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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2011****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

- 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

**A** For the 2011 calendar year, or tax year beginning , and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☒ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**GEORGIA MEN'S ADVANCE, INC.**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**1458 SUMTER DRIVE SW**  
 City or town state or country ZIP + 4  
**MARIETTA GA 30064**

**D** Employer identification number  
**27-1746589**

**E** Telephone number  
**770/653-0160**

**F** Group Exemption Number ▶ **5422**

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

**I** Website: ▶ **www.gamensadvance.com**

**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

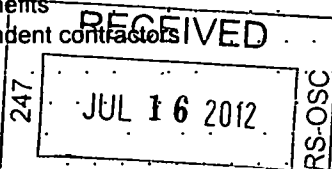
**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **192,367**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	104,714	18	Excess or (deficit) for the year (Subtract line 17 from line 16)
2	Program service revenue including government fees and contracts	2	87,653	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)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
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	0		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0		
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	0		
8	Other revenue (describe in Schedule O)	8			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	192,367		
10	Grants and similar amounts paid (list in Schedule O)	10			
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			
16	Other expenses (describe in Schedule O)	16	104,740		
17	<b>Total expenses.</b> Add lines 10 through 16	17	104,740		
18	Excess or (deficit) for the year (Subtract line 17 from line 16)	18	87,627		
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	35,617		
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	123,244		

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**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	35,617	<b>22</b> 123,244
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)		<b>24</b>
<b>25</b> Total assets	35,617	<b>25</b> 123,244
<b>26</b> Total liabilities (describe in Schedule O)		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,617	<b>27</b> 123,244

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? Provide evangelism and Bible teaching

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28** Georgia Men's Advance was organized to provide an annual retreat at Rock Eagle 4-H Camp to inspire men through religious speakers, music presentations, and workshops.

(Grants \$ ) If this amount includes foreign grants, check here ☐**28a**

93,084

**29** Throughout the year the directors of the ministry work to share the Gospel by taking the Godmobile to community events and through the newsletter

(Grants \$ ) If this amount includes foreign grants, check here ☐**29a**

4,189

**30**(Grants \$ ) If this amount includes foreign grants, check here ☐**30a****31** Other program services (describe in Schedule O)(Grants \$ ) If this amount includes foreign grants, check here ☐**31a****32** Total program service expenses. (add lines 28a through 31a)**32**

97,273

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Jim Moon 206 Sunset Drive Calhoun GA 30701	Title Pres Hr/WK 2 00	0		
Steve Koebel 905 Champions Way McDonough GA 30252	Title V Pres Hr/WK 2 00	0		
Richard L. McBain 1458 Sumter Drive Marietta GA 30064	Title Treas Hr/WK 4 00	0		
Dewey Moody PO Box 54 Grayson GA 30017	Title Secy Hr/WK 2.00	0		
Jimmy Rogers 3001 Woodward Park Way Suwanee GA 30174	Title Chairman Hr/WK 2 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	X	
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation		X
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
<b>36</b> 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
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		
<b>38 a</b> 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 tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9. <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> , section 4912 <b>40b</b> , section 4955 <b>40c</b>		
<b>b</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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed. <b>GA</b>		
<b>42 a</b> The organization's books are in care of <b>Dick McBain</b> Telephone no. <b>770/653-0160</b> Located at <b>1458 Sumter Drive SW</b> City <b>Marietta</b> ST <b>GA</b> ZIP + 4 <b>30064</b>		
<b>b</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)? If "Yes," enter the name of the foreign country: <b>42b</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. <b>44a</b>		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. <b>44b</b>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. <b>44d</b>		X
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) <b>45b</b>		X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
<b>46</b>		X

**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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
<b>47</b>		X

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

<b>48</b>		X
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- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		X
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- b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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- 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name <u>None</u> Str City <u>ST</u> ZIP	Title Hr/WK			
Name <u>None</u> Str City <u>ST</u> ZIP	Title Hr/WK			
Name <u>None</u> Str City <u>ST</u> ZIP	Title Hr/WK			
Name <u>None</u> Str City <u>ST</u> ZIP	Title Hr/WK			
Name <u>None</u> Str City <u>ST</u> ZIP	Title Hr/WK			

- f** Total number of other employees paid over \$100,000 0

- 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
Name <u>None</u> Str City <u>ST</u> ZIP		
Name <u>None</u> Str City <u>ST</u> ZIP		
Name <u>None</u> Str City <u>ST</u> ZIP		
Name <u>None</u> Str City <u>ST</u> ZIP		
Name <u>None</u> Str City <u>ST</u> ZIP		

- d** Total number of other independent contractors each receiving over \$100,000 0

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☒ Yes ☐ No

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.

<b>Sign Here</b>	Signature of officer <u>Richard L. McBain</u>	Date <u>7-12-12</u>
	Type or print name and title <u>RICHARD L. MCBAIN</u>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Joe Kilpatrick CPA</u>	Preparer's signature <u>Joe Kilpatrick CPA</u>	Date <u>7/10/2012</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00045527</u>
	Firm's name <u>Kilpatrick, Rea and Associates, PC</u>	Firm's EIN <u>58-2148562</u>			
	Firm's address <u>100 Crescent Centre Parkway Suite 710, Tucker, GA 30084</u>	Phone no. <u>(770) 455-8706</u>			

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

☐ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

GEORGIA MEN'S ADVANCE, INC.

Employer identification number

27-1746589

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	0	0	0	0	0	0
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 <b>Public support.</b> Subtract line 5 from line 4						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 <b>Total support.</b> Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	0.00%
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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 or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0		104,714	104,714
<b>2</b> 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					87,653	87,653
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6</b> <b>Total.</b> Add lines 1 through 5	0	0	0	0	192,367	192,367
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6)						192,367

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	192,367	192,367
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	0	0	0	192,367	192,367
<b>14</b> <b>First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input checked="" type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	0.00%

- 19a** **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐
- b** **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐



**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area for supplemental information with horizontal dashed lines.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

GEORGIA MEN'S ADVANCE, INC

Employer identification number  
27-1746589

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 2,200

Form 990-EZ, Part I, Line 16, Other Expenses: GA Men's Advance Event: 93,084

Form 990-EZ, Part I, Line 16, Other Expenses: Newsletter: 3,180

Form 990-EZ, Part I, Line 16, Other Expenses: Website Expense: 239

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 1,089

Form 990-EZ, Part I, Line 16, Other Expenses: Dues to FGBMFA: 250

Form 990-EZ, Part I, Line 16, Other Expenses: Credit Card Fee: 2,134

Form 990-EZ, Part I, Line 16, Other Expenses: Legal and Accounting: 935

Form 990-EZ, Part I, Line 16, Other Expenses: Office Expense: 724

Form 990-EZ, Part I, Line 16, Other Expenses: Godmobile Expense: 770

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 135

Form 990 Part II Line 26 The entity has no liabilities.

Form 990-EZ Part V Line 34 The Georgia Men's Advance was an activity formerly included in an

organization, which ceased operation in 2010. The Full Gospel Business Men's Fellowship of

America (FGBMFA) has granted the entity to be under its group exemption number. The

organization documents between the parent (FGBMFA) and the Georgia Men's Advance were to be as

of January 1, 2011, but the formalization did not occur until early 2012. Thus this Form 990EZ

for the year 2011 could not be filed until the complete recognition of the new entity by the

parent organization. A copy of the Bylaws is being submitted.

Form 990-EZ Part II Line 24 The only asset is cash.

Name of the organization

Employer identification number

GEORGIA MEN'S ADVANCE, INC.

27-1746589

Bylaws of the  
GEORGIA MENS ADVANCE,  
INC.

ADOPTED June 21, 2012

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## **ARTICLE I NAME**

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### **SECTION 1 - NAME**

The name of this organization shall be the GEORGIA MENS ADVANCE, INC., hereinafter is recognized as a chapter of Full Gospel Business Men's Fellowship in America.

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## **ARTICLE II OBJECTIVES**

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The objectives of the Committee are:

### **SECTION 1**

To provide an annual ministry event to men for the purpose of Biblical salvation, spiritual growth, teaching Biblical principles, and Christian Fellowship.

### **SECTION 2**

To promote and maintain high standards of conduct in the rendering of ministry.

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## **ARTICLE III OFFICERS AND DIRECTORS**

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### **SECTION 1 - OFFICERS**

The elected officers of the Association shall be a Chairman, President, Vice President, Secretary and Treasurer. They shall be elected by a majority of the GMA Full Committee for terms of two years.

### **SECTION 2 - DUTIES OF OFFICERS**

The duties of the officers shall be such as their titles, by general usage, would indicate and such as may be assigned to them by the majority of the officers from time to time. It shall be the particular duty of the Secretary to keep the records of the Company, and to carry on all necessary correspondence with the other officers, and members of the Board of Directors when appropriate.

### **SECTION 2a - FIDUCIARY ACCOUNTABILITY**

The Treasurer is responsible for insuring financial accountability for all Committee funds. The Treasurer will maintain a business checking account for deposit of Committee funds. The Treasurer will assist the Committee in preparing an annual budget for the Georgia Men's Advance during the month of November prior to the next event.

The Treasurer will present a detailed report of all expenditures, balance on hand and outstanding accounts payable and receivable twice per year at the June regular committee meeting, and the evaluation meeting in February.

The Treasurer will provide a detailed Profit & Loss statement within 45 days of the annual Georgia Men's Advance event and present the P&L to the Committee and Executive Committee.

The Treasurer will open an interest bearing account for deposit of any Committee funds set aside by the Committee separate from operating funds. This account will be accessible only upon signature of two of the Executive Committee members.

The Treasurer will contract with a CPA firm to complete an annual audit of Committee accounts and other financial records. Results of the audit will be reported to the Committee upon completion.

### **SECTION 3 – Executive Committee/Board of Directors**

The Executive Committee will consist of the elected officers. The Executive Committee will also serve as the Board of Directors and may be called by the President to meet apart from the full Advance Committee to discuss matters that may arise needing more immediate attention or debate. Any resolution of the Executive Committee shall be presented to the full Advance Committee for a vote, either at the next regularly scheduled meeting, or if necessary by phone or e-mail.

### **SECTION 4 - REMOVAL OF OFFICERS OR DIRECTORS**

In the event that an Officer is deemed to be incapable of fulfilling the duties for which elected, but will not resign from office voluntarily, the Officer may be removed from office under the following procedure:

- (a) A petition requiring the removal of an Officer and signed by not less than 3 of the Committee Members shall be filed with the President, or if the President is the subject of the petition, with the next-ranking officer, and shall specifically set forth the reasons the individual is deemed disqualified from further service.
- (b) Upon receipt of the petition, and not less than twenty (20) days or more than forty-five (45) days thereafter, a special meeting of the Executive Committee shall be held, and the sole business of the meeting shall be to consider the charge against the Committee Member and to render a decision on such petition.
- (c) The special meeting shall be noticed to all Committee Members at least ten (10) days prior to the meeting, and shall be conducted by the President of the Committee unless the President's continued service in office is being considered at the meeting. In such case, the next-ranking officer will conduct the meeting of the hearing by the Executive Committee. Provided a quorum is present, a three-fourths vote of the Executive Committee members present and voting shall be required for removal from office.

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## **ARTICLE IV MEETINGS**

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### **SECTION 1 – BI-MONTHLY PLANNING MEETINGS**

A meeting of the Committee shall be held every other month, on the third Thursday of the month at 7:00 pm, in a pre-determined place, or as otherwise directed by the President. These meetings will be for the planning of the annual event, and discussions of those who will participate in the event.

Absence from two consecutive regular meetings by a member without an excuse deemed valid by the Executive Committee shall be construed as resignation, except the Committee at its next regular meeting, upon review, may by majority vote, petition to reinstate such member. In the absence of reinstatement by the Committee, the vacancy shall be filled through recruitment of a qualified, recommended and accepted candidate.

## **SECTION 2 - OTHER MEETINGS**

Meetings of the Committee may be held at other times as the President or the Executive Committee may determine, or upon written request by a majority of the Committee

## **SECTION 3 - NOTICE OF MEETINGS**

Notices of all Committee meetings shall be emailed to each Committee Member. If a special meeting is called it shall be accompanied by a statement of purpose for meeting

## **SECTION 4 - QUORUM**

The quorum for the Committee shall consist of 51% of the members present at the meeting for the vote

## **SECTION 5 - ELECTRONIC TRANSATION OF BUSINESS**

To the fullest extent permitted by law, the Executive Committee or Committee may conduct business by electronic means. Minutes of such meeting will be taken and delivered to the Committee Secretary

## **SECTION 6 - ACTIONS WITHOUT MEETING.**

Unless specifically prohibited by the articles of incorporation, any action required or permitted to be taken at a meeting of the Committee meeting may be taken without a meeting if consent in writing, setting forth the action so taken, shall be signed by all of the Executive Committee. The consent shall be evidenced by one or more written approvals, each of which sets forth the action taken and bears the signature of one or more elected Officers. All the approvals evidencing the consent shall be delivered to the *Secretary* to be filed in the corporate records. The action taken shall be effective when all the Executive Committee have approved the consent unless the consent specifies a different effective date.

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# **ARTICLE V COMMITTEES**

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## **SECTION 1 – COMMITTEES**

### **SECTION 1a – PERMANENT EVENT PLANNING COMMITTEE**

A permanent Event Planning Committee will be established by the Executive Committee to plan and execute the necessary operations and logistics of putting on the annual Georgia Men's Advance event. This committee will be comprised of the Executive Committee and eight or more other committee members.

### **SECTION 1b - SPECIAL COMMITTEES**

The President shall appoint from among the **Committee**, subject to confirmation by the Board of Directors, any special and/or Ad Hoc committees as deemed necessary.

## **SECTION 2 - ORGANIZATION**

All committees shall be of such size and shall have duties, functions, and powers as assigned by the President or the Executive Committee except as otherwise provided in these Bylaws

## **SECTION 3: ATTENDANCE BY TELEPHONE**

Members of a committee may participate in any meeting through the use of a conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Such participation shall be at the discretion of the President and shall constitute presence at the meeting

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## ***ARTICLE VI***

### ***FISCAL AND ELECTIVE YEAR***

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#### **SECTION 1**

The fiscal and elective year of the Committee shall be January 1<sup>st</sup> through December 31<sup>st</sup>, calendar year

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## ***ARTICLE VII***

### ***RULES OF ORDER***

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#### **SECTION 1**

Robert's Rules of Order, latest edition, shall be recognized as the authority governing the meetings of the Committee, its Executive Committee, and other committees, in all instances wherein its provisions do not conflict with these Bylaws.

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## ***ARTICLE VIII***

### ***AMENDMENTS***

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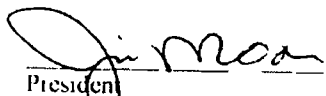
#### **SECTION 1**

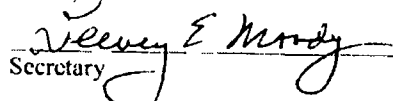
The Bylaws may be amended by a majority vote of the Executive Committee present and qualified to vote at any meeting at which a quorum is present. The Amendment or Amendments shall be plainly stated and presented to the Committee members in writing.




# Bylaws of the GEORGIA MENS ADVANCE, INC.

Adopted. 6/21/2012

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Secretary

  
\_\_\_\_\_  
Chairman

  
\_\_\_\_\_  
Vice President

  
\_\_\_\_\_  
Treasurer