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Form **990**

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

2008

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.

A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization GEORGIA ADVOCACY OFFICE, INC.		D Employer identification number 58-1299961	
		Doing Business As		E Telephone number (404) 885-1234	
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,196,624.	
		150 EAST PONCE DELEON AVENUE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City or town, state or country, and ZIP + 4 DECATUR, GA 30030		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
F Name and address of principal officer: RUBY MOORE 150 E. PONCE DE LEON AVENUE, STE 430, DECATUR		H(c) Group exemption number ▶			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.THEGAO.ORG					
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1977	M State of legal domicile GA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROTECT THE RIGHTS OF, AND TO ADVOCATE FOR INDIVIDUALS WITH DISABILITIES WITHIN THE STATE OF GA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	35
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,843,878.	3,181,849.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,003.	9,694.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,176.	5,081.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,969,057.	3,196,624.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,723,172.	2,013,609.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11-13/d, 11f-24f)		1,287,842.	1,164,791.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,011,014.	3,178,400.	
19 Revenue less expenses. Subtract line 18 from line 12	<41,957.>	18,224.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	570,518.	611,296.
	22 Net assets or fund balances. Subtract line 21 from line 20	257,721.	280,275.
		312,797.	-331,021.

Part II Signature Block

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

Sign Here ▶ *Ruby Moore* Signature of officer | **6/1/10** Date

RUBY MOORE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

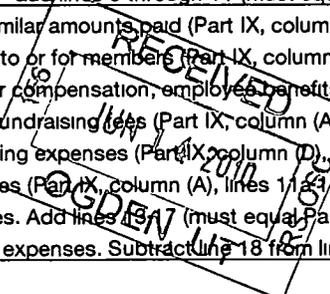
Preparer's signature ▶ *James H. Helth* | Date **4-23-10** | Check if self-employed | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **JONES AND KOLB**
10 PIEDMONT CTR, STE 100
ATLANTA, GA 30305

EIN ▶ | Phone no ▶ **(404) 262-7920**

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

SCANNED JUL 27 2010



14 P

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO PROTECT THE RIGHTS OF, AND TO ADVOCATE FOR INDIVIDUALS WITH DISABILITIES WITHIN THE STATE OF GEORGIA.

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

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

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

If "Yes", describe these changes on Schedule O.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,059,177. including grants of \$) (Revenue \$) PADD:

THE CHILDREN'S FREEDOM INITIATIVE (CFI) IS A COLLABORATIVE EFFORT OF THE GAO, GEORGIA COUNCIL ON DEVELOPMENTAL DISABILITIES, INSTITUTE ON HUMAN DEVELOPMENT AND DISABILITIES, PEOPLE FIRST OF GEORGIA, AND THE STATEWIDE INDEPENDENT LIVING COUNCIL (SILC). CFI IS A STATEWIDE EFFORT TO END THE INSTITUTIONALIZATION OF CHILDREN, AND EVENTUALLY OF ALL PERSONS, WITH DISABILITIES. CFI ACHIEVES THIS GOAL THROUGH CHANGING LEGISLATION, TELLING CHILDREN'S STORIES, COALITION BUILDING, ELEVATING THE ISSUE, AND REQUESTING RESOURCE ALLOCATION IN THE BUDGETS OF VARIOUS STATE ORGANIZATIONS. GAO IDENTIFIED 81 CHILDREN BY OBTAINING A LIST OF CHILDREN RESIDING IN STATE AND PRIVATE ICFS/DD FROM THE STATE MEDICAID

4b (Code:) (Expenses \$ 399,992. including grants of \$) (Revenue \$) PAIR:

GAO PARTICIPATED ON THE MONEY FOLLOWS THE PERSON (MFP) STEERING COMMITTEE TO ENSURE THAT THE INDEPENDENT LIVING PHILOSOPHY IS FOLLOWED, THAT PERSONS WITH DISABILITIES ARE GIVEN CHOICES, AND THAT ALL PERSONS WITH DISABILITIES ARE INCLUDED IN THE MFP PLANNING PROCESS. THIS YEAR, GAO MONITORED THE TRAINING PROVIDED TO THE TRANSITION COORDINATORS ABOUT LOCATING AFFORDABLE AND ACCESSIBLE HOUSING FOR INDIVIDUALS TRANSITIONING FROM NURSING FACILITIES UNDER MFP. ALSO, GAO IS ADVOCATING FOR PEER SUPPORT SERVICES TO BE PROVIDED UNDER MFP.

GAO HAS FORMED A COALITION WITH THE GEORGIA COUNCIL ON DEVELOPMENTAL

4c (Code:) (Expenses \$ 947,554. including grants of \$) (Revenue \$) PAIMI:

GAO IS SUPPORTING INDIVIDUALS WITH DISABILITIES WHO ARE CONFINED TO STATE HOSPITALS IN THEIR DISCHARGE PLANNING PROCESS ON AN INDIVIDUAL LEVEL AND A SYSTEMIC LEVEL. THE STATE OF GEORGIA ENTERED INTO A VOLUNTARY COMPLIANCE AGREEMENT (AGREEMENT) WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE FOR CIVIL RIGHTS (OCR). THE AGREEMENT IS INTENDED TO RESOLVE A CLASS COMPLAINT FILED BY THE GAO, ATLANTA LEGAL AID SOCIETY (ALAS), AND GEORGIA LEGAL SERVICES PROGRAM (GLSP) ON BEHALF OF PEOPLE WITH DISABILITIES WHO ARE ILLEGALLY AND UNNECESSARILY INSTITUTIONALIZED IN GEORGIA. THIS YEAR, GAO WORKED WITH OLMSTEAD PLANNING COMMITTEE MEMBERS TO BRIEF THEM ON THE UNITED STATES

4d Other program services. (Describe in Schedule O.) (Expenses \$ 765,930. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,172,653. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
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? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	9		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b 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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 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 of interest 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 records of the organization: **▶**
DONOVAN HYLTON - (404) 885-1234
150 EAST PONCE DE LEON AVE, STE 430, DECATUR, GA 30030

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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BERNARD BAKER SECRETARY	1.00	X						0.	0.	0.
GORDON DRENNEN TREASURER	1.00	X						0.	0.	0.
JOHN GAMBLE BOARD MEMBER	0.50	X						0.	0.	0.
WOODROW HALL BOARD MEMBER	0.50	X						0.	0.	0.
DENISE SHAW BOARD MEMBER	0.50	X						0.	0.	0.
A.O. TINUBU PRESIDENT	1.00	X						0.	0.	0.
RAFAEL UZCATEGUI BOARD MEMBER	0.50	X						0.	0.	0.
KAYTHA BARTON BOARD MEMBER	0.50	X						0.	0.	0.
MARGARET SUMMER BOARD MEMBER	0.50	X						0.	0.	0.
RUBY MOORE EXECUTIVE DIRECTOR	45.00					X		110,318.	0.	0.

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	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	3161649.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,200.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			3,181,849.				
	Program Service Revenue	2 a CONTRACT INCOME	Business Code	900099	9,694.	9,694.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				9,694.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,081.			5,081.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a								
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				3,196,624.	9,694.	0.	5,081.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	110,318.	110,318.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,545,592.	1,545,538.	54.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,116.	26,116.		
9 Other employee benefits	216,373.	216,373.		
10 Payroll taxes	115,210.	115,203.	7.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	59,267.	58,828.	439.	
14 Information technology	7,337.	7,336.	1.	
15 Royalties				
16 Occupancy	183,334.	183,327.	7.	
17 Travel	114,504.	114,458.	46.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	80,898.	80,897.	1.	
20 Interest	6,934.	6,934.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,989.	19,922.	67.	
23 Insurance	3,178.	3,178.		
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	374,819.	374,819.		
b CONTRACTS	214,351.	214,351.		
c MISCELLANEOUS EXPENSES	40,452.	35,448.	5,004.	
d DUES AND SUBSCRIPTIONS	32,550.	32,429.	121.	
e INTERPRETIVE SERVICES	16,979.	16,979.		
f All other expenses	10,199.	10,199.		
25 Total functional expenses. Add lines 1 through 24f	3,178,400.	3,172,653.	5,747.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,224.	1	1,700.
	2 Savings and temporary cash investments	150,435.	2	225,758.
	3 Pledges and grants receivable, net	327,286.	3	326,104.
	4 Accounts receivable, net	2,914.	4	9,652.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,530.	9	4,261.
	10a Land, buildings, and equipment: cost basis	10a 211,242.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 179,906.	49,942.	10c 31,336.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	33,187.	15	12,485.
16 Total assets. Add lines 1 through 15 (must equal line 34)	570,518.	16	611,296.	
Liabilities	17 Accounts payable and accrued expenses	57,699.	17	73,191.
	18 Grants payable		18	
	19 Deferred revenue	3,306.	19	44,895.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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		24	
	25 Other liabilities. Complete Part X of Schedule D	196,716.	25	162,189.
	26 Total liabilities. Add lines 17 through 25	257,721.	26	280,275.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	292,797.	27	311,021.
	28 Temporarily restricted net assets	20,000.	28	20,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	312,797.	33	331,021.
	34 Total liabilities and net assets/fund balances	570,518.	34	611,296.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 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?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2973937.	3133010.	3231555.	2843878.	3181849.	15364229.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	2973937.	3133010.	3231555.	2843878.	3181849.	15364229.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						15364229.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2973937.	3133010.	3231555.	2843878.	3181849.	15364229.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,956.	6,138.	4,947.	4,176.	5,081.	22,298.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,256.	9,568.	32,718.	121,003.	9,694.	181,239.
11 Total support. Add lines 7 through 10						15567766.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.69 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.28 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **GEORGIA ADVOCACY OFFICE, INC.** Employer identification number **58-1299961**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		211,242.	179,906.	31,336.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				31,336.

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

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

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

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

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED LIABILITIES	133,022.
SHORT-TERM CAPITAL LEASE OBLIGATION	12,923.
LONG-TERM CAPITAL LEASE OBLIGATION	16,244.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	162,189.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization

GEORGIA ADVOCACY OFFICE, INC.

Employer identification number
58-1299961

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

AGENCY AND FROM MEETING CHILDREN WHO ARE AT RISK OF

INSTITUTIONALIZATION, PROVIDED INDIVIDUAL PROTECTION AND ADVOCACY,

DEFLECTED INSTITUTIONAL PLACEMENT OF CHILDREN, PROVIDED TECHNICAL

ASSISTANCE TO FACILITY ADMINISTRATORS, STATE AGENCIES, AND CHILD

PROTECTION CASEWORKERS REGARDING AVAILABLE COMMUNITY-BASED RESOURCES

INCLUDING EPSDT, PREPARATION OF NECESSARY LITIGATION, AND OVERSIGHT OF

DISCHARGE TO APPROPRIATE COMMUNITY SETTINGS. AS A RESULT, DOZENS OF

CHILDREN HAVE MOVED OUT STATE AND NURSING FACILITIES, AND MANY

INSTITUTIONAL PLACEMENTS OF CHILDREN HAVE BEEN DEFLECTED.

THE GAO IDENTIFIED NINE CHILDREN RESIDING IN AN ALABAMA PEDIATRIC

NURSING FACILITY. GAO COLLABORATED WITH THE ALABAMA PROTECTION AND

ADVOCACY SYSTEM TO MEET ALL NINE CHILDREN AND HAS INITIATED ADVOCACY ON

THEIR BEHALVES TO BRING THEM HOME TO GEORGIA WITH APPROPRIATE SUPPORTS.

GAO CONTINUED ITS COLLABORATION WITH OTHER ADVOCACY ORGANIZATIONS AND

STAKEHOLDERS FOR THE INCREASED FUNDING OF COMMUNITY BASED SUPPORTS AND

SERVICES FOR PEOPLE WITH DISABILITIES THROUGH THE UNLOCK THE WAITING

LIST CAMPAIGN. THIS YEAR, THE LEGISLATURE ALLOCATED 150 OF THE

RECOMMENDED WAIVER SERVICES FOR PERSONS ON THE MENTAL RETARDATION

WAIVER PROGRAM WAITING LIST. ALSO, 100 NEW WAIVER SERVICES UNDER THE

INDEPENDENT CARE WAIVER PROGRAM UNDER THE MONEY FOLLOWS THE PERSON

GRANT WERE ALLOCATED TO SUPPORT INDIVIDUALS WITH PHYSICAL DISABILITIES

AND BRAIN OR SPINAL CORD INJURIES TO MOVE OUT OF NURSING FACILITIES

INTO THEIR COMMUNITIES. GAO PROVIDED INDIVIDUAL PROTECTION AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

GEORGIA ADVOCACY OFFICE, INC.

Employer identification number

58-1299961

ADVOCACY, PARTICIPATION IN THE STEERING COMMITTEE, MEETINGS WITH LEADERSHIP OF THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH AND THE GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES, AND PROVIDED SUPPORT AND TECHNICAL ASSISTANCE TO INDIVIDUALS AND FAMILIES APPLYING FOR SERVICES AND APPEALING DENIALS.

IN 2007, GAO FILED SUIT TO ENFORCE A CHILDS (CM) RIGHTS UNDER THE EARLY PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT SERVICES PROVISIONS OF THE MEDICAID ACT (42 U.S.C. SECTION 1396D(R)) IN MOORE V. MEDOWS. AFTER GAO WON A SIGNIFICANT VICTORY IN FEDERAL COURT THAT IMPACTED MORE THAN 800,000 CHILDREN IN GEORGIA WHO ARE ELIGIBLE FOR MEDICAID, THE DEPARTMENT OF COMMUNITY HEALTH APPEALED THE DISTRICT COURT'S OPINION THAT STATES PARTICIPATING IN THE MEDICAID PROGRAM DO NOT HAVE THE DISCRETION TO DENY FUNDING FOR TREATMENTS AND SERVICES LISTED IN THE EPSDT'S PROVISION OF THE MEDICAID ACT WHEN PRESCRIBED BY A TREATING PHYSICIAN.

AFTER CONSIDERING THE BRIEFS AND HEARING ORAL ARGUMENT FROM THE PARTIES IN MARCH 2009, THE UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT ISSUED ITS DECISION ON THE STATE'S APPEAL IN MAY 2009, HOLDING THAT BOTH THE STATE AND THE TREATING PHYSICIAN HAVE ROLES IN DETERMINING WHAT IS MEDICALLY NECESSARY FOR A MEDICAID-ELIGIBLE CHILD UNDER EPSDT.

CM'S CASE IS BACK IN FRONT OF THE SAME JUDGE IN THE DISTRICT COURT WHO DECIDED IT AND WHO ALSO HAS BEFORE IT THE RELATED CASE GAO FILED ON

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

GEORGIA ADVOCACY OFFICE, INC.

Employer identification number

58-1299961

BEHALF OF MH, HUNTER V. GMCF. THE PRELIMINARY INJUNCTION ENTERED IN THE HUNTER CASE, IN WHICH THE DISTRICT COURT ALLOWED THE STATE TO HAVE A VERY LIMITED SCOPE OF REVIEW OF THE PRESCRIPTION OF A CHILD'S TREATING PHYSICIAN, OFFERS A PREVIEW OF HOW THE COURT MAY DECIDE THE RESPECTIVE ROLES OF THE STATE AND THE TREATING PHYSICIAN IN MOORE. THE DECISION HAS IMPLICATIONS FOR THE MORE THAN 800,000 CHILDREN IN GEORGIA WHO ARE ELIGIBLE FOR MEDICAID, INCLUDING CHILDREN WITH PSYCHIATRIC DISABILITIES.

THE GAO, ATLANTA LEGAL AID SOCIETY, AND THE NATIONAL HEALTH LAW PROGRAM COLLABORATED TO TRAIN ATTORNEYS ON EPSDT. ATTORNEYS RECEIVED PLEADINGS FROM ONGOING LITIGATION IN GEORGIA REGARDING EPSDT IN ADDITION TO STATUTES, REGULATIONS, AND A POWERPOINT PRESENTATION AT THE SUTHERLAND LAW FIRM. THE PURPOSE OF THIS TRAINING WAS TO ENGAGE LOCAL ATTORNEYS TO ADVOCATE ON BEHALF OF CHILDREN IN GEORGIA BEING DENIED EPSDT AS PROVIDED BY MEDICAID.

THE GAO PROVIDES OUTREACH TO THE INTERDISCIPLINARY CLINICS FOR CHILDREN WITH DISABILITIES, INCLUDING PSYCHIATRIC DISABILITIES, LOCATED IN AN INNER CITY HOSPITAL. MOST OF THESE CHILDREN ARE AFRICAN-AMERICAN AND LIVE WITH AN ELDERLY GRANDPARENT, AN ADULT SIBLING OR OTHER RELATIVE, A PARENT WITH A DISABILITY, OR ARE IN FOSTER CARE. SOME ARE CITIZENS WHOSE PARENTS ARE UNDOCUMENTED. APPROXIMATELY 60 CHILDREN ARE SEEN EACH MONTH AT THE CLINICS; ON AVERAGE, 25% ARE CHILDREN IDENTIFIED AS BEING AT HIGHEST RISK OF ABUSE AND NEGLECT OR INSTITUTIONALIZATION. ADVOCATES PROVIDE INDIVIDUAL PROTECTION AND ADVOCACY AND SUPPORT CLINIC HEALTH

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CARE PROVIDERS AND SOCIAL WORKERS WITH INFORMATION AND REFERRALS

FOCUSED TO MEET THE INDIVIDUALIZED NEEDS OF EACH CHILD.

THE GAO GAVE THE KEYNOTE PRESENTATION TO 80 PARTICIPANTS AT THE ARC OF GEORGIA ANNUAL CONFERENCE ON "THE HEROES AMONG US," HIGHLIGHTING THE IMPORTANT ROLES PEOPLE WITH DISABILITIES PLAY IN COMMUNITY LIFE AND IN CULTURAL CHANGE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS DISABILITIES AND THE STATEWIDE INDEPENDENT LIVING COUNCIL (SILC) TO AMEND GEORGIA'S NURSE PRACTICE ACT SO THAT PEOPLE WITH DISABILITIES REQUIRING "SKILLED" NURSING SERVICES CAN REMAIN IN THE COMMUNITY RATHER THAN BEING FORCED TO RECEIVE THOSE SERVICES IN A SEGREGATED SETTING. THE COALITION IS ADVOCATING FOR THIS LEGISLATION TO BE ON THE GOVERNOR'S AGENDA FOR THE 2010 SESSION.

THIS YEAR, GAO COLLABORATED WITH THE GEORGIA STATE ADA COORDINATOR TO ADDRESS THE LEGAL ISSUES SURROUNDING PUBLIC AND PRIVATE TRANSPORTATION. AS A RESULT OF THIS COLLABORATION, GAO SUCCESSFULLY ADVOCATED FOR A PRIVATE TRANSIT COMPANY TO PURCHASE ALL LIFT-EQUIPPED VEHICLES AND ENSURE THAT THEIR DRIVERS WERE TRAINED ON WHEELCHAIR TIEDOWNS AND RESTRAINTS. GAO AND THE STATE ADA COORDINATOR ALSO COLLABORATED ON VARIOUS ISSUES SUCH AS RIGHTS VIOLATIONS EXPERIENCED BY INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING WHO REQUEST SIGN LANGUAGE INTERPRETERS IN COURT PROCEEDINGS, JAILS, DOCTORS OFFICES, AND OTHER PLACES OF PUBLIC ACCOMMODATION.

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GAO CONTINUES TO SPONSOR THE PARENT LEADERSHIP SUPPORT PROJECT (PLSP).
PLSP WAS CREATED TO INCREASE THE CAPACITY OF THE COMMUNITY TO RESPOND
TO STUDENTS WITH DISABILITIES BEING EXCLUDED FROM THE NEIGHBORHOOD
CLASSROOM AND DENIED HIGH QUALITY INSTRUCTION. THE PROJECT HAS
GRADUATED 215 TRAINED ADVOCATES WHO ARE ASSISTING STUDENTS WITH
DISABILITIES THROUGHOUT THE STATE AND HAS HAD A POSITIVE DIRECT IMPACT
ON AT LEAST 2100 FAMILIES IN 100 COUNTIES.

GAO CONTINUES TO HOST EMPLOYMENT FIRST GEORGIA (EFG), A BROAD
CROSS-DISABILITY POLICY CHANGE AND TECHNICAL ASSISTANCE INITIATIVE TO
INCREASE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH SIGNIFICANT
DISABILITIES STATEWIDE. THIS YEAR WE SUPPORTED 40 EMPLOYMENT STEWARDS
STATEWIDE TO SUPPORT INDIVIDUALS WITH SIGNIFICANT DISABILITIES TO
OBTAIN EMPLOYMENT.

GAO SPONSORS THE GEORGIA MICROBOARD ASSOCIATION LED BY DR. RUTHIE
BECKWITH AND MS. NANCY VARA. MICROBOARDS ARE NONPROFIT CORPORATIONS
COMPRISED OF FRIENDS, FAMILY MEMBERS, AND SUPPORTERS OF AN INDIVIDUAL
WITH DISABILITIES WHOSE SOLE MISSION IS TO PROCURE AND OVERSEE SUPPORTS
AND SERVICES TO THAT PERSON. THE MICROBOARD ASSOCIATION IS COMPRISED OF
APPROXIMATELY 35 PEOPLE WHO HAVE MET PERIODICALLY THIS YEAR TO FORM
MICROBOARDS AS AN ALTERNATIVE TO THE TRADITIONAL PROVIDER NETWORK.

GEORGIA HAS NO LEGAL OR CIVIL RIGHTS PROTECTIONS FOR STUDENTS IN PUBLIC
SCHOOLS THAT EXPERIENCE RESTRAINT AND SECLUSION WHILE ENROLLED IN

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EDUCATIONAL SETTINGS. GAO HAS INVESTIGATED NUMEROUS INCIDENTS WHERE THESE PRACTICES HAVE HARMED STUDENTS AND STAFF IN PUBLIC SCHOOLS. THESE INVESTIGATIONS HAVE REINFORCED THE NEED FOR A STATE BOARD OF EDUCATION RULE PROHIBITING THE USE OF SECLUSION AND GREATLY REDUCING THE USE OF PHYSICAL RESTRAINT IN GEORGIA'S SCHOOLS. THIS YEAR GAO COLLABORATED WITH THE GEORGIA DEPARTMENT OF EDUCATION IN DRAFTING OF A PROPOSED RULE AND PROVIDED INPUT TO THE STATE ADVISORY PANEL ON SPECIAL EDUCATION REGARDING THE NEED FOR THESE PROTECTIONS. GAO IS ALSO COORDINATING THE ADVOCACY COMMUNITY'S INVOLVEMENT REGARDING REDUCING THE USE OF PHYSICAL RESTRAINT IN GEORGIA'S SCHOOLS. ADDITIONALLY, WE ARE PLANNING A SERIES OF STAKEHOLDER MEETINGS ACROSS GEORGIA TO PREPARE FAMILIES AND STUDENTS TO PARTICIPATE IN THE PUBLIC COMMENT PROCESS.

GAO ATTENDED A HEARING REGARDING DISCRIMINATORY PRACTICES AFFECTING PERSONS WITH DISABILITIES WHO RESIDE IN APARTMENT COMPLEXES SUBSIDIZED BY THE ATLANTA HOUSING AUTHORITY. GAO TESTIFIED ABOUT THE DISCRIMINATORY EFFECT ON PERSONS WITH DISABILITIES, INCLUDING THE EFFECT ON INDIVIDUALS' SECTION 8 VOUCHERS. THE GAO AND ADAPT MET WITH FEDERAL HUD FAIR HOUSING DEPARTMENT TO DISCUSS DISCRIMINATORY PRACTICES RELATED TO HOUSING AND PERSONS WITH DISABILITIES. GAO SUPPORTED A SELF-ADVOCATE TO PARTICIPATE IN THIS MEETING TO DISCUSS UNFAIR HOUSING PRACTICES.

GAO IS COLLABORATING WITH THE GEORGIA COUNCIL ON DEVELOPMENTAL DISABILITIES, METRO ATLANTA RAPID TRANSIT AUTHORITY (MARTA), THE GEORGIA DEPARTMENT OF TRANSPORTATION, THE STATEWIDE INDEPENDENT LIVING

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CENTER, ADAPT, AND PEOPLE FIRST OF GEORGIA IN A WORK GROUP, "RIDES FOR ALL GEORGIANS," TO EXAMINE TRANSPORTATION BARRIERS RELATED TO GEORGIANS WITH DISABILITIES. AT TRANSPORTATION DAY AT THE CAPITOL, PEOPLE FIRST HANDED OUT FLYERS ADVOCATING FOR THE INCREASE IN FUNDING FOR PUBLIC TRANSIT. GAO IS PROVIDING TECHNICAL ASSISTANCE TO A PEOPLE FIRST OF GEORGIA MEMBER IN ADVOCATING FOR PUBLIC TRANSPORTATION TO BE CREATED IN BEN HILL COUNTY, A VERY RURAL COUNTY IN GEORGIA. PEOPLE FIRST IS PRESSURING THE COUNTY COMMISSIONERS TO CREATE PUBLIC TRANSIT. LEADERSHIP WITHIN PEOPLE FIRST HAS CONNECTED THE LOCAL CHAPTER WITH THE GEORGIA DEPARTMENT OF TRANSPORTATION TO EFFECT FASTER CHANGE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS DEPARTMENT OF JUSTICE FINDINGS IN THE STATE PSYCHIATRIC FACILITIES, THE ESSENTIAL COMPONENTS OF THE VCA (VOLUNTARY COMPLIANCE AGREEMENT) AND THE STATE'S PLANS TO DOWNSIZE AND PRIVATIZE THE STATE PSYCHIATRIC HOSPITALS. THE GAO PROVIDED NAMES OF QUALIFIED CONSULTANTS TO ASSIST THE STATE IN THE IMPLEMENTATION OF THE OLMSTEAD DECISION AND IN THE RE-BUILDING OF THE COMMUNITY MENTAL HEALTH SYSTEM. THE GAO WORKS TO REVISE THE STATE'S 2001 OLMSTEAD PLAN TO ENSURE THAT INDIVIDUALS SEGREGATED TO PSYCHIATRIC INSTITUTIONS ARE PROVIDED WITH APPROPRIATE DISCHARGE PLANS AND COMMUNITY-BASED SERVICES.

THE UNITED STATES DEPARTMENT OF JUSTICE (DOJ) AND THE STATE OF GEORGIA REACHED A SETTLEMENT AGREEMENT IN U.S. V. GEORGIA. THE GAO AND A COALITION OF ADVOCATES SUCCESSFULLY OBJECTED TO THE SETTLEMENT AGREEMENT. THE COURT ORDERED THE DOJ AND THE STATE TO MEET WITH THE

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OBJECTORS TO RESOLVE OUR OBJECTIONS. AT THE MEETING, THE PARTIES AGREED TO A PROCESS FOR THE DEVELOPMENT OF AN IMPLEMENTATION PLAN TO IMPLEMENT THE SETTLEMENT AGREEMENT, TO THE EXPANSION OF COMMUNITY-BASED SERVICES, AND TO JUDICIAL OVERSIGHT DURING THE IMPLEMENTATION OF THE AGREEMENT. THE DOJ DRAFTED A STATUS REPORT TO THE COURT THAT SET OUT WHAT THE PARTIES HAD AGREED TO ON MAY 14. THE COALITION HAS BEEN GRANTED THE STATUS OF AMICI CURIAE, OR "FRIENDS OF THE COURT," IN THE LITIGATION. IN THAT ROLE, THE COALITION HAS BEEN WORKING WITH THE DOJ TO ASSIST THE STATE IN THE DEVELOPMENT OF AN IMPLEMENTATION PLAN UNDER THE SETTLEMENT AGREEMENT. THE GAO HAS DEVELOPED A SIGNIFICANT WORKING RELATIONSHIP WITH DOJ IN PUSHING THE STATE TO DEVELOP THE IMPLEMENTATION PLAN. BASED UPON THE INFLUENCE OF THE GAO, THE DOJ HAS CLEARLY ARTICULATED THAT COMMUNITY-BASED SERVICES FOR PEOPLE WITH MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES , INCLUDING INDIVIDUALS WITH TBI, MUST BE SIGNIFICANTLY EXPANDED IN GEORGIA IN ORDER TO COMPLY WITH THE SETTLEMENT AGREEMENT AND THAT THIS EXPANSION MUST BE PART OF ANY IMPLEMENTATION PLAN. THE COALITION AND THE DOJ RESPONDED TO THE STATE'S IMPLEMENTATION PLAN SUBMITTED THIS MONTH. HOWEVER, ON SEPTEMBER 30, 2009, THE COURT REJECTED THE STATE'S IMPLEMENTATION PLAN.

GAO HAS BEEN WORKING WITH THE SPECIAL ADVISOR TO THE GOVERNOR ON MENTAL HEALTH. THE GOVERNOR APPOINTED DR. BILL MCDONALD TO THAT POSITION WHEN HE SIGNED HB 228 CREATING A NEW DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES. THE GAO HAS PARTICIPATED IN WORKGROUPS CREATED BY THE SPECIAL ADVISOR TO CREATE APPROPRIATE COMMUNITY-BASED MENTAL HEALTH SERVICES FOR GEORGIANS.

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THE GAO, IN COLLABORATION WITH THE ATLANTA LEGAL AID SOCIETY, DEVELOPED AN EDUCATION HANDOUT THAT ADVOCATES PRESENTED TO INDIVIDUALS WHO ARE FORCIBLY SEGREGATED IN TWO STATE PSYCHIATRIC INSTITUTIONS. THE PURPOSE OF THE TRAINING WAS TO SHARE INFORMATION REGARDING THE VOLUNTARY COMPLIANCE AGREEMENT WITH THE STATE OF GEORGIA IN RESPONSE TO A LAWSUIT FILED WITH THE OFFICE OF CIVIL RIGHTS ON BEHALF OF INDIVIDUALS IN STATE INSTITUTIONS. AS A PART OF THE SETTLEMENT THE STATE AGREED TO CREATE AN "OLMSTEAD PLANNING LIST." THIS LIST IS INTENDED TO FACILITATE THE DISCHARGE OF INDIVIDUALS FROM THE STATE INSTITUTIONS, BY KEEPING TRACK OF INDIVIDUALS WHO MEET THE CRITERIA FOR DISCHARGE. 131 RESIDENTS ON HOSPITAL UNITS GAINED INFORMATION ABOUT SELF-ADVOCACY TOOLS TO PROTECT THEIR RIGHTS TO COMMUNITY DISCHARGE.

THE GAO EDUCATES INDIVIDUALS WITH PSYCHIATRIC DISABILITIES IN SELF-ADVOCACY SKILLS AND CIVIL RIGHTS. THE GAO COORDINATED A SERIES OF CLASSES AT COMMUNITY MENTAL HEALTH PROVIDERS FOR INDIVIDUALS WITH PSYCHIATRIC DISABILITIES. THE CLASSES WERE TAUGHT BY THE GAO ADVOCACY EDUCATION DIRECTOR AND PAIMI COUNCIL MEMBERS, INCLUDING AN ATTORNEY, ON THE AMERICANS WITH DISABILITIES ACT, EMPLOYMENT, THE DIFFERENT METHODS OF ADVOCACY, AND THE FAIR HOUSING ACT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VARIOUS OTHER PROGRAMS TO PROTECT THE RIGHTS OF, AND TO ADVOCATE FOR INDIVIDUALS WITH DISABILITIES WITHIN THE STATE OF GEORGIA.

EXPENSES \$ 765930. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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FORM 990, PART VI, SECTION A, LINE 10: A COPY IS EMAILED TO THE FINANCE/AUDIT COMITTEE FOR REVIEW. UPON ACCEPTENCE OF THE REPORT, IT IS FILED WITH THE APPROPRIATE GOVERNING AGENCIES.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS DISCUSSED REGULARLY WITH THE GOVERNING BOARD. NEW MEMBERS HAVE TO SIGN A CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE GOVERNING BOARD DISCUSS, DELIBERATE AND APPROVE THE EXECUTIVE DIRECTOR'S SALARY INCREASE AND BONUS. THE EXECUTIVE DIRECTOR APPROVES STAFF INCREASES BASED ON MERIT AND AFTER A PERFORMANCE EVALUATION IS DONE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST OR ON THE ORGANIZATION'S WEBSITE.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization GEORGIA ADVOCACY OFFICE, INC.	Employer identification number 58-1299961
	Number, street, and room or suite no. If a P.O. box, see instructions. 150 EAST PONCE DELEON AVENUE, NO. 430	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DECATUR, GA 30030	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

DONOVAN HYLTON

- The books are in the care of ▶ **150 EAST PONCE DE LEON AVE, STE 430 - DECATUR, GA 30030**
Telephone No. ▶ **(404) 885-1234** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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Form **8868** (Rev 4-2009)