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Form **990-EZ**Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning <u>Nov 1</u> , 2009, and ending <u>Oct 31</u> , 2010	
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	C Name of organization ACTION CYCLING ATLANTA, INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 8363 City or town, state or country, and ZIP + 4 ATLANTA GA 31160
D Employer identification number 02-0645291	
E Telephone number (678) 592-5107	
F Group Exemption Number _____	
G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: <u>N/A</u>	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 240,963.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)																																																																	
REVENUE	<table border="1" style="width:100%"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td>231,716.</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td></td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td></td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td>3.</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td></td></tr> <tr><td>5b</td><td>Less cost or other basis and sales expenses</td><td>5b</td><td></td></tr> <tr><td>5c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td></td></tr> <tr><td>6</td><td>Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/></td><td></td><td></td></tr> <tr><td>6a</td><td>Gross revenue (not including \$ <u>9,244.</u> of contributions reported on line 1)</td><td>6a</td><td>9,244.</td></tr> <tr><td>6b</td><td>Less direct expenses other than fundraising expenses</td><td>6b</td><td>2,181.</td></tr> <tr><td>6c</td><td>Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td><td>6c</td><td>7,063.</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr><td>7b</td><td>Less cost of goods sold</td><td>7b</td><td></td></tr> <tr><td>7c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe ► _____)</td><td>8</td><td></td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td><td>9</td><td>238,782.</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	231,716.	2	Program service revenue including government fees and contracts	2		3	Membership dues and assessments	3		4	Investment income	4	3.	5a	Gross amount from sale of assets other than inventory	5a		5b	Less cost or other basis and sales expenses	5b		5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			6a	Gross revenue (not including \$ <u>9,244.</u> of contributions reported on line 1)	6a	9,244.	6b	Less direct expenses other than fundraising expenses	6b	2,181.	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,063.	7a	Gross sales of inventory, less returns and allowances	7a		7b	Less cost of goods sold	7b		7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8	Other revenue (describe ► _____)	8		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	238,782.
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EXPENSES	<table border="1" style="width:100%"> <tr><td>10</td><td>Grants and similar amounts paid (attach schedule)</td><td>10</td><td>198,200.</td></tr> <tr><td>11</td><td>Benefits paid to or for members</td><td>11</td><td></td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits</td><td>12</td><td></td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors</td><td>13</td><td></td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance</td><td>14</td><td></td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping</td><td>15</td><td>1,171.</td></tr> <tr><td>16</td><td>Other expenses (describe ► See Other Expenses Statement)</td><td>16</td><td>36,813.</td></tr> <tr><td>17</td><td>Total expenses. Add lines 10 through 16</td><td>17</td><td>236,184.</td></tr> </table>	10	Grants and similar amounts paid (attach schedule)	10	198,200.	11	Benefits paid to or for members	11		12	Salaries, other compensation, and employee benefits	12		13	Professional fees and other payments to independent contractors	13		14	Occupancy, rent, utilities, and maintenance	14		15	Printing, publications, postage, and shipping	15	1,171.	16	Other expenses (describe ► See Other Expenses Statement)	16	36,813.	17	Total expenses. Add lines 10 through 16	17	236,184.																																
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ASSETS	<table border="1" style="width:100%"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td>2,598.</td></tr> <tr><td>19</td><td>Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td><td>19</td><td>12,315.</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (attach explanation)</td><td>20</td><td></td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year. Combine lines 18 through 20</td><td>21</td><td>14,913.</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,598.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	12,315.	20	Other changes in net assets or fund balances (attach explanation)	20		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	14,913.																																																
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.															
(See the instructions for Part II.)															
	<table border="1" style="width:100%"> <tr> <th>(A) Beginning of year</th> <th>(B) End of year</th> </tr> <tr> <td>22 Cash, savings, and investments</td> <td>22 12,085.</td> </tr> <tr> <td>23 Land and buildings</td> <td>23 0.</td> </tr> <tr> <td>24 Other assets (describe ► See L-24 Stmt)</td> <td>24 230.</td> </tr> <tr> <td>25 Total assets</td> <td>25 12,315.</td> </tr> <tr> <td>26 Total liabilities (describe ► _____)</td> <td>26 0.</td> </tr> <tr> <td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td> <td>27 12,315.</td> </tr> </table>	(A) Beginning of year	(B) End of year	22 Cash, savings, and investments	22 12,085.	23 Land and buildings	23 0.	24 Other assets (describe ► See L-24 Stmt)	24 230.	25 Total assets	25 12,315.	26 Total liabilities (describe ► _____)	26 0.	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 12,315.
(A) Beginning of year	(B) End of year														
22 Cash, savings, and investments	22 12,085.														
23 Land and buildings	23 0.														
24 Other assets (describe ► See L-24 Stmt)	24 230.														
25 Total assets	25 12,315.														
26 Total liabilities (describe ► _____)	26 0.														
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 12,315.														

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

TEEA0812 01/30/10

SCANNED JUL 06 2011

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a ; section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41		

42a The organization's books are in care of **BRET BUSCH** Telephone no **(678) 592-7107**
 Located at **PO BOX 8363** **ATLANTA** **GA** ZIP + 4 **31160**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**

If 'Yes,' enter the name of the foreign country: **42b**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

If 'Yes,' enter the name of the foreign country: **42c**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45**

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

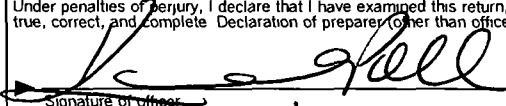
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	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.	
	 Signature of officer	6-14-11 Date
	BRET BUSCH KRISTINA L POLL Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ▶	Date ▶
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Check if self-employed <input type="checkbox"/> Preparer's Identifying Number (See instructions)
	BROWN & ASSOCIATES, PC P.O. BOX 675434 MARIETTA GA 30006	EIN ▶ Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	93,294.	92,434.	139,210.	185,402.	227,398.	737,738.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3	93,294.	92,434.	139,210.	185,402.	227,398.	737,738.
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						737,738.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	93,294.	92,434.	139,210.	185,402.	227,398.	737,738.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				222.	3.	225.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						737,963.
12 Gross receipts from related activities, etc. (see instructions)					12	101.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.96 %
16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test — 2008. 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 — 2009 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 — 2008. 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"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 support tests – 2009. 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 <input type="checkbox"/>		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

**Form 990-EZ
Part II**

Other Assets and Liabilities

2009

Name as Shown on Return
ACTION CYCLING ATLANTA, INC.

Employer Identification No
02-0645291

Line 24 - Other Assets:	Beginning of Year	End of Year
DEPOSITS	230.	230.
Totals to Form 990-EZ, Part II, line 24	230.	230.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

BANK AND CREDIT CARD FEES	11,970.
CONTRACTED SERVICES	350.
EVENTS/MARKETING	3,420.
INSURANCE	918.
PUBLIC RELATIONS EXPENSE	387.
MISCELLANEOUS	375.
TAXES AND LICENSES	145.
TECHNOLOGY EXPENSE	1,197.
TRAVEL AND CONFERENCES	7,396.
SUPPLIES	10,655.
Total	36,813.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment

AIDS RESEARCH

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CASH	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA GA 30322	NONE	190,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

HIV - RELATED COUNSELING SERVICES FOR THE FINANCIALLY NEEDY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CASH	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> POSITIVE IMPACT 139 RALPH MCGILL BLVD. NE, STE 301 ATLANTA GA 30308	NONE	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Continued

Grants and Similar Amounts Paid

Purpose of Payment

HOSPICE CARE FOR HIV INFECTED PEOPLE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>CASH</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>JERUSALEM HOUSE</u> <u>17 EXECUTIVE PARK DRIVE, NE, STE 290</u> <u>ATLANTA</u> <u>GA</u> <u>30329</u>	<u>NONE</u>	<u>6,200.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined