANCE 712,500 LAWRENCEVILLE,NJ 08648 SECURITY 537,078 CONTEMPORARY SERVICES CORPORATION SECURITY 537,078 PO BOX 280456 SECURITY 537,078 NORTHRIDGE,CA 91328 TRAVEL 473,518 CHAMPION COACH INC TRAVEL 473,518 I45 BEN HAMBY LANE TRAVEL 473,518		STREET			CATERING		730,270
PO BOX 6710 INSURANCE 712,500 LAWRENCEVILLE, NJ 08648 712,500 CONTEMPORARY SERVICES CORPORATION SECURITY PO BOX 280456 SECURITY NORTHRIDGE, CA 91328 SECURITY CHAMPION COACH INC TRAVEL 145 BEN HAMBY LANE 473,518 GREENVILLE, SC 29615 40		NSURANCE					
CONTEMPORARY SERVICES CORPORATION SECURITY 537,078 PO BOX 280456 SECURITY 537,078 NORTHRIDGE, CA 91328 TRAVEL 473,518 CHAMPION COACH INC TRAVEL 473,518 GREENVILLE, SC 29615 Total number of other contractors receiving over 40		00640			INSURANCE		712,500
PO BOX 280456 SECURITY 537,078 NORTHRIDGE, CA 91328 TRAVEL 473,518 CHAMPION COACH INC TRAVEL 473,518 145 BEN HAMBY LANE TRAVEL 473,518 GREENVILLE, SC 29615 Total number of other contractors receiving over 40	· · ·		O N				
CHAMPION COACH INC TRAVEL 473,518 145 BEN HAMBY LANE TRAVEL 473,518 GREENVILLE, SC 29615 Total number of other contractors receiving over 40					SECURITY		537,078
145 BEN HAMBY LANE TRAVEL 473,518 GREENVILLE, SC 29615 Total number of other contractors receiving over 40							
GREENVILLE, SC 29615 Total number of other contractors receiving over 40							473 51 8
4 01							
		5	ver		40		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ Cat No 11285F

year

Part III Statements About Activities (See page 2 of the instructions.) Yes No During the year, has the organization attempted to influence national, state, or local legislation, include any attempt 1 to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities 🌬 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 1 Νo Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 😨 Sale, exchange, or leasing property? 2a Νo Lending of money or other extension of credit? 2b Νo Furnishing of goods, services, or facilities? 2c Νo С Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d Yes d Transfer of any part of its income or assets? 2e Νo e Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation 3a of how the organization determines that recipients qualify to receive payments) 🕏 Yes 3a Did the organization have a section 403(b) annuity plan for its employees? Зb No c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open 3c Νo space, the environment, historic land areas or structures? If "Yes" attach a detailed statement 🖌 Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d Νo Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines **4**a 4a Yes 4fand 4g Did the organization make any taxable distributions under section 4966? 4b No Ь Did the organization make a distribution to a donor, donor advisor, or related person? 4c No Enter the total number of donor advised funds owned at the end of the tax year d Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or **b** 0 investment of amounts in such funds or accounts Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax

Page **2**

14

Pá	Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)									
	ify the	at the organization is not a private foun		•)				
5	-	A church, convention of churches, or a		Section 170(b)(1						
6	I	A school Section 170(b)(1)(A)(II) (A	lso complete Part V)							
7	Γ	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
8	Γ	A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)								
9	Г	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 🕨								
10	v	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)								
11a	Г	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp			overnmental uni	t or from the ger	neral public			
11Ь	Г	A community trust Section 170(b)(1))(A)(vı) (Also complete	the Support Sched	l ule ın Part IV-A)				
12	Γ	An organization that normally receive receipts from activities related to its its support from gross investment inc acquired by the organization after Jun	charitable, etc , function ome and unrelated busin e 30, 1975 See section	s—subject to certa less taxable incom l 509(a)(2) (Also	ain exceptions, a ne (less section complete the Su	and (2) no more 511 tax) from b pport Schedule	than 331/3% of usinesses in Part IV-A)			
13	Г	An organization that is not controlled requirements of section 509(a)(3) Ch		•	-	•	se meets the			
			III - Functionally Integ	-	ype III - Other					
		Provide the following informa	tion about the supporte		ee page 7 of the	e instructions.)				
r	lame((a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do	ported sted in the janization's	(e) A mount of support?			
				IRC section)	Yes	No				
Tota				I		<u> </u>				

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Schedule A (Form 990 or 990-EZ) 2007

chedule A	(Form	990	or 990-EZ)2007

Page **4** Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

	ndar year (or fiscal year beginning in) 📃 🕨	(a) 2006	(b) 2005	(c) 2004	(d) 2	003	(e) Total
	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	24,673,228	23,873,835	24,662,914	1	7,468,933	90,678,910
	Membership fees received						(
	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of	43,612,696	51,213,066	38,771,823	4	4,532,196	178,129,781
	facilities in any activity that is related to the	,,	,,	,,		-,,	,
	organization's charitable, etc , purpose Gross income from interest, dividends, amounts						
	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and	2,883,362	2,127,367	725,213		643,712	6,379,654
	unrelated business taxable income (less section	2,005,502	2,127,507	723,213		045,712	0,575,05-
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975 Net income from unrelated business activities						
	not included in line 18	8,150	0	11,268		0	19,418
	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its behalf						(
	The value of services or facilities furnished to						
	the organization by a governmental unit without						,
	charge Do not include the value of services or facilities generally furnished to the public without						(
	charge						
	Other income Attach a schedule Do not include						
	gain or (loss) from sale of capital assets 🍠	1,588,415	1,063,750	1,374,055		571,520	4,597,740
	😴	73 765 051	78,278,018	CE E4E 373		3,216,361	370 005 507
	Total of lines 15 through 22 Line 23 minus line 17	72,765,851 29,153,155	27,064,952	65,545,273 26,773,450		8,684,165	279,805,503
					1		101,075,722
	Enter 1% of line 23 Organizations described on lines 10 or 11: a Ent	727,659 ter 2% of amount 1	782,780	655,453	26a	632,164	2,033,51
с	of all these excess amounts Total support for section 509(a)(1) test Enter line Add Amounts from column (e) for lines 18	24, column (e) 6,379,654	19	▶ 19,418	26b 26c		101,675,72
	22		26b	<u> </u>	26d		10,996,81
				•	26e		90,678,91
е	Public support (line 26c minus line 26d total)						90,078,91
	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) di	vided by line 26c (denominator))	►	26f		
f				that were receive		a "dısqual	89 18 %
f 27	Public support percentage (line 26e (numerator) di	nts included in line	es 15, 16, and 17		ed from	-	89 18 % "(Ified person
f 27	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amou	nts included in line and total amounts	es 15, 16, and 17 received in each		ed from	-	89 18 % Ified person,"
f 27	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amoun prepare a list for your records to show the name of,	nts included in line and total amounts of such amounts f	es 15, 16, and 17 received in each	year from, each	ed from	-	89 18 % "(Ified person
f 27	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amoun prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum	nts included in line and total amounts of such amounts f (es 15, 16, and 17 received in each for each year 2004)	year from, each	ed from "dısqua 2003)	lified perso	89 18 % Ified person," On "
f 27 b	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amound prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2006) (2005)	nts included in line and total amounts of such amounts f (d from each perso	es 15, 16, and 17 received in each for each year 2004) n (other than "dia	year from, each (. squalified persons	ed from "dısqua 2003)_ 5"), preş	lified perso	89 18 % Ified person," on "
f 27 Ь	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amound prepare a list for your records to show the name of, Do not file this list with your return. Enter the summed (2006) (2005) For any amount included in line 17 that was received	nts included in line and total amounts of such amounts f (d from each perso for each year, that	es 15, 16, and 17 received in each for each year 2004) n (other than "die was more than th	year from, each (. squalified persons ne larger of (1) th	ed from "dısqua 2003)_ s"), preş e amoul	lified perso pare a list f nt on line 2	89 18 % Ified person," on " or your 5 for the year
f 27 b	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amoun prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2006) (2005) For any amount included in line 17 that was received records to show the name of, and amount received	nts included in line and total amounts of such amounts f (d from each perso for each year, that scribed in lines 5 t	es 15, 16, and 17 received in each for each year 2004) in (other than "dia was more than th through 11b, as v	year from, each (, squalified persons ne larger of (1) the rell as individuals	ed from "dısqua 2003) s"), prep e amoul	lified perso pare a list f nt on line 2 ot file this	89 18 % Ified person," on " or your 5 for the year list with your
f 27 b	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amoun prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2006) (2005) For any amount included in line 17 that was received records to show the name of, and amount received or (2) \$5,000 (Include in the list organizations des return. After computing the difference between the	nts included in line and total amounts of such amounts f (c d from each perso for each year, that scribed in lines 5 t amount received a	es 15, 16, and 17 received in each for each year 2004) in (other than "dia was more than th through 11b, as v	year from, each (, squalified persons ne larger of (1) the rell as individuals	ed from "dısqua 2003) s"), prep e amoul	lified perso pare a list f nt on line 2 ot file this	89 18 % Ified person," on " or your 5 for the year list with your
f 27 b	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amound prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2006)	nts included in line and total amounts of such amounts f (ed from each perso for each year, that scribed in lines 5 t amount received a	es 15, 16, and 17 received in each for each year 2004) on (other than "die was more than th shrough 11b, as w ind the larger amo	year from, each (. squalified persons ne larger of (1) th rell as individuals punt described in	ed from "dısqua 2003)_ s"), preş e amouı) Do no (1) or (lified perso pare a list f nt on line 2 ot file this	89 18 % Ified person," on " or your 5 for the year list with your
f 27 b	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amoun prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2006) (2005) For any amount included in line 17 that was received records to show the name of, and amount received or (2) \$5,000 (Include in the list organizations des return. After computing the difference between the	nts included in line and total amounts of such amounts f (ed from each perso for each year, that scribed in lines 5 t amount received a	es 15, 16, and 17 received in each for each year 2004) in (other than "dia was more than th through 11b, as v	year from, each (. squalified persons ne larger of (1) th rell as individuals punt described in	ed from "dısqua 2003) s"), prep e amoul	lified perso pare a list f nt on line 2 ot file this	89 18 % Ified person," on " or your 5 for the year list with your
f 27 b	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amoun prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2006) (2005) For any amount included in line 17 that was received records to show the name of, and amount received for (2) \$5,000 (Include in the list organizations described or for the computing the difference between the these differences (the excess amounts) for each yee (2006)	nts included in line and total amounts of such amounts f (ed from each perso for each year, that scribed in lines 5 t amount received a	es 15, 16, and 17 received in each for each year 2004) in (other than "dia was more than th hrough 11b, as w ind the larger amo 2004)	year from, each (. squalified persons ne larger of (1) th rell as individuals punt described in	ed from "dısqua 2003)_ s"), preş e amouı) Do no (1) or (lified perso pare a list f nt on line 2 ot file this	89 18 % Ified person," on " or your 5 for the year list with your
f 27 Ь	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amound prepare a list for your records to show the name of, Do not file this list with your return. Enter the sumed (2006) (2006) (2005) For any amount included in line 17 that was received records to show the name of, and amount received for (2) \$5,000 (Include in the list organizations destructure. After computing the difference between the these differences (the excess amounts) for each yee (2006) (2006) (2005)	nts included in line and total amounts of such amounts f (ed from each perso for each year, that scribed in lines 5 t amount received a	is 15, 16, and 17 received in each for each year 2004) in (other than "dis was more than th shrough 11b, as w ind the larger amo 2004) 16	year from, each (. squalified persons ne larger of (1) th rell as individuals punt described in	ed from "dısqua 2003)_ s"), preş e amouı) Do no (1) or (lified perso pare a list f nt on line 2 ot file this (2), enter t	89 18 % Ified person," on " or your 5 for the year list with your
f 27 b	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amound prepare a list for your records to show the name of, Do not file this list with your return. Enter the sumed (2006) (2005) For any amount included in line 17 that was received records to show the name of, and amount received for (2) \$5,000 (Include in the list organizations destreturn. After computing the difference between the these differences (the excess amounts) for each yee (2006) (2005) Add Amounts from column (e) for lines 15 17 20	nts included in line and total amounts of such amounts f (ed from each perso for each year, that scribed in lines 5 t amount received a ar (25 15, 16, and 17 received in each for each year 2004) in (other than "dis was more than th through 11b, as w ind the larger amo 2004) 16 21	year from, each (. squalified persons ne larger of (1) th rell as individuals punt described in	ed from "dısqua 2003)_ s"), preş e amouı) Do no (1) or (lified perso pare a list f nt on line 2 ot file this (2), enter the 27c	89 18 % Ified person," on " or your 5 for the year list with your
f 27 b c d	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amound prepare a list for your records to show the name of, Do not file this list with your return. Enter the sume (2006)	nts included in line and total amounts of such amounts f (ed from each perso for each year, that scribed in lines 5 t amount received a	25 15, 16, and 17 received in each for each year 2004) in (other than "dis was more than th through 11b, as w ind the larger amo 2004) 16 21	year from, each (. squalified persons ne larger of (1) th rell as individuals punt described in	ed from "dısqua 2003)_ s"), preş e amouı) Do no (1) or (lified perso pare a list f nt on line 2 ot file this 2), enter the 27c 27d	89 18 % Ified person," on " or your 5 for the year list with your
f 27 b c d e	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amoun prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2006) (2005) For any amount included in line 17 that was received records to show the name of, and amount received for (2) \$5,000 (Include in the list organizations described of (2) \$5,000 (Include in the list organizations described of (2006) return. After computing the difference between the these differences (the excess amounts) for each yee (2006) (2006) (2005) Add Amounts from column (e) for lines 15 17 20 Add Line 27a total	nts included in line and total amounts of such amounts f (d from each perso for each year, that scribed in lines 5 t amount received a ar (and line 27b tota	es 15, 16, and 17 received in each for each year 2004) in (other than "dis was more than th hrough 11b, as w ind the larger amo 2004) 16 16 16	year from, each (. squalified persons ne larger of (1) the rell as individuals punt described in (.	ed from "dısqua 2003)_ s"), preş e amouı) Do no (1) or (lified perso pare a list f nt on line 2 ot file this (2), enter the 27c	89 18 % Ified person," on " or your 5 for the year list with your
f 27 b c d e f	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amound prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2006) (2005) For any amount included in line 17 that was received records to show the name of, and amount received for (2) \$5,000 (Include in the list organizations destreturn. After computing the difference between the these differences (the excess amounts) for each yee (2006) (2005) Add Amounts from column (e) for lines 15 17 20 Add Line 27a total Public support (line 27c total minus line 27d total) Total support for section 509(a)(2) test Enter amound	nts included in line and total amounts of such amounts f (. ed from each perso for each year, that scribed in lines 5 t amount received a ar and line 27 b tota ount from line 23, o	is 15, 16, and 17 received in each for each year 2004) in (other than "dis was more than the shrough 11b, as v ind the larger amo 2004) 16 21 32 46 40 50 50 50 50 50 50 50 50 50 50 50 50 50	year from, each (. squalified persons ne larger of (1) th rell as individuals punt described in	ed from "disqua 2003) ;"), prep e amoun) Do no (1) or (2003) - -	lified perso pare a list f nt on line 2 ot file this 2), enter the 27c 27d	89 18 % Ified person," on " or your 5 for the year list with your
f 27 b c d e f g	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amound prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2006)	nts included in line and total amounts of such amounts f (ed from each perso for each year, that scribed in lines 5 t amount received a ar (and line 27b tota ount from line 23, c vided by line 27f (IS 15, 16, and 17 received in each for each year 2004) in (other than "dis was more than th through 11b, as w ind the larger amo 2004) 16 16 16 16 16 16 16 16 16 16 16 16 16 10 	a year from, each (. squalified persons ne larger of (1) the rell as individuals bount described in (. 	ed from "disqua 2003)_ s"), prep e amoun) Do no (1) or (2003)_ • • • • • • • • • • • • •	lified perso pare a list f nt on line 2 ot file this 2), enter the 27c 27d	89 18 % Ified person," on " or your 5 for the year list with your
f 27 b c d e f g h	Public support percentage (line 26e (numerator) di Organizations described on line 12: a For amound prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2006) (2005) For any amount included in line 17 that was received records to show the name of, and amount received for (2) \$5,000 (Include in the list organizations destreturn. After computing the difference between the these differences (the excess amounts) for each yee (2006) (2005) Add Amounts from column (e) for lines 15 17 20 Add Line 27a total Public support (line 27c total minus line 27d total) Total support for section 509(a)(2) test Enter amound	nts included in line and total amounts of such amounts f (d from each perso for each year, that scribed in lines 5 t amount received a ar and line 27b tota ount from line 23, c vided by line 27f () (numerator) divis	es 15, 16, and 17 received in each for each year 2004) in (other than "dia was more than the shrough 11b, as w ind the larger amo 2004) 16 21 30 40 40 40 40 40 40 40 40 40 40 40 40 40	year from, each (, squalified persons ne larger of (1) the rell as individuals pount described in (, 27f ►	ed from "disqua 2003) 5"), prep e amour) Do no (1) or (2003) - - - - - - - - - - - - -	lified perso pare a list f nt on line 2 ot file this (2), enter the 27c 27d 27e	89 18 %

description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Sched	lule A (Form 990 or 990-EZ) 2007		Pa	age 5
Par	t V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		_		
32	Does the organization maintain the following	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
-	with student admissions, programs, and scholarships?	32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explaın (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
55	Does the organization discriminate by face in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
с	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
	Athletic programs?	33g		
9				
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
Ь	Has the organization's right to such aid ever been revoked or suspended?	34Ь		
-	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2007

Sch	edule A (Form 990 or 990-EZ) 2007				Page 6
Ра		res by Electing Public Charities (See pa Y by an eligible organization that filed Form			
Che	ck 🕨 a 🦵 if the organization belong	s to an affiliated group Check 🕨 b 🦵 if you c	hecked	l "a" and "lımıted con	trol" provisions apply
	Limits on Lo	bbying Expenditures		(a) Affiliated group	(b) To be completed for all electing
	(The term "expenditures	" means amounts paid or incurred)		totals	organizations
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add line	s 36 and 37)	38		
39	Other exempt purpose expenditures		39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter t	he amount from the following table—			
	If the amount on line 40 is—	The lobbying nontaxable amount is—			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
42	Grassroots nontaxable amount (ente	r 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -	0- If line 42 is more than line 36	43		0
44	Subtract line 41 from line 38 Enter -	0- if line 41 is more than line 38	44		0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

		Lobbying Expenditures During 4-Year Averaging Period				
	Calendar year (or fiscal year beginning in) 🏲	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
		2007	2000	2005	2004	- iotai
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

	(For reporting only by organizations that did not complete Part VI-A) (See page 11	of th	e inst	ructions.)
	ng the year, did the organization attempt to influence national, state or local legislation, including any npt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	A mount
а	Volunteers			
Ь	Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h}.)$			
с	Media advertisements			
d	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.)			
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activiti	es		

Schedule A (Form 990 or 990-EZ) 2007

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** (See page 12 of the instructions.) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Trans	Transfers from the reporting organization to a noncharitable exempt organization of				
(i)	Cash	51a(i)		No	
(ii)	O ther assets	a(ii)		No	
b Othe	transactions				
(i)	Sales or exchanges of assets with a noncharitable exempt organization	b(i)		No	
(ii)	Purchases of assets from a noncharitable exempt organization	b(ii)		No	
(iii)	Rental of facilities, equipment, or other assets	b(iii)		No	
(iv)	Reimbursement arrangements	b(iv)		No	
(v)	Loans or loan guarantees	b(v)		Νo	
(vi)	Performance of services or membership or fundraising solicitations	b(vi)		Νo	
c Sharı	ng of facilities, equipment, mailing lists, other assets, or paid employees	с		No	

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) A mount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

	described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	•	Г	Yes	ম	No
h	. If "Vec." complete the following achadule					

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Software ID: Software Version: EIN: 58-0652518 Name: UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a ADVERTISING	43a	287,954	287,954	0	0
b AIRPLANE EXPENSES	43b	582,933	582,933	0	0
c BAND/CHEERLEADING	43c	325,722	325,722	0	0
d BANK CHARGES	43d	951,265	697,712	253,488	65
e DONOR CLUBS	43e	55,574	0	0	55,574
f EQUESTRIAN - ANIMALS	43f	153,058	153,058	0	0
g FILM & VIDEO	43g	113,364	113,364	0	0
h FOOTBALL COMP TICKET PAYMENT	43h	75,000	75,000	0	0
i FOOTBALL PARKING	43i	144,372	144,372	0	0
j GAME & MEET EXPENSES	43j	2,404,061	2,404,061	0	0
k guarantees	43k	410,700	410,700	0	0
I INSURANCE	43I	846,081	247,770	598,311	0
m MEDICAL FEES & SUPPLIES	43m	738,038	738,038	0	0
n MISCELLANEOUS	43n	1,225,125	532,044	508,889	184,192
• OFFICIALS	43o	574,502	574,502	0	0
<pre>p PR & SPORTS PROMOTION</pre>	43p	309,848	276,597	33,251	0
q PRE/POST SEASON TRAINING	43q	286,202	286,202	0	0
r PREGAME MEALS	43r	131,475	131,475	0	0
s RECRUITING	43s	1,393,238	1,393,238	0	0
t SKY SUITES	43t	860,733	860,733	0	0
u SERVICES CONTRACTS	43u	726,015	117,869	608,146	0
v TICKET OFFICE	43v	661,200	661,200	0	0
w TOURNAMENTS	43w	927,330	927,330	0	0
x VIDEO SCOREBOARD	43x	186,939	186,939	0	0

Form 990, Part III - Program Service Accomplishments:

nber of clients served, publications issued, etc.	ose achievements in a clear and concise manner. State the Discuss achievements that are not measurable. (Section 501 xempt charitable trusts must also enter the amount of grants	Program Service Expenses (Required for 501(c) (3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
THE ARCH FOUNDATION		1,307,09
(Grants and allocations \$ 1,307,093)	If this amount includes foreign grants, check here 🕨 🦵	
SUMMER SCHOLARSHIPS		025.22
(Grants and allocations \$ 935,227)	If this amount includes foreign grants, check here 🕨 🦵	935,22
SPORTS MEDICINE		
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	2,007,27
SPORTS INFORMATION		
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	1,152,52
PROMOTIONS		
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	892,52
SPECIAL ATHLETIC NCAA & SEC EVENTS		
		915,79
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
UGA AIRPLANE		582,93
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
PLANT OPERATIONS		1,429,27
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	1,723,27
SKY SUITE OPERATIONS		
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	860,73
FACILITIES MAINTENANCE		
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	911,27
POSTSEASON BOWL GAME		
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	1,735,14
MISCELLANEOUS		
		5,639,43
(Grants and allocations \$) ACADEMIC COUNSELING	If this amount includes foreign grants, check here 🕨 🦵	
ACADEMIC COUNSELING		120,51
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
TICKET OFFICE		2,250,83
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
FACILITIES OF THE UNIVERSITY OF GEO	N ADMINISTERS THE SPORTS PROGRAMS AND SPORTS RGIA A TOTAL OF 245 SCHOLARSHIPS WERE AWARDED	
DURING THE FISCAL YEAR		30,558,02
(Grants and allocations \$ 5,700,412)	If this amount includes foreign grants, check here 🕨 🦵	
BAND THE ASSOCIATION FUNDS TRAV UNIVERSITY OF GEORGIA ACTIVITES AT	EL AND OTHER COSTS ASSOCIATED WITH THE VARIOUS SPORTS EVENTS	
(Grants and allocations \$ 135,000)	If this amount includes foreign grants, check here 🕨 🦵	500,45
	INDS THE TRAVEL COST, AND OTHER COSTS OF	
	ED WITH THE VARIOUS SPORTS ACTIVITEIS A CLINIC IS	527,38
(Grants and allocations \$ 64,843)	If this amount includes foreign grants, check here 🕨 🦵	
	,	
TENNIS FACILITY OPERATION OF TEN	NIS FACILITY USED IN TENNIS SPORTS PROGRAM	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MR DAMON M EVANS 456 E BROAD STREET ATHENS,GA 30602	ATHLETIC DIRECTOR 50 0	0	0	0
MR WILLIAM F CRUMLEY JR 456 E BROAD STREET ATHENS,GA 30602	SR ASSC ATHL DIREC 50 0	14,479	0	0
DR MICHAEL FADAMS 456 E BROAD STREET ATHENS,GA 30602	CHAIRMAN 1 0	0	0	0
MR TIM BURGESS 456 E BROAD STREET ATHENS,GA 30602	TREASURER 1 0	0	0	0
PROFESSOR JERE MOREHEAD 456 E BROAD STREET ATHENS,GA 30602	SECRETARY 1 0	0	0	0
PROFESSOR WYATT ANDERSON 456 E BROAD STREET ATHENS,GA 30602	DIRECTOR/FACULTY 1 0	0	0	0
PROFESSOR SCOTT WEINBERG 456 E BROAD STREET ATHENS,GA 30602	DIRECTOR/FACULTY 1 0	0	0	0
PROFESSOR PATRICIA BELL- SCOTT 456 E BROAD STREET ATHENS,GA 30602	DIRECTOR/FACULTY 1 0	0	0	0
PROFESSOR SARAJANE LOVE 456 E BROAD STREET ATHENS,GA 30602	DIRECTOR/FACULTY 1 0	0	0	0
PROFESSOR JACE WEAVER 456 E BROAD STREET ATHENS, GA 30602	DIRECTOR/FACULTY 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
VICE PRES RODNEY BENNETT 456 E BROAD STREET ATHENS, GA 30602	DIRECTOR/FACULTY 1 0	0	0	0
MR WILLIAM C ARCHER 456 E BROAD STREET ATHENS, GA 30602	ALUMNI 1 O	0	0	0
MR ROBERT D BISHOP 456 E BROAD STREET ATHENS, GA 30602	ALUMNI 1 O	0	0	0
DR THOMAS W LAWHORNE JR 456 E BROAD STREET ATHENS, GA 30602	ALUMNI 1 O	0	0	0
MR MACK GUEST 456 E BROAD STREET ATHENS,GA 30602	ALUMNI 1 O	0	0	0
MR PATRICK S PITTARD 456 E BROAD STREET ATHENS,GA 30602	ALUMNI 1 O	0	0	0
MS SWANN SEILER 456 E BROAD STREET ATHENS,GA 30602	ALUMNI 1 O	0	0	0
MR DONALD M LEEBERN III 456 E BROAD STREET ATHENS, GA 30602	ALUMNI 1 O	0	0	0
MR CARL RHODES JR 456 E BROAD STREET ATHENS, GA 30602	ELECTED STUDENT REPRESENTATIVE 1 0	0	0	0
MR BEJAN JOHN ABTAHI 456 E BROAD STREET ATHENS,GA 30602	STUDENT ATHLETE REPRESENTATIVE 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(A) Name and address (B) Title and average hours per week devoted to position		(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances	
MS AUDREY JOSEPHINE BOWERS 456 E BROAD STREET ATHENS,GA 30602	STUDENT ATHLETE REPRESENTATIVE 1 0	0	0	0	

Form 990, Part VII, Line 93 - Program service revenue:

		Unrelated	business income		section 512, 513, or 514	(E)
	e: Enter gross amounts unless otherwise licated.	(A) Business code	(B) A mount	(C) Exclusion code	(D) A mount	Related or exempt function income
а	TICKET SALES					17,538,762
b	SKY SUITES	900004	13,684			3,940,489
с	NCAA REVENUE					2,749,576
d	SEC REVENUE					9,051,361
e	POSTSEASON BOWL					1,651,477
f	RADIO/TV BROADCAST					4,107,627
g	CONCESSIONS					1,699,950
h	PROMOTIONS					7,274,482
i	PROD ENDORSEMENT					625,000
j	STUDENT FEES					3,073,606
k	AIRPLANE REVENUE					413,939

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490097007049
--------------------------------------	-----------------	---------------------

TY 2007 Cash Grants Paid Schedule

Name: UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION INC

Class of Activity	Recipient's name	Address	Amount	Relationship
	UNIVERSITY OF GEORGIA	394 SOUTH MILLEDGE AVENUE ATHENS, GA 306025582	6,835,482	RELATED
	THE ARCH FOUNDATION	394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	1,307,093	UNRELATED

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Compensation Schedule

Name: UNIVERSITY OF GEORGIA ATHLETIC

ASSOCIATION INC

Name	Related Organization		Relationship	Compensation	Benefit Plan	Expense Account	Compensation Description
	Name	EIN	Relationship	A mount	Contributions		compensation Description
MR DAMON M EVANS	UNIVERSITY OF GEORGIA	58-6001998		400,000	43,497	13,669	
MR WILLIAM F CRUMLEY JR	UNIVERSITY OF GEORGIA	58-6001998		171,227	32,786	16,915	
DR MICHAEL FADAMS	UNIVERSITY OF GEORGIA	58-6001998		445,487	55,759	1,435	
MR TIM BURGESS	UNIVERSITY OF GEORGIA	58-6001998		263,600	44,443	6,792	

Name	Related Organization		Relationship	Compensation	Benefit Plan	F	Commencetion Description	
	Name	EIN	Relationship	A mount	Contributions	Expense Account	Compensation Description	
	PROFESSOR JERE MOREHEAD	UNIVERSITY OF GEORGIA	58-6001998		212,925	31,624	500	
	PROFESSOR WYATT ANDERSON	UNIVERSITY OF GEORGIA	58-6001998		233,254	36,281	4,558	
	PROFESSOR SCOTT WEINBERG	UNIVERSITY OF GEORGIA	58-6001998		147,175	25,536	0	
	PROFESSOR PATRICIA BELL-SCOTT	UNIVERSITY OF GEORGIA	58-6001998		117,558	28,798	0	

News	Name	Related Organizati	ion	- Relationshin '	Benefit Plan	European Alexandria	Commention Description	
	Name	Name	EIN		A mount	Contributions	Expense Account	Compensation Description
	PROFESSOR SARAJANE LOVE	UNIVERSITY OF GEORGIA	58-6001998		136,998	34,997	0	
ſ	PROFESSOR JACE WEAVER	UNIVERSITY OF GEORIGA	58-6001998		104,173	23,361	0	
ſ	VICE PRES RODNEY BENNETT	UNIVERSITY OF GEORGIA	58-6001998		216,114	34,927	134	
ſ	MARKA RICHT	UNIVERSITY OF GEORGIA	58-6001998		319,725	44,971	28,859	

	Name	Related Organizatio	n	Relationship	Compensation	on Benefit Plan	Expense Account	Compensation Description
Name	Name	EIN	Relationship	A mount	Contributions	Expense Account	compensation Description	
DENNIS A	FELTON	UNIVERSITY OF GEORGIA	58-6001998		200,817	36,998	12,373	
ANDREW	G LANDERS	UNIVERSITY OF GEORGIA	58-6001998		228,375	41,323	13,589	
DAVID PE	ERNO	UNIVERSITY OF GEORGIA	58-6001998		152,250	32,872	4,899	
WILLIAM	MARTINEZ	UNIVERSITY OF GEORGIA	58-6001998		226,417	35,980	4,454	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490097007049
--------------------------------------	-----------------	---------------------

TY 2007 General Explanation Attachment

Name: UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION INC

ldentifier	Return Reference	Explanation
FORM 990, PART I, LINE 8 - GAIN OR (LOSS) ON SALE OF ASSETS		DESCRIPTION (B) OTHER A CQUIRED SOLD PROCEEDS BOOK VALUE GAIN/LOSS

ldentifier	Return Reference	Explanation
FORM 990, PART II, LINE 42 - DEPRECIATION EXPENSE		DESCRIPTION AMOUNT BUILDINGS 3,549,329 LAND IMPROVEMENTS 808,185 EQUIPM ENT 1,178,988 AMORTIZATION - BOND ISSUE COST 33,924 DEPRECIATION, DEPLETION, ETC 5,570,426

ldentifier	Return Reference	Explanation
FORM 990, PART IV, LINE 57 - LAND, BUILDINGS, AND EQUIPMENT		DESCRIPTION AMOUNT BUILDINGS 208,806,709 LAND IMPROVEMENTS 19,621,642 E QUIPMENT & FURNITURE 7,328,406 CONSTRUCTION IN PROGRESS 605,973 TOTAL LAND, BU ILDINGS, AND EQUIPMENT 236,362,730 LESS ACCUMULATED DEPRECIATION -51,082,524 N ET LAND, BUILDINGS, AND EQUIPMENT 185,280,206

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490097007049
--------------------------------------	-----------------	---------------------

TY 2007 Investments - Other Schedule

Name: UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION INC EIN: 58-0652518

Description	Book Value	Cost/FMV
INVESTMENT - UGA FOUNDATION	2,839,202	F

TY 2007 Mortgages and Notes Payable Schedule

Name: UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION INC

EIN: 58-0652518

Total Mortgage Amount: 17283033

Item No.	1
Lender's Name	RAMSEY CENTER OBLIGATION
Lender's Title	
Relationship to Insider	
Original Amount of Loan	4941072
Balance Due	2003033
Date of Note	1996-06
Maturity Date	2013-06
Repayment Terms	ANNUAL PRINCIPAL AND INTEREST
Interest Rate	0.0619
Security Provided by Borrower	
Purpose of Loan	FUNDING THE CONSTRUCTION OF THE RAMSEY STUDENT CTR
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	STADIUM SCOREBOARD OBLIGATION
Lender's Title	
Relationship to Insider	
Original Amount of Loan	1445180
Balance Due	0
Date of Note	1998-07
Maturity Date	2008-07
Repayment Terms	EQUAL ANNUAL PAYMENTS OF \$94,518
Interest Rate	0.085
Security Provided by Borrower	SECURITY INTEREST ON EQUIPMENT
Purpose of Loan	PURCHASED A VIDEO DISPLAY SCOREBOARD FOR STADIUM
Description of Lender Consideration	
Consideration FMV	

Item No.	3
Lender's Name	DEVEL AUTH OF ATHEN-CLARK CO 2005A
Lender's Title	
Relationship to Insider	
Original Amount of Loan	17470000
Balance Due	15280000
Date of Note	2005-01
Maturity Date	2021-06
Repayment Terms	INTEREST COMPUTED DAILY, PAID MONTHLY
Interest Rate	0.0328
Security Provided by Borrower	LETTER OF CREDIT ISSUED BY BANK OF AMERICA, NA
Purpose of Loan	TO FUND IMPROVEMENTS TO CERTAIN PROPERTIES
Description of Lender Consideration	
Consideration FMV	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490097007049

TY 2007 Other Assets Schedule

Name: UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION INC

Description	Beginning of Year Amount	End of Year Amount
DEPOSITS	56,698	75,476
ANNUNITIES	1,340,782	1,265,215

efile GRAPHIC print - DO NOT PROCESS As	Filed Data -	DLN: 93490097007049
---	--------------	---------------------

TY 2007 Other Changes in Net Assets Schedule

Name: UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION INC

Description	Amount
UNREALIZED GAIN/LOSS ON INVESTMENTS	185,932

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490097007049

TY 2007 Other Liabilities Schedule

Name: UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION INC

Description	Beginning of Year Amount	End of Year Amount
DEFERRED COMPENSATION PAYABLE	1,340,782	1,265,215

efile GRAPHIC print - DO NOT PROCESS As File	ed Data -
--	-----------

DLN: 93490097007049

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION INCEIN: 58-0652518

Item No.	1
Name of Issue	
Purpose	DEVEL AUTH OF ATHENS-CLARK CO. 2001
Amount Outstanding	33100000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	
Purpose	DEVEL AUTH OF ATHENS-CLARK CO. 2003
Amount Outstanding	18195000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	
Purpose	DEVEL AUTH OF ATHENS-CLARK CO. 2005B
Amount Outstanding	28895000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93490097007049

TY 2007 Other Income Schedule

Name: UNIVERSITY OF GEORGIA ATHLETIC

ASSOCIATION INC

Description	2006	2005	2004	2003	Total
POSTAGE AND HANDLING	636,722	551,894	330,631	135,011	1,654,258
MISCELLANEOUS RECEIPTS	230,305	128,211	727,238	395,943	1,481,697
BULLDOG MAGAZINE	0	0	3,160	40,566	43,726
INTERNET ROYALTIES	370,888	206,768	143,658	0	721,314
SMALL ATHLETIC PROGRAMS	350,500	176,877	169,368	0	696,745

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490097007049
--------------------------------------	-----------------	---------------------

TY 2007 Scholarship Award Statement

Name: UNIVERSITY OF GEORGIA ATHLETIC

ASSOCIATION INC

EIN: 58-0652518

Statement: ATHLETIC SCHOLARSHIPS ARE AWARDED IN ALL SPORTS PROGRAMS. RECIPIENTS ARE SELECTED ON THE BASIS OF ATHLETIC ABILITY AND FINANCIAL NEED. SCHOLARSHIPS ARE APPROVED BY THE GRANT-IN-AID ADVISORY COMMITTEE. FOR NCAA SPORTS, THE NCAA GUIDELINES FOR SCHOLARSHIP AND PLAY ELIGIBILITY ARE FOLLOWED BY THE ASSOCIATION.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490097007049

TY 2007 Self Dealing Statement

Name: UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION INC

Line Number	Explanation
2d	FORM 990, PART V

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Supplemental Support Schedule

Name: UNIVERSITY OF GEORGIA ATHLETIC

ASSOCIATION INC

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2006	24,673,228		43,612,696	2,883,362	8,150			1,588,415	72,765,851
2005	23,873,835		51,213,066	2,127,367	0			1,063,750	78,278,018
2004	24,662,914		38,771,823	725,213	11,268			1,374,055	65,545,273
2003	17,468,933		44,532,196	643,712	0			571,520	63,216,361

				Electronic		~ ~ · ·		<u> </u>	
	For cr	lendar year 20)7, or tox year begins	nning <u>07/0</u> ns 990, 990-EZ, 9	<u>.</u> , 2007, and env AGA_PE 1120_E	Hng06/;	<u>3</u> <u>(</u> ,20 ∪	8 -	2007
spartiment of the Treasury	y	For	use with Porn	See Instruction	s on back.	00, 41,4 0040			
ternal Reventile Bervice							1		illication number
NIVERSITY C	F GEORG	IA ATHLE	TTC ASSOCI	ATION, INC.			58-	065	2518
				(Whole Dollars					
you check the i as blank, then i an enter -D- on t	box on line leave line the applica leck here	• 1a, 2a, 3a, 1b, 2b, 3b, ble line belo ▶ \X b	4a, or 5a belo 4b, or 5b, whi w, Do not com Total revenue b Total rev	ow and the amou chever is applica olete more than o , if any (Form 990 enue, if any (Forn	int on that line able, biank (do ine line in Part 0, line 12) n 990-EZ, line f	e for the leturn not enter -O-) 1 9),	for whi If you	ch yo entere 1b _ 2b	n the return, if ar u are filling this for ad -0- on the retur 83113120.
a Form 1120-P			b Tota	tax (Form 1120-	POL, line 22)	. .		3b _	
a Form 999-PF	F check he	o ▶	b Tax based	on investment in	ncome (Form S	90-PF, Part VI.	line 5)	46_	
a Form 8868 (check here	▶ 🛄	b Balance due) (Form 8868, line	e 3c)			5b _	
Part II Decla	aration of								₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
to the f on this a Financial institution inquiries	inancial ins return, and Agent at ns involved and resolve v of this re	titution account the financial -888-363-45 in the proc issues related	Int indicated in Institution to de 37 no later than øssing of the 4 to the payment.	the tax preparation but the entry to the 2 business days electronic payment	ion software fo his account. To prior to the par	r payment of t τevoke a paym yment (aettleme eceive confiden	ne olgan ent, 1 mu hi) date trat infor	ization ist cor l also mation	val (direct debit) on its federal taxes ow ntact the US Treas- authorize the finance necessary to answ
990/990 Under penalties (organization's 200 rue, correct, and sectronic return, organization's return b) en indication of Sign Here Sign Sign	EZ/990-PF of perjury, 17 electron t complete. I consent um to the env ratuad	lactronic dis (as specifical I declare this o return and I further de to allow i RS and to r offset. (c)	closure consent y identified in Par accompanying clare that the ny intermediate ecsive from the eason for any del	t contained with it I above) to the sel floer of the above schedules and st amount in Part I service provider, IRS (a) an acknr ay in processing the Date	lected state ager e named organ iatements and above is the transmitter, i powledgement of e return or refund	allowing disc (cy(ies) nization and th to the best of amount shown or electronic in receipt or rea d, and (d) the dat SR_VP/ Title	losure in my khô on thê durn orth son for s e of any r TREA	e exa wlodgo copy ginator ejectic efund.	mined a copy of a and belief, they of the organizatio (ERO) to send an of the transmissi
990/990 Under penalties of organization's 200 rue, correct, and electronic refuin. organization's refuin. (b) en indication of Sign Part III Decla Part III Decla I declare that I I of my knowledge the date on the forms and inform for Authorized efficiency and accor	-EZ/990-PF of perjury, 7 electron 1 complete 1 complete 1 complete 1 complete any ratuad environment any ratuad of the any ratuad of the a	lectronic dis (as specifical I declare the c return and I further de to allow i RS and to r offset. (c) the Electronic ed the above inly a collect organization filed with t If i am also chedulas and	closure consent y identified in Parat accompanying clare that the ny intermediate eceive from the eason for any del w/cVJ Return Origin organization's or, I am not re officer will have officer will have officer will have of the Paid Prepa- statements an	t contained with til above) to the sel ficer of the above schedules and si amount in Part I service provider, IRS (a) an acknr ay in processing the Date ator (ERO) and return and that ff sponsible for revie re followed all oftr rer, under pensitie	In this return lected state ager e named organistements and above is the intransmitter, in pwiledgement of a return or return or return or return paid Prepare Paid Prepare Paid Prepare ne entries on if pwing the return modefore I sub per requirement e of perjury I of f my knowledg	allowing disc icy(ies) nization and th to the best of amount shown or electronic in receipt or rea d, and (d) the det SR VP/ Title SR VP/ Title ar (see Instruct form 8453-EO a n and only dea mut the return, a in Pub 4163 Jaciare (hat 1 ha	kosure ti at I hav my kno an the sturn orl- son for s s of any r TREA (tions) re comp are that I will gr Modern we exam	e exa wilodgo copy ginaton ejectic efund. SURI	in lifes of this ind mined a copy of and belief, they of the organizatio r (ERO) to send α of the transmissi
990/990 Under penalties of organization's 200 rue, correct, and electronic refuin. organization's refuin. (b) en indication of Sign Part III Decla Part III Decla I declare that I I of my knowledge the date on the forms and inform for Authorized efficiency and accor	-EZ/990-PF of perjury, 7 electron 8 complete. 1 consent in to the any ratuad fure of offi- aration of have review . If I am of return. The pation to be the Providers mpanying s declaration	lectronic dis (as specifical I declare the c return and I further de to allow i RS and to r offset. (c) the Electronic ed the above inly a collect organization filed with t If i am also chedulas and	closure consent y identified in Parat accompanying clare that the ny intermediate eceive from the eason for any del y CVJ Return Origin organization's or, 1 am not re officer will have officer will have officer will have of the Paid Prepa- statements an	t contained with til above) to the sel ficer of the above schedules and si amount in Part I service provider, IRS (a) an acknr ay in processing the Date ator (ERO) and return and that if sponsible for revie re followed all oth ref, under pensitie d to the best of	In this return lected state ager e named organistements and above is the intransmitter, in owledgement of a return or return or return or return part of prepare the entries on if owling the return modefore I sub per requirement as of perjury I of f my knowledge	allowing disc cy(ies) nizetion and th to the best of amount shown or electronic m receipt or rea d, and (d) the det SR_VP / Title SR_VP / Title and (d) the det SR_VP / Title and (d) the det and (d) the det and (d) the det b and (d) the det b b b b b b c c c c c c c c	tosure to at I hav my kno on the son for s e of any r TREA titons) re comp are that I will g Modern two are	e exa wiadgy copy ginator ecturd surver surv	in IRS of this Po mined a copy of a and belief, they of the organizatio r (ERO) to send an of the transmission of the transmission the transmission be above organization he above organization
990/990 Under penalties (organization's 200 rue, correct, and electronic retuin, organization's retuin, organization's retuin, tob en indication of Sign Here Sign Part III Decla Part III Decla I declare that I I of my knowledge the data on the forms and inform for Authorized e-frecher return and accor This Paid Preparer ERO's Signatu Use ERO's	-EZ/990-PF of perjury, 7 electron i complete. J consent i complete. J consent env return of the env return of the aration of return. The nation to be interview penying a declaration	lactronic dis (as specifical I declare the c return and I furthar de to allow i RS and to r offset. (c) by Electronic ed the above organization filed with t if i am also chedules and s based on all ELECTONIC	closure consent y identified in Parat accompanying clare that the organization's of accompanying clare that the easen for any del y CV Return Origin organization's of, 1 am not re officer will have officer will have officer will have officer will have officer will have officer will have officer will have officer will	t contained with it I above) to the sel ficer of the above schedules and si amount in Part I service provider, IRS (a) an acknown ay in processing the Date ator (ERO) and return and that if sponsible for revise re signed this for ve followed all oft irrer, under penaltie id to the best of hich I have any known U.S. LLE	In this return lected state ager e named organizatements and above is the transmitter, in owledgement of e return or return or return or return m before I sub per requirement as of perjury I of f my knowledge wiedge	allowing disc cy(ies) nizetion and th to the best of amount shown or electronic m receipt or rea d, and (d) the det SR_VP / Title SR_VP / Title and (d) the det SR_VP / Title and (d) the det and (d) the det and (d) the det b and (d) the det b b b b b b c c c c c c c c	tosure to at I hav my kno on the son for s e of any r TREA titons) re comp are that I will g Modern two are	e exa wiadgu o copy ginator ejectic efund. <u>SUR</u> lete a this t ve the nized o rnad t true.	nd correct to the b form acourately of a and belief, they of the organization (ERO) to send an of the transmission (ERO) to send the transmission (ERO) to
990/990 Under penalties of organization's 200 rue, correct, and electronic refuin. organization's refuin. (b) en indication of Sign Here Sign Partill Decla Partill Decla I declare that I I of my knowledge the deta on the forms and inform for Authorized e-fr return and accor This Paid Preparer ERO's signatu Use Only Firm's yourks	-EZ/990-PF of perjury, 7 electron 8 complete. 1 consent in to the any ratuad fure of offi- aration of have review . If I am of return. The pation to be the Providers mpanying s declaration	Inctronic dis (as specifical (as specifical (as specifical (as specifical (as specifical (as specifical (as specifical) (as and to react (b) (a) (b) (c)	closure consent y identified in Parat accompanying clare that the ny intermediate easine from the easine from the easine from the easine for any del w/cV/ Return Origin organization's or, 1 am not re officer will have officer will have the Paid Preparation of w the Paid Preparation of w the Paid Preparation of w CV & CV CV T & YOUNG 6TH AVENT	t contained with til above) to the sel ficer of the above schedules and si amount in Part I service provider, IRS (a) an acknr ay in processing the Date ator (ERO) and return and that if sponsible for revie re followed all oth ref, under pensitie d to the best of	In this return lected state ager e named organisatements and above is the above is the transmitter, is owledgement of e return or return or return or return me entries on f events the return mbefore I sub per requirement se of perjury I of f my knowledge wiledge OP Check also p prepare	allowing disc cy(ies) nizetion and th to the best of amount shown or electronic m receipt or rea d, and (d) the dat SR_VP/ Title ar (see Instruct form 8453-EO a n and oniy dec mit the return, a in Pub 4163 declare that 1 h e and belief t if Check at set- er XI emplo	iosure it at I my kno on their iturn orl son for itions) recompt recompt in independent for red in in son	e exa vivadgu, copy ginator ejectic efund. <u>SUR</u> efund. <u>SUR</u> eta a ta bis t ve the nized of rue.	nd correct to the b a off the organization of the organization of the organization (ERO) to send a of the transmission EIR a of the transmission EIR a officer a copy of <i>a</i> - <i>File</i> (MeF) Information the above organization correct, and completion SSN or PTIN DOL 9 - 944 SSN or PTIN DOL 9 - 944 SSN or PTIN DOL 9 - 944 SSN or PTIN SSN or PTIN SS
990/990 Under penalties of organization's 200 rue, correct, and electronic refuin. organization's refuin. organization's refuin. (b) en indication of Sign Partill Decla Partill Decla Partill Decla I declare that I I of my knowledge the data on the forms and inform for Authorized e-fr return and accor This Paid Preparer ERO's ERO's signatu Use Firm's Only Support Signatu Si	-EZ/990-PF of perjury, 7 electron 1 complete 1 complete 1 complete 1 complete 1 complete 1 complete 1 complete any ratura of the any ratura of the any ratura of the any ratura of the any ratura of the ration of the return. The raturn to be return. The raturn to be return. The raturn to be return. The raturn to be return. The ratura of the return to be return. The ratura of the return to be return to be re	lactronic dis (as specifical I declare the c return and I further de to allow i RS and to r offset. (c) he Electronic ed the above inly a collect organization filed with t if i am also chedules and a based on all ERNA based on all ERNA is 1901 BT RI	closure consent y identified in Parat accompanying clare that the ny intermediate ecsive from the eason for any del y/CVJ Return Origin organization's or, 1 am not re officer will have officer will have the Paid Preparation of w Note Paid Preparation of w	t contained with t I above) to the sel ficer of the above schedules and si amount in Part I service provider, IRS (a) an acknr ay in processing the Date ator (ERO) and return and that if sponsible for revie re followed all other rer, under penaltie d to the best of hich I have any kno U.S. LLP JE NORTH, ST above return and	In this return lected state ager e named organizatements and above is the itransmitter, in owledgement of a return or return or return or return per legent of a return or return m before I sub iter requirement is of perjury I of f my knowledg wiedge 09 Check also p prepar CE. 1200	allowing disc cy(ies) nzation and th to the best of amount shown or electronic in receipt or rea- d, and (d) the dat SR VP/ Title ar (see Instruc- rem 8453-EO a n and only dac and only dac in and belief the and belief the if Check and belief the if Check and belief the if Check and belief the if State if St	At I hav my kno on the sturn orl- son for s e of any r TREA (tions) re comp are that I will gr Modern hoy are red Elig Phin ments, an	y the e exa wiadgu o copy ginato o copy ginato e copy effective efund. SUR SUR lefe a this i this i the the the the the the the the the the	INS of this Po mined a copy of a and belief, they of the organization (ERO) to send an of the transmission (ERO) to send the
990/990 Under penalties of organization's 200 rue, correct, and electronic retuin. organization's retuin. (b) en indication of Sign Here Sign Part III Decla I declare that I I of my knowledge the deta on the forms and inform for Authorized e-fi return and accor This Paid Preparer ERO's Signatu Use Only Signatu Under penetiles of and bellef, liney are tr	-EZ/990-PF of perjury, 7 electron i complete. J consent i complete. J consent i consent any return of the env return of the return. The nation to be return. The nation to be return. The nation to be declaration neme (or if self-employe s, and 21P cod perjury. I di us, correct, an Proparer's	lactronic dis (as specifical I declare the c return and I further de to allow i RS and to r offset. (c) he Electronic ed the above inly a collect organization filed with t if i am also chedules and a based on all ERNA based on all ERNA is 1901 BT RI	closure consent y identified in Parat accompanying clare that the ny intermediate ecsive from the eason for any del y/CVJ Return Origin organization's or, 1 am not re officer will have officer will have the Paid Preparation of w Note Paid Preparation of w	t contained with it I above) to the sel ficer of the above schedules and si amount in Part I service provider, IRS (a) an acknr ay in processing the Date ator (ERO) and return and that if sponsible for revier re signed this for ve followed all other at to the best of hich I have any kno- U.S. LLP JE NORTH, ST	In this return lected state ager e named organizatements and above is the itransmitter, in owledgement of a return or return or return or return per legent of a return or return m before I sub iter requirement is of perjury I of f my knowledg wiedge 09 Check also p prepar CE. 1200	allowing disc cy(ies) nizption and th to the best of amount shown or electronic in receipt or rea- d, and (d) the det SR_VP/ Title ar (see Instruct form 8453-EO a mend only dec mit the return. a in Pub 4163 declare that 1 h a and belief th if Check and belief th form 25203 madulas and state preparer has any king Check if sef-	At I hav my kno on the sturn off son for s s of any r TREA (tions) re comp are that I will gr Kodern Noe exam hoy are red Eli <u>n</u> nents, an nowsedge.	e exa wiadgu o copy ginator ejectic efund. <u>SUR</u> lete a this i the a this i true, <u>EROs</u> <u>inad ti</u> true, <u>inad ti</u>	nd correct to the b a off the organization of the organization of the organization (ERO) to send a of the transmission EIR a of the transmission EIR a officer a copy of <i>a</i> - <i>File</i> (MeF) Information the above organization correct, and completion SSN or PTIN DOL 9 - 944 SSN or PTIN DOL 9 - 944 SSN or PTIN DOL 9 - 944 SSN or PTIN SSN or PTIN SS
990/990 Onder penalties of organization's 200 rue, correct, and dectronic retuin. organization's retuin. organization's retuin. Diganization's retuin. Sign Part III Decla declare that I I of my knowledge the date on the forms and Inform for Authorized e-fr return and accor This Paid Preparer ERO's ERO's Signatu Use Firm's yourk re- ardfross Under penalties of and beller, they are tr Paid	-EZ/990-PF of perjury, 7 electron i complete. 1 consent environto the environto the environto the environto of have review . If I am of return. The tation to be declaration memory and declaration name (or i self-employe s, and ZIP cod	lactronic dis (as specifical I declare the c return and I further de to allow i RS and to r offset. (c) he Electronic ed the above inly a collect organization filed with t if i am also chedules and a based on all ERNA based on all ERNA is 1901 BT RI	closure consent y identified in Parat accompanying clare that the ny intermediate ecsive from the eason for any del y/CVJ Return Origin organization's or, 1 am not re officer will have officer will have the Paid Preparation of w Note Paid Preparation of w	t contained with t I above) to the sel ficer of the above schedules and si amount in Part I service provider, IRS (a) an acknr ay in processing the Date ator (ERO) and return and that if sponsible for revie re followed all other rer, under penaltie d to the best of hich I have any kno U.S. LLP JE NORTH, ST above return and	In this return lected state ager e named organizatements and above is the transmitter, in owledgement of e return or return or return m before I sub ber requirement es of perjury I of f my knowledg wiedge 09 Check also p prepar CE. 1200	allowing disc cy(ies) nization and th to the best of amount shown or electronic in receipt or rea- d, and (d) the dat SR_VP/ Title ar (see Instruc- read only dec mut the return, a in Pub 4153 declare that 1 h- e and belief t if Check and is the complete one state preparer has any ki	At I hav my kno on the sturn orl- son for s s of any r TREA (tions) re comp are that I will gr Modern ive exam hoy are Eli <u>i</u> nents, an nowsedge.	e exa wiadgu o copy ginato ecopy ginato ecopy ginato so copy ginato so copy econ so copy ginato so copy econ so copy ginato so copy gin so copy so copy so copy copy copy copy copy copy copy copy	A INS Of this PC mined a copy of a and belief, they of the organization r (ERO) to send an of the transmission (ERO) to send the transmission (ERO) to send
990/990 Under penalties of organization's 200 rue, correct, and electronic retuin. organization's retuin. organization's retuin. Sign Here Sign Part III Decla Part III Decla I declare that I I of my knowledge the data on the forms and inform for Authorized e-fr return and accor This Paid Preparer ERO's ERO's signatu Use Firm's only source of artdross Under panalties of and beller, they are tr	-EZ/990-PF of perjury, 7 electron i complete. J consent i complete. J consent i consent any return of the env return of the return. The nation to be return. The nation to be return. The nation to be declaration neme (or if self-employe s, and 21P cod perjury. I di us, correct, an Proparer's	Inctronic dis (as specifical I declare the c return and I furthar de to allow i RS and to r offset. (c) D Electronic ad the above organization filed with t If I am also chedules and a based on all <u>ERNE</u> D <u>ERNE</u> D BTRI Declare that I h id complete De	closure consent y identified in Parat accompanying clare that the ny intermediate ecsive from the eason for any del y/CVJ Return Origin organization's or, 1 am not re officer will have officer will have the Paid Preparation of w Note Paid Preparation of w	t contained with t I above) to the sel ficer of the above schedules and si amount in Part I service provider, IRS (a) an acknr ay in processing the Date ator (ERO) and return and that if sponsible for revie re followed all other rer, under penaltie d to the best of hich I have any kno U.S. LLP JE NORTH, ST above return and	In this return lected state ager e named organizatements and above is the transmitter, in owledgement of e return or return or return m before I sub ber requirement es of perjury I of f my knowledg wiedge 09 Check also p prepar CE. 1200	allowing disc cy(ies) nizption and th to the best of amount shown or electronic in receipt or rea- d, and (d) the det SR_VP/ Title ar (see Instruct form 8453-EO a mend only dec mit the return. a in Pub 4163 declare that 1 h a and belief th if Check and belief th form 25203 madulas and state preparer has any king Check if sef-	At I hav my kno on the sturn off son for s s of any r TREA (tions) re comp are that I will gr Kodern Noe exam hoy are red Eli <u>n</u> nents, an nowsedge.	e exa wiadgu o copy ginato ecopy ginato ecopy ginato so copy ginato so copy econ so copy ginato so copy econ so copy ginato so copy gin so copy so copy so copy copy copy copy copy copy copy copy	A INS Of this PC mined a copy of a and belief, they of the organization r (ERO) to send an of the transmission (ERO) to send the transmission (ERO) to send