Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

		nue Service		ne organiz					. 1	2000 0	nd ending	De	ecem	har	31	20 09	1	Hillian Area A
<u>A</u>	For th	e 2009 ca	alendar	year, or ta	ax year	beginnin		January		STREET, SQUARE, SQUARE,	CONTRACTOR OF THE PARTY OF THE	D	1) Fr	nplover		cation n	umber
B	check if a	applicable:	Please use IRS	C Name of			tneaste	rn Brai	n rumor	round	ation		———————————————————————————————————————		8		166144	
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	nitial ref		See	PO Box									-	(40)4)	84	13-3700	<u>, </u>
	ermina		Specific Instruc-			te or countr	ry, and Zli	P + 4										
		ed return	tions.	Atlanta,	GA 3	0342							(G Gr	oss rece	ipts \$	23	9,276
-		on pending	F Nan	ne and addr	ress of p	rincipal offic	cer:					H(a)	Is this a	group	return fo	r affiliates?	□Yes	✓ No
	ppiicatic	on penang														luded?		No
1	Tax-ex	empt status	s: 1/2 5	501(c) (3)	✓ (inser	t no.)	4947(a)(1	I) or	527								struction	ıs)
		ite: ► wv			4 (H(c) G	Group ex	cempti	on numb	er ►		
				oration T	rust 1	Association	Other	.	1	L Year	of formation					egal dom	icile:	- III.accuposa amen
De montes	art I	Summ		oration ri	1001 227	DOGGIALIOTT L												
F	T.L.					•			.!6:	ativition								
	1	Briefly de	escribe	the orga	nizatioi	n's missi	on or m	lost sigi	niicani a	cuvilles	unnort							
Φ		Provide	tundin	g for bra	ıın can	cer rese	arcii an	u patie	iii couris									
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Ë	١.																	
Activities & Governance	2	Check this	s box ►	if the o	rganizati	on disconti	nued its o	perations	or dispose	ed of more	than 25%	of its ne	et asset	is.	0 1			40
8	3	Number	of votir	ng memb	ers of	the gove	rning bo	ody (Par	t VI, line	1a).				. -	3			10
89	4	Number	of inde	pendent	voting	members	s of the	govern	ing body	(Part V	1, line 1b)		. -	4			0
¥				f employe											5			0
Cti				f voluntee				ary) .						.	6			
d	72	Total are	see unre	elated bus	siness	revenue	from Pa	art VIII.	column (C), line	12				7a			
	h	Net unre	lated h	usiness t	axable	income	from Fo	rm 990	-T, line 3	4					7b			0
	~	TTOL GITTO							Ň			Pr	rior Yea	ar		Cur	rent Yea	r
		0 . "			· /Dort	VIII lino	1h)						3	318,0)54		22	7,460
e	8	Contribu	itions a	nd grants	Part	VIII, IIIIe	0~\											
Revenue	9	Program	service	e revenue	Part	VIII, IIIIe	29) . Visas i							20,3	323		1	1,816
Re	10	Investme	ent inco	me (Part	VIII, C	olumn (A), lines	3, 4, an	a /a) .		-						ALL PROPERTY OF	
	11	Other re	venue ((Part VIII, add lines 8	COIUM	n (A), line	et equa	1, 00, 90	Il colum	n (A) line	- 12)			388,3	337		23	9,276
_												-	-	300.0				7,500
	13	Grants a	and sim	ilar amou	ints pa	id (Part I	X, colur	nn (A),	lines 1-3)	• • • -			,,,,,,	300		.,	.,
	14	Benefits	paid to	or for m	nember	's (Part I)	(, colun	nn (A), li	ne 4) .		: :.·-			7.0	650			1,500
ses	15	Salaries,	other c	ompensat	ion, em	ployee b	enefits (Part IX,	column (A	A), lines (5–10)			1,0	000			1,500
Expenses	16a	Professi	onal fur	ndraising t	fees (P	art IX, col	lumn (A)	, line 11	e)		: .:		850578-8598	LARSENS AT	N 25 20 10	C-19596		6145 - ASS
Ä	b	Total fun	draisin	g expense	es (Part	IX, colum	nn (D), lir	ne 25) ▶		25	324							
	17	Other ex	cpenses	s (Part IX,	, colum	nn (A), lin	es 11a-	-11d, 11	lf-24f) .		-			-	295			10,516
	18	Total ex	nenses	Add line	es 13-1	17 (must	equal F	art IX.	column (A), line	25)			337,				79,516
	19	Revenue	less ex	penses. S	Subtrac	t line 18	from line	e 12 .							432			9,760
20	3										1	Beginnin	g of Cu	ırrent	Year	En	d of Yea	
sets or	20	Total ac	cote (D	art X, line	16)				100 100 100		L		;	342,	602		38	35,672
				(Part X, li									;	340,	000			0
Net A	22	Not acc	ets or fi	und balar	nces. S	Subtract I	ine 21 f	rom line	e 20					2,	602		38	35,672
	art II			Block	1000. 0													
	ai t II				declare t	hat I have e	xamined 1	this return	. including	accompar	nying sched	ules and	staten	nents,	and to	the best	of my ki	nowledge
		and beli	ef, it is tr	of perjury, I oue, correct,	and con	nplete. Dec	laration of	f preparer	(other than	officer) is	s based on	all inform	nation	of wh	ich ple	parer has	s any kno	wledge.
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M	av the	IRS disc	cuss thi	is return v	with th	e prepare	er show	n above	e? (see ii	nstructio	ons) .					V	Yes	No
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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2009 ca	alendar	year, or tax ye	ar beginnin		nuary 1			Dec	embe		20 09		
	Check if ap		Please	C Name of organ	ization Sou	theastern	Brain Tum	or Founda	ation				ridentification		mber
_	Address c		use IRS label or	Doing Busines							-	58	2166	144	
_	Name cha	2017/2012/1900	print or	Number and stree	et (or P.O. box i	f mail is not de	elivered to street a	ddress)	Room/suit	е			e number		
_	nitial retu		type. See	PO Box 4224							(.	404)	843-3	3700	
	Terminate	700000	Specific Instruc-	City or town, s	tate or countr	y, and ZIP +	- 4								
	Amended	1000	tions.	Atlanta, GA	30342						and the same of	Gross rece		- Continues de la continue de la con	,276
	Application		F Nar	me and address of	principal office	cer:				H(a) Is	this a gro	oup return fo	or affiliates?	/es	V No
/	чррисацоп	pending								H(b) A	re all af	filiates inc	cluded?	/es	No
1	Tax-exer	npt status	s: 7 !	501(c) (3)◀ (ins	ert no.)	4947(a)(1) c	or 527						st. (see instru		3)
		e: ► wv								H(c) Gro	oup exem	ption numb	oer ▶		
				poration Trust	Association [☐ Other ▶		L Year	of formation	on:	M	State of le	egal domicile	:	
-	-	Summ													
	4 D			the organizat	ion's missi	on or mos	et significant	activities							
	1 B	Provide	fundir	ng for brain ca	ncer rese	arch and	patient cou	nseling/s	upport.						
ce		TOVIGE	Idildi	ig for brain oc	111001 1000	aron and	<u> </u>								
Activities & Governance															
/err	-			if the organiz	ation diagonti	nuad ita ana	rations or dispo	sed of more	than 25%	of its net	assets				
Go	2 0	heck this	s box ►	I the organiz	auon uisconu	mueu na ope	(Dort VI lir	20 10)	, tritair 2070	Of its flot	0000101	3			10
∘ઇ	3 N	lumber	of votil	ng members o	it the gove	ming boa	y (Part VI, III	it ia)	 U lina 1h			4			0
ties	4	lumber	of inde	ependent votin	g member	s of the g	overning boo	ay (Part v	i, line in))		5			0
ţŅ	5 T			of employees (I								6			
Ac	6 T	otal nu	mber o	of volunteers (e	stimate if I	necessary	"					7a			
	7a T	otal gro	oss unr	elated busines	s revenue	from Part	VIII, column	(C), line	12			7b			0
	b N	let unre	elated b	ousiness taxab	le income	from Forn	n 990-1, line	34	· · · · ·		r Year	110	Curren	t Year	
									-	1110		3,054			7,460
ø	8 (and grants (Pa							310	5,034		dia dia	,+00
nue	9 F			e revenue (Pa							21	0,323		4.	1,816
Revenue	10 li	nvestm	ent inco	ome (Part VIII,	column (A), lines 3,	4, and 7d)		-		21	0,323		1	1,010
ш.	144 (Other revenue (Part VIII, colu			t VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						200	227		230	9,276
											-	8,337			Maria Maria Maria
	13 (Grants a	and sim	nilar amounts p	oaid (Part I	X, columr	n (A), lines 1-	-3)	-		30	0,000		13	7,500
11	14 E	3enefits	paid to	o or for memb	ers (Part I)	X, column	(A), line 4)		-			4.050			1.500
ses	15 8	Salaries,	other c	compensation,	employee b	enefits (Pa	ırt IX, column	(A), lines 5	5–10)			1,650			1,500
Expenses	16a F			ndraising fees					-						
X	b7	Total fur	ndraisin	g expenses (Pa	art IX, colun	nn (D), line	25) ▶	25	324						0.540
	17 (Other ex	xpense	s (Part IX, colu	ımn (A), lin	es 11a-1	1d, 11f-24f)					6,295			0,516
	18	Total ex	penses	s. Add lines 13	3-17 (must	equal Par	rt IX, column	(A), line	25)		33	7,945			9,516
	19 F	Revenue	less e	xpenses. Subtr	act line 18	from line 1	12				4	432			9,760
ō	Second								1	Beginning			End o		
sets	20	Total as	sets (P	Part X, line 16)							12.1/1	2,602		38	5,672
Net Assets or	0 21	Total lia	bilities	(Part X, line 2	6)							0,000			0
Ne.	E 22 1	Net ass	ets or t	fund balances.	Subtract	line 21 fro	m line 20.					2,602		38	5,672
E	art II	Sign	nature	Block											
No.		T			e that I have e	examined this	s return, includir	ng accompar	nying sched	dules and s	statemer	nts, and to	the best of	my kn	owledge
		and bel	ief, it is t	of perjury, I deciar rue, correct, and d	complete. Dec	laration of p	reparer (other ti	ian onicer) is	s pased on	an intorne		willon pro	sparor nao ai	.,	
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N /	lay tha			nis return with									. V Y	es [No

990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the 200	09 calendar	year, or tax year	r beginni	ing			ind ending		:	, 20	an make a
	Check if applica		C Name of organiz	ation So	utheasterr	Brain Tun	nor Found	dation		DESCRIPTION OF THE PARTY OF THE	er identification	
	Address chan	use IRS	Doing Business	As		The same same same same same same same sam				58	216614	14
_	Name change	print or	Number and street	(or P.O. bo	x if mail is not d	elivered to street	address)	Room/suite		E Telepho	ne number	
-	the state of the s	type. See	PO Box 42247	71						(404)	843-370)0
-	nitial return	Specific			ntry, and ZIP -	+ 4						
_	Terminated	Instruc- tions.	Atlanta, GA 3							G Gross red	eipts \$	
	Amended retu	F No	me and address of p	orincipal o	fficer:				H(a) Is thi	s a group return	for affiliates? Yes	✓ No
	Application pen	aing	ľ	•							ncluded? Yes	
1	Tax-exempt	etatus: [7]	501(c) (3)◀ (inse	rt no.)	4947(a)(1)	or					list. (see instructi	
		www.sbt		it noij			- Conjunt		-	exemption num		
		ization: Corp		Association	Other ▶	8	L Yea	ar of formation			legal domicile:	
-		ummary	Joration Trust	7100001411011								
	1 5	allifically	the organization	n'a mia	sion or mo	et cianificar	nt activitie	c'				
	1 Brie	tly describe	e the organization	on S mis	sorch and	natient co	unseling/	support.				
9	Pro	vide iuridii	ig for brain car	icei ies	caron and	patione		T.P.C.				
Activities & Governance												
rern			if the organiza		ationed its on	orations or dist	nosed of mo	re than 25% (of its net ass	sets		
GO	2 Chec	ck this box >	☐ If the organiza	uon discoi	illinaea its ope	trations or disp	line 1el	TO than 2070	51 110 1101 401	3		10
ಂಶ	3 Nun	nber of voti	ng members of	the gov	rerning boo	y (Part VI,	line ra).	 VI lina 1h)		4		0
lies	4 Nun	nber of inde	ependent voting	membe	ers of the g	governing b	ody (Part	vi, line rb)		5		0
tivit	5 Tota	al number o	of employees (P	art V, lir	ie 2a)							
Ac	6 Tota	al number o	of volunteers (es	stimate i	f necessary	y)						
	7a Tota	al gross uni	elated business	revenu	e from Par	t VIII, colum	nn (C), line	12		7b		0
	b Net	unrelated b	ousiness taxable	eincome	e from Forr	11 990-1, 111	le 34	· · · · ·	Prior \		Current Y	ear
								-	11101	318,054		227,460
٥	8 Cor		and grants (Part							310,034	-	21,400
nue	9 Pro	gram servic	ce revenue (Part	: VIII, lin	e 2g)					20,323		11,816
Revenue	10 Inve	estment inc	ome (Part VIII, d	column	(A), lines 3,	4, and 7d)				20,323		11,010
ш	144 Oth	er revenue	(Part VIII, colun	nn (A), li	nes 5, 6d,	8c, 9c, 10c	and 11e)		388,337		239,276
1			add lines 8 throu							300.000		137,500
	13 Gra	ints and sin	nilar amounts p	aid (Parl	t IX, colum	n (A), lines	1–3)			300,000		101,000
	14 Ber	nefits paid t	o or for member	ers (Part	IX, column	n (A), line 4)			11-11-1	1.650		1,500
d	15 Sala	aries, other o	compensation, e	mployee	benefits (Pa	art IX, colum	ın (A), lines	5-10)		1,000		1,000
Evnonces	16a Pro	fessional fu	ndraising fees (F	Part IX, c	olumn (A),	line 11e) .		5224				A MARIE AND
i		al fundraisir	ng expenses (Par	t IX, colu	umn (D), line	e 25) ▶		5324		36,295		40,516
	17 Oth	ner expense	es (Part IX, colu	mn (A), I	lines 11a-1	1d, 11f-24	f)			337,945		179,516
	18 Tot	al expense	s. Add lines 13-	-17 (mus	st equal Pa	rt IX, colum				432		59,760
_		enue less e	xpenses. Subtra	ct line 1	8 from line	12					End of Y	
SOF	lces							-	seginning of	Current Year 342,602		385,672
sset	20 Tot	al assets (F	Part X, line 16)							340,000		0
Net Assets	21 Tot	al liabilities	(Part X, line 26)						2,602		385,672
Ne	22 Net		fund balances.	Subtrac	t line 21 fro	om line 20.				2,002		303,012
F	art II	Signature	Block						ular and sto	tomonto and	to the best of my	knowleda
	U	nder penalties	of perjury, I declare true, correct, and co	that I have	e examined the eclaration of the	is return, includ preparer (other	than officer)	is based on	all information	on of which p	reparer has any l	knowledge
		na ponor, it is	1100, 0011001, 0110 01		massaman a se	S 3. (CAS)			1			
S	ign									ate		
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	P	reparer's					Date	sel	f	(see instru		
P	aid s	ignature						em	iployed ► L	_	249 04 0767	,
	enarer's -								1		248-94-0767	
		firm's name (or self-employed			ns, Robert			••	EIN	>	1 446.0	CEO
	a	ddress, and Z	IP + 4 / 4129			d, Marietta			Phone	e no. ► (40		
N.	lay the IDS	S discuss the	his return with t	he prep	arer shown	above? (se	ee instruct	tions) .			. 🗸 Yes	No

Part	
1	Briefly describe the organization's mission: Provide funding for brain cancer research and patient counseling/support.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
,	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ \$179,516 including grants of \$ \$137,500) (Revenue \$ \$227,460) Provide funding for brain cancer research and patient counseling/support.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 141028 including grants of \$ 137500) (Revenue \$) Total program service expenses \$ 141028

Par	t IV Checklist of Required Schedules	—т		
	Г		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		√
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			

	Checklist of Required Schedules (continued)			
	As and of the second arguments and arguments		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		1
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Easter		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		√
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		V
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		1	

Par	V Statements Regarding Other IRS Filings and Tax Compliance			
	Г	,	/es	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms w-2G included in line 1a. Lines -0- in not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	3.5	✓
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes" has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	30		_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
200	Prohibited Tax Shelter Transaction?	6a		/
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		1
	and services provided to the payor?	7b		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
a.	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		V
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		1
	organization, have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		1
а	Did the organization make any taxable distributions under section 4966?	9b		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			R Comment
b	Section 501(c)(12) organizations. Enter:			
11 a	Consideration members or chareholders			
a h	Cross income from other sources (Do not net amounts due or paid to other sources against			6
	amounts due or received from them	- 40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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

Sect	tion A. Governing Body and Management		T	
	1 1		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
100	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		V_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		V
6	Does the organization have members or stockholders?	6		√
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		V
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal		
	enue Code.)			
			Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a		1
lua	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
11	form?	11	1	
44 /	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
100	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		V
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	1	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
40	describe in Schedule O how this is done Does the organization have a written whistleblower policy?	13		1
13	Does the organization have a written document retention and destruction policy?	14		1
14	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	independent persons, comparability data, and contemporarieous substantiation of the deliberation and decisions	15a		1
a	The organization's CEO, Executive Director, or top management official	15b		1
b	Other officers or key employees of the organization			
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a		16a	Vesterrenin	1
	with a taxable entity during the year?			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		TORDANG MORE
_		100		
Sec	ction C. Disclosure		-	
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501()(3)S	orily)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ords c	the the	
	organization: ► AKB Solutions - Robert Prince			
	4129 Council Rock Road, Marietta, GA 30068 404-414-6650			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not co	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (c			that ap	ply)	Reportable	Reportable	Estimated
ivane and the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	-								*	
	-									
										7. 9.
										1

Part	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues		151085 76375				
	h	Total. Add lines 1a-1f		Business Code	227460			
Program Service Revenue	d e f	All other program service revenue Total. Add lines 2a–2f	 					
	4 5	Investment income (including diviother similar amounts) Income from investment of tax-exem Royalties	 pt bond	▶ L	11816			
	b c d	Less: rental expenses Rental income or (loss) Net rental income or (loss) .		> (ii) Other				
		assets other than inventory	ies	(ii) Other				
	С	dani di (1000)		▶				
Other Revenue	8a	Gross income from fundrais events (not including \$	1c).					
Othe		Less: direct expenses Net income or (loss) from fundra		events ►				
		Gross income from gaming activities See Part IV, line 19	. а					
		Less: direct expenses Net income or (loss) from gaming						
	b	Gross sales of inventory, le returns and allowances Less: cost of goods sold Net income or (loss) from sales of	. a . b	ory >				
	11a	Miscellaneous Revenue	-	Business Code				
	b c d							
		Total. Add lines 11a-11d Total revenue. See instructions.			239276			

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	27428	1	7438
	2	Savings and temporary cash investments	315174	2	378234
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	0	employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D		40-	
	b	Less: accumulated depreciation [10b]		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14	Intangible assets		15	
	15 16	Other assets. See Part IV, line 11	342602		385672
			340000	17	
	17	Accounts payable and accrued expenses		18	
	18 19	Grants payable		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
3bil	~~	employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	340000	26	
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
anc	07		2602	27	385672
Sali	27	Unrestricted net assets		28	Mariana and Alexander and Alex
0	29	Permanently restricted net assets		29	
Ë	23	Organizations that do not follow SFAS 117, check here ▶ □			
Net Assets or Fund Balances		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	- Arriva
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	205070
Ne	33	Total net assets or fund balances	2602	-	385672 385672
_	34	Total liabilities and net assets/fund balances	342602	34	303072

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗸 Accrual 🗆 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		V
С				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
				.000

Form 990 (2009)