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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 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: **BUCKHEAD COALITION, INC.**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3340 PEACHTREE ROAD 560
 City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30326-1059

D Employer identification number: **58-1823063**

E Telephone number: **(404) 233-2228**

F Name and address of principal officer: **SAM MASSELL**
SAME AS C ABOVE

G Gross receipts \$: **877,438.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (**4**) (insert no.) 4947(a)(1) or 527

J Website: **WWW.BUCKHEADCOALITION.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1988** **M** State of legal domicile: **GA**

H(c) Group exemption number

Part I Summary		Prior Year	Current Year	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE QUALITY OF LIFE IN BUCKHEAD.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	112	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	112	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	4	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	590,865.	876,692.	
	9 Program service revenue (Part VIII, line 2g)	215.	220.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,964.	526.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	593,044.	877,438.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,442.	15,782.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	702,839.	841,273.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	89,105.	102,515.
		18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	832,386.	959,570.
19 Revenue less expenses. Subtract line 18 from line 12	-239,342.	-82,132.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 527,018.	End of Year 444,886.	
	21 Total liabilities (Part X, line 26)	0.	0.	
	22 Net assets or fund balances. Subtract line 21 from line 20	527,018.	444,886.	

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: **SAM MASSELL, PRESIDENT** Date: **11/11/2014**

Paid Preparer: **NANCY ROSS** Preparer's signature: *Nancy Ross* Date: **11/11/14** Check if self-employed PTIN: **P00086647**

Preparer Use Only: Firm's name: **AGH, LLC** Firm's EIN: **58-2588678**
 Firm's address: **3500 PIEDMONT RD SUITE 500 ATLANTA, GA 30305** Phone no.: **4042335486**

SCANNED DEC 04 2014

33 17

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE BUCKHEAD COALITION IS AN ORGANIZATION COMPRISED OF BUSINESS AND CIVIC LEADERS INTERESTED IN NURTURING AND PRESERVING THE QUALITY OF LIFE IN THE BUCKHEAD AREA. THE ORGANIZATION PLANS AND IMPLEMENTS ACTION PROGRAMS FOR CONTINUED IMPROVEMENT OF BUCKHEAD AS AN INTEGRAL

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 771,727. including grants of \$ 3,658.) (Revenue \$ 220.) PROMOTE IMPROVED QUALITY OF LIFE IN THE BUCKHEAD COMMUNITY BY SUPPORTING SCHOOLS, PARKS, LIBRARIES, MUSEUMS, CRIME PREVENTION, AND SIMILAR PROGRAMS.

SPECIFICALLY, PROVIDED FINANCIAL SUPPORT FOR SCHOOLS, NEIGHBORHOODS, AND CIVIC ASSOCIATIONS, ISSUED THE 19TH ANNUAL EDITION OF THE BUCKHEAD GUIDEBOOK, SUPPORTED SCHOOL PROGRAMS, PURCHASED PARK BENCHES, CONTRIBUTED TO RADAR SIGNS, SUPPORTED TREES ATLANTA, AND CONTRIBUTED SUPPORT FOR THE GARDEN HILLS NEIGHBORHOOD PARK AND POOL.

4b (Code) (Expenses \$ 9,600. including grants of \$ 9,600.) (Revenue \$) PROVIDED INCENTIVE GRANTS TO THE ATLANTA POLICE FOUNDATION TO ENCOURAGE POLICE OFFICERS TO LIVE IN THE BUCKHEAD COMMUNITY AND SUPPORTED PROGRAMS SUCH AS "A NIGHT IN BLUE GALA".

4c (Code) (Expenses \$ 2,524. including grants of \$ 2,524.) (Revenue \$) PARTNERED WITH NORTH ATLANTA HIGH SCHOOL AND NORTH ATLANTA HIGH SCHOOL FOUNDATION TO SUPPORT SCHOOL PROGRAMS AND TO PROVIDE SCHOLARSHIP ASSISTANCE.

SPECIFICALLY, PROVIDED THREE SCHOLARSHIPS, SUPPORTED TEACHING OF APPLIED ECONOMICS, PROVIDED FUNDS FOR PRINTING OF PTA NEWSLETTER, PROVIDED 30 NEW YORK TIMES SUBSCRIPTIONS, SUPPORTED AWARDS PROGRAM, AND SUPPORTED JUNIOR ACHIEVEMENT CLASSES.

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

4e Total program service expenses 783,851.

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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school 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 United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	112		
b	Enter the number of voting members included in line 1a, above, who are independent		
	112		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
15b			
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PATRICIA ROBBINS - 404-233-2228**
3340 PEACHTREE RD NE, #560, ATLANTA, GA 30326-1059

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	848,395.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,297.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		876,692.			
Program Service Revenue	2 a BOOK SALES	Business Code 511130	220.	220.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		220.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		526.		526.	
	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				
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					
	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					
	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. See instructions.		877,438.	220.	0.	526.	

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)

Check if Schedule O contains a response or note to any line in this Part IX

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 United States. See Part IV, line 21	15,782.	15,782.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	635,000.	567,500.	67,500.	
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	99,003.	49,502.	49,501.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,888.	28,061.	8,827.	
9 Other employee benefits	39,819.	24,956.	14,863.	
10 Payroll taxes	30,563.	22,431.	8,132.	
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. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,932.		1,932.	
12 Advertising and promotion	21,805.	21,805.		
13 Office expenses	5,468.	2,734.	2,734.	
14 Information technology				
15 Royalties				
16 Occupancy	19,166.	9,583.	9,583.	
17 Travel	4,920.	4,920.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,684.	11,684.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BUSINESS DEVELOPMENT	16,938.	16,938.		
b PRINTING, POSTAGE, SHIP	15,910.	7,955.	7,955.	
c EQUIPMENT AND SUPPLIES	4,662.		4,662.	
d LICENSES AND FEES	30.		30.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	959,570.	783,851.	175,719.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1	161,605.	1	435,355.
	2	355,882.	2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9		9	
	10a	9,531.		
	10b	0.	9,531.	10c 9,531.
	11			11
	12			12
	13			13
	14			14
	15			15
16	Total assets. Add lines 1 through 15 (must equal line 34)	527,018.	16	444,886.
Liabilities	17		17	
	18		18	
	19		19	
	20		20	
	21		21	
	22		22	
	23		23	
	24		24	
	25		25	
	26	Total liabilities. Add lines 17 through 25	0.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27		27	
	28		28	
	29		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30	491,301.	30	409,169.
	31	0.	31	0.
	32	35,717.	32	35,717.
33	527,018.	33	444,886.	
34	527,018.	34	444,886.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	877,438.
2	Total expenses (must equal Part IX, column (A), line 25)	2	959,570.
3	Revenue less expenses. Subtract line 2 from line 1	3	-82,132.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	527,018.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	444,886.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization BUCKHEAD COALITION, INC.

Employer identification number 58-1823063

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... are the organization's property... 6 Did the organization inform all grantees...

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). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year... 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)? 9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII.

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 Escrow and Custodial Arrangements. Complete if the 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 XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		9,531.		9,531.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 9,531.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

BUCKHEAD COALITION, INC.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number
58-1823063

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA POLICE FOUNDATION 127 PEACHTREE ST NE, STE 201 ATLANTA, GA 30303	11-3655936	501(C)(3)	9,600.	0.			ENCOURAGE POLICE OFFICERS TO LIVE IN THE BUCKHEAD COMMUNITY & SUPPORT PROGRAMS SUCH AS "A NIGHT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:
RECORDS ARE MAINTAINED OF GRANT RECIPIENTS. THERE ARE NO SET CRITERIA FOR AWARDING GRANTS. RATHER EACH GRANT IS AWARDED ON A CASE BY CASE BASIS.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: ATLANTA POLICE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: ENCOURAGE POLICE OFFICERS TO LIVE IN THE BUCKHEAD COMMUNITY & SUPPORT PROGRAMS SUCH AS "A NIGHT IN BLUE GALA".

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2013

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BUCKHEAD COALITION, INC.

Employer identification number

58-1823063

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

BUCKHEAD COALITION, INC.

Employer identification number
58-1823063

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PART OF THE CORPORATE CITY OF ATLANTA.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP CONSISTS OF CEOS OF MAJOR BUCKHEAD FIRMS AND OTHERS

HAVING A PRONOUNCED COMMITMENT TO THE AREA.

FORM 990, PART VI, SECTION A, LINE 7A:

A NOMINATING COMMITTEE PRESENTS A SLATE OF OFFICERS TO THE

MEMBERSHIP. OFFICERS ARE ELECTED BY A MAJORITY VOTE OF THE MEMBERSHIP AT

AN ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11:

THE PRESIDENT OF THE ORGANIZATION REVIEWS THE RETURN BEFORE IT

IS SIGNED.

FORM 990, PART VI, SECTION B, LINE 12C:

A MEMBER OF THE BOARD OF DIRECTORS WHO HAS AN INTEREST THAT

HE/SHE HAS REASON TO BELIEVE MAY BE AFFECTED BY HIS/HER OFFICIAL ACTS OR

ACTIONS OR BY THE OFFICIAL ACTS OR ACTIONS OF THE BOARD SHALL DISCLOSE THE

PRECISE NATURE OF SUCH INTEREST BY WRITTEN OR VERBAL STATEMENT 30 DAYS

PRIOR TO THE BOARD TAKING OFFICIAL ACTION ON THE MATTER AFFECTING SUCH

INTEREST AND ABSTAIN FROM DISCUSSION AND VOTING.

FORM 990, PART VI, SECTION B, LINE 15B:

THE CHAIRMAN APPOINTS A COMPENSATION COMMITTEE TO DETERMINE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

BUCKHEAD COALITION, INC.

Employer identification number
58-1823063

COMPENSATION FOR THE PRESIDENT OF THE ORGANIZATION. THE COMPENSATION COMMITTEE ALSO DETERMINES THE SALARIES OF THE STAFF BASED ON RECOMMENDATIONS OF SAM MASSELL, THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION HAS PUBLISHED BYLAWS. THE CONFLICT OF INTEREST POLICY IS CONTAINED IN THE BYLAWS. COPIES OF THE BYLAWS ARE AVAILABLE UPON REQUEST.

FINANCIAL STATEMENTS ARE KEPT ON FILE AT THE OFFICE OF THE ORGANIZATION AND ARE AVAILABLE FOR INSPECTION UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE PRESIDENT SELECTS AN ACCOUNTING FIRM ON AN ANNUAL BASIS WHICH IS LOCATED IN THE COMMUNITY AND WHICH PROVIDES A CIVIC SERVICE OF PRO BONO INTEREST. THE COMPILATION IS MADE AVAILABLE TO THE DIRECTORS.

Buckhead Coalition
Membership List as of August 1, 2013

Mr. Charles S. Ackerman
Chairman of the Board
Ackerman & Co.

Ms. Kristin R. Adams
Managing Director
Aon Risk Services South, Inc.

Mr. David B. Allman
Chairman
Regent Partners, LLC

Ms. Juanita P. Baranco
Executive Vice President & Chief Operating
Officer
Mercedes-Benz of Buckhead

VICE PRESIDENT

Mr. M. Brantley Barrow
Consultant
DPR Hardin, LLC

Mr. Stanley W. Benecki
President
Benecki Homes

Mr. Andrew J. Berg
President & Chief Executive Officer
Homrich & Berg, Inc.

Ms. Sara T. Blakely
Founder & Owner
SPANX, Inc

Mr. G. Niles Bolton
Chairman & Chief Executive Officer
Niles Bolton Associates, Inc.

Mr. James R. Borders
President & Chief Executive Officer
Novare Group Holdings, LLC

Mr. W. Paul Bowers
President & Chief Executive Officer
Georgia Power Company

Mr. Frank B. Bradshaw, III
President
Bradco, Inc.

Mr. John F. Brock, III
Chairman & Chief Executive Officer
Coco-Cola Enterprises, Inc

Mr. Frank V. Brown
President & Chief Executive Officer
Brown & Company Jewelers

Mr. R. Paul Buss
President
OliverMcMillan

The Very Rev. Samuel G. Candler
Dean
Cathedral of St. Philip

Mr. Kevin R. Cantley
President & Chief Executive Officer
Cooper Carry, Inc.

Ms. Rayna J. Casey
President & Chief Executive Officer
Predictions, LLC (Nicole Miller Atlanta)

Mr. James M. Caswell, Jr.
Partner
PC Associates

Mr. Robert E. Lee Caswell
President-Development
PC Associates

Mr. Michael J. Coles
Executive Chairman
Global Onboard Partners

Mr. Marvin Cosgray
Managing Director, Private Banking
Georgia Commerce Bank

Mr. Gerasimos Couvaras
President & Chief Executive Officer
Atlanta Bread Company International, Inc

Mr. Charles B. Crawford, Jr.
Chairman, President & CEO
Private Bank of Buckhead

TREASURER

Mr. James B. Cumming
President
Trillium Management, Inc.

Mr. David D. Cummings
Chief Executive Officer
Atlanta Tech Village, LLC

Mr. Chris J. Dardaman, Jr.
Chief Executive Officer
Brightworth LLC

Mr. Brian Daughdrill
Ex-Officio as President of
Buckhead Business Association

Mr. Jay M. Davis
Chairman & CEO
National Distributing Company, Inc

Mr. Stephen W. Dils
Managing Director, Principal
Avison Young

Buckhead Coalition
Membership List as of August 1, 2013

Mr. Michael S. Donnelly
Regional President, Metro Atlanta
Wells Fargo Bank, NA

Ms. Vivian N. DuBose
President & Chief Executive Officer
Noble Properties, Inc.

Mr. James C. Edenfield
Executive Chairman
American Software, Inc.

Mr. Douglas B. Eldson
The Eidson Group, LLC
Principal

Mr. Joseph W. Evans
Chairman & Chief Executive Officer
State Bank & Trust Company

Mr. David P. Fitzgerald **CHAIRMAN**
President & Chief Executive Officer
Fitzgerald & Company

The Hon. David H. Gambrell
Senior Counsel
Baker, Donelson, Bearman, Caldwell &
Berkowitz, PC

Mr. Kevin J. Glass
Headmaster
Atlanta International School

Mr. Joshua Goldfarb
Managing Director
Multi Housing Advisors, LLC

Mr. Ernest L. Greer
Managing Shareholder
Greenberg Traurig

Mr. Steven L. Guy
President & Chief Executive Officer
Entertainment Design Group, Inc

Mr. Lawrence G. Halley
Chairman Emeritus
Halley Realty Company, Inc.

Mr. John C. Hamilton
Senior Vice President - Division Manager
Thomas Rutherford, Inc

Mr. Joseph W. Hamilton, Jr.
Chairman Emeritus
Hamilton Dorsey Alston Company

Mr. William H. Harrison, Jr.
Principal
Harrison Design Associates, Inc.

Mr. Mark W. Hennessy
President
Hennessy Jaguar

Ms. M. Maxine Hicks **SECRETARY**
Partner
DLA Piper

Mr. W. Jackson Houk
President & Chief Executive Officer
Three Atlanta LLC dba Three

Mr. E. Andrew Isakson
Chief Executive Officer
Isakson Living, Inc.

Mr. I. Pano Karatassos, Sr.
President
Buckhead Life Restaurant Group, Inc.

Mr. Lawrence P. Kelly
President
Pope & Land Enterprises, Inc.

Ms. Emily T. Kendrick
Chief Executive Officer & President
Arrow Exterminators, Inc

Mr. Raymond B. King
President & Chief Executive Officer
Zoo Atlanta

Mr. David H. King
President & Chief Executive Officer
Alexander Haas

Ms. Linda A. Klein
Managing Shareholder
Baker, Donelson, Bearman, Caldwell & Berkowitz

Mr. Randolph J. Koporc
President - Georgia
Fifth Third Bank

Mr. Julian LeCraw, Sr.
Investments

Mr. Richard H. Lee
Managing Partner
Branch Properties, LLC

Mr. Richard T. Lewis
Chairman
Liberty House Restaurant Corporation

Mr. William H. Linginfelter
Area President - Atlanta/South Carolina
Regions Bank

Buckhead Coalition
Membership List as of August 1, 2013

Mr. Paul D. Little
Chief Executive Officer
Panattoni Construction, Inc.

Mr. R. Charles Loudermilk, Sr.
Chairman Emeritus
Aaron's Inc

Mr. Robert C. Loudermilk, Jr.
President & Chief Executive Officer
The Loudermilk Companies

Mr. Dennis M. Love
President & Chief Executive Officer
Printpack, Inc.

Mr. Thomas M. Lowe, III
Chief Executive Officer
Lowe Program Management

Mr. John W. Lundeen, III
President & Managing Partner
Coro Realty Advisors, LLC

Mr. Charles H. Mann, III
Founder & Chief Executive Officer
The Mann Group

Mr. Bernard Marcus
Chairman
The Marcus Foundation

Mr. Sam Massell - **PRESIDENT**
President
Buckhead Coalition, Inc.

Ms. Addie P. Mathes
President & CEO
Prime Power Services, Inc

Mr. Douglas E. McMahon
Managing Partner
St. Regis Atlanta

Mr. James B. Miller, Jr.
Chairman & Chief Executive Officer
Fidelity Bank

Mr. Bartow Morgan, Jr.
Chief Executive Officer
Brand Banking Company

Mr. John G. Morris
Chairman
Morris, Manning & Martin, L.L.P.

Mr. Jacques P. Murphy
Investments

Mr. Edward E. Noble
Chairman
Noble Properties, Inc.

Mr. Geoffrey N. Nolan
President
Wilson & Nolan Southeast, Inc.

Mr. Sanford H. Orkin
Investments

Mr. Daniel S. Parmer
President & Chief Executive Officer
Harry Norman Realtors

Mr. Gary S. Peacock, Jr.
President & Chief Executive Officer
SunTrust Bank, Atlanta

Mr. David T. Peterson
Chairman Emeritus
The North Highland Company

Mr. Robert E. Peterson
Chairman & Chief Executive Officer
Carter

Mr. Cameron S. Pierce
Office Managing Shareholder - Atlanta
Little Mendelson, PC

Mr. Mark C. Pope, III
Investments

Ms. Jenny S. Pruitt
Chief Executive Officer & Founder
Atlanta Fine Homes

Mr. J. Michael Robison
Chairman & Chief Executive Officer
Lanier Parking Holdings

Mr. Joseph W. Rogers, Jr.
Chairman, President & Chief Executive Officer
Waffle House, Inc.

Mr. Michael M. Rogers
President & Chief Executive Officer
Dorsey Alston Realtors

Mr. George W. Rohrig, Jr.
President
Cartel Properties, Inc.

Mr. Michael E. Romstad
Vice President, Mid Atlanta Portfolio
Simon Property Group

Buckhead Coalition
Membership List as of August 1, 2013

Ms. Sylvia E. Russell
President - Georgia
A T & T Servies, Inc.

Mr. D. Jack Sawyer, Jr.
Southern Regional President
Wilmington Trust

Dr. Rob D. Schrelner
Executive Medical Director
Kaiser Permanente of Georgia

Mr. Ferdinand C. Seefried
Founder & President
Seefried Industrial Properties, Inc.

Mr. S. Stephen Selig, III
President
Selig Enterprises, Inc.

Mr. S. Scott Selig
President
Selig Realty

Mr. Mitesh B. Shah
President & Chief Executive Officer
Noble Investment Group

Mr. Earl L. Shell, Jr.
Investments

Ms. Alana S. Shepherd
Secretary of the Board
Shepherd Center, Inc.

Mr. James H. Shepherd, Jr.
Chairman
Shepherd Center, Inc.

Mr. John D. Shlesinger
Vice Chairman
CBRE, Inc.

Ms. Sherri A. Simmons
Chief Executive Officer
Duffey Communications, Inc.

Mr. Michael J. Sivewright
International Director
Jones Lang LaSalle, Inc

Mr. Stuart C. Snyder
President & Chief Operating Officer
Turner Broadcasting System, Inc

Mr. Jeffrey C. Sprecher **VICE PRESIDENT**
Chairman & Chief Executive Officer
IntercontinentalExchange, Inc

Mr. Brantley J. Standridge
State President
Branch Banking & Trust Company

Mr. David P. Stockert
President & Chief Executive Officer
Post Properties, Inc.

Mr. Eric J. Tanenblatt
Senior Managing Director
McKenna, Long & Aldridge, LLP

Ms. Geraldine P. Thomas
President, Georgia
Bank of America

Mr. Michael W. Thompson
Co-Managing Partner
Duggan & Massey, P.C.

Mr. Patrick D. Warren
Managing Principal/Atlanta Office
Crowe Horwath, LLP

Mr. Douglas L. Williams
President & CEO
Atlantic Capital Bank

Mr. James E. Winchester, Jr.
President
QUIKRETE Companies, Inc.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. BUCKHEAD COALITION, INC.	Employer identification number (EIN) or 58-1823063
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3340 PEACHTREE ROAD, NO. 560	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30326-1059	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PATRICIA ROBBINS

- The books are in the care of ▶ **3340 PEACHTREE RD NE, #560 - ATLANTA, GA 30326-1059**
Telephone No ▶ **404-233-2228** 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year **2013** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions. BUCKHEAD COALITION, INC.	Employer identification number (EIN) or 58-1823063
	Number, street, and room or suite no. If a P.O. box, see instructions. 3340 PEACHTREE ROAD, NO. 560	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30326-1059	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

PATRICIA ROBBINS

- The books are in the care of **▶ 3340 PEACHTREE RD NE, #560 - ATLANTA, GA 30326-1059**
 Telephone No **▶ 404-233-2228** 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 is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.
- For calendar year **2013**, or other tax year beginning _____, and ending _____
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension

ALL INFORMATION NECESSARY TO PREPARE THE 2013 FORM 990 IS NOT AVAILABLE. ACCORDINGLY, AN EXTENSION OF TIME TO FILE UNTIL 11/15/14 IS REQUESTED.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** _____ Title **▶ CPA** Date **▶** _____

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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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

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		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. BUCKHEAD COALITION, INC.	Employer identification number (EIN) or 58-1823063
<small>File by the due date for filing your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions. 3340 PEACHTREE ROAD, NO. 560	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30326-1059	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PATRICIA ROBBINS

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Telephone No. ▶ **404-233-2228** 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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year **2013** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
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- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. BUCKHEAD COALITION, INC.	Employer identification number (EIN) or 58-1823063
	Number, street, and room or suite no. If a P.O. box, see instructions. 3340 PEACHTREE ROAD, NO. 560	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30326-1059	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
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STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

PATRICIA ROBBINS

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Telephone No. **404-233-2228** 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 is for.

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- For calendar year **2013**, or other tax year beginning _____, and ending _____
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension

ALL INFORMATION NECESSARY TO PREPARE THE 2013 FORM 990 IS NOT AVAILABLE. ACCORDINGLY, AN EXTENSION OF TIME TO FILE UNTIL 11/15/14 IS REQUESTED.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date