See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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-EZ and its instructions is at *www.irs.gov/form990*.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01/01 , 2013, and ending 12/31 , 20 13

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GUYANA ASSOCIATION OF GEORGIA, INC

Number and street (or P.O box, if mail is not delivered to street address) Room/suite
PO BOX 360744

City or town, state or province, country, and ZIP or foreign postal code
DECATUR, GA 30036-0744

D Employer identification number
58-2041139

E Telephone number

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☑ Accrual Other (specify) ▶

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

I Website: ▶ www.gaog.org

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 111,773.24

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	1	Contributions, gifts, grants, and similar amounts received		1	19,436.42
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	3,610.00
	4	Investment income		4	1.57
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 19436.42 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 88,727.25		
	c	Less: direct expenses from gaming and fundraising events	6c 51,243 33		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	37,481.92
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	60,529.91
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	24,429.87
	11	Benefits paid to or for members		11	1,854.73
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	11,613.45
	15	Printing, publications, postage, and shipping		15	5,790.10
	16	Other expenses (describe in Schedule O)		16	3,809.36
	17	**Total expenses.** Add lines 10 through 16 ▶		17	47,497.52
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	13,032.39
	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	78,994.61
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	2,112.02
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	94,139.02

16

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
22	Cash, savings, and investments	12,204.41	22	24,505.89
23	Land and buildings	53,647.71	23	53,647.71
24	Other assets (describe in Schedule O)	13,142 49	24	15,985.42
25	**Total assets**	78,994.61	25	94,139.02
26	**Total liabilities** (describe in Schedule O)	-48.16	26	-13.17
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	78,994.61	27	94,139 02

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? **Education/Scholarship Awards; Community Outreach**

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	Scholarship Awards to five(5) qualified students admitted to a four-year accredited university/ college. CRCT & SAT Prep programs for 25 students grades 3-12 - provided computer based and other tutoring (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	20,260.29
29	Feed the Hungry Program - prepared and distributed lunch, snacks, & toileteries to 450 homeless persons (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	994 59
30	Provided support to the elderly, sick and shut-in and other qualifying groups (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	5,029 72
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	26,284 60

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 title	(b) 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
WILLIAM THOMAS, PRESIDENT 2010 REFLECTION CREEK DR, CONYERS, GA 30013	5			
MARILYN BROWNE, VICE PRESIDENT 5213 TURNBERRY PL, LITHONIA, GA 30038	2			
JACQUELINE BROWN, SECRETARY 6871 SPREADLONG OAKS DR, STONE MT, GA 30087	6			
MARCUS GORDON, TREASURER 5073 MILLER WOODS TRL, DECATUR, GA 30035	8			
CLAIRE WILSON-DALY, ASSIST SECTY/TREASURER 473 LANDMARK WAY, AUSTELL, GA 30168	10			
BASIL BLACKMAN, TRUSTEE 5230 BROSSWOOD TRCE, STONE MOUNTAIN, GA 30088	5			
MARVA JACOBS, TRUSTEE PO BOX 361636, DECATUR, GA 30036	3			
ANDREA FRASER, TRUSTEE 1358 CASCADE FALLS DR, ATLANTA, GA 30311	2			
RAUL BOSTON, TRUSTEE 1197 OLD GREYSTONE, LITHONIA, GA 30058	2			
GWENDOLINE FREDERICKS, TRUSTEE 550 CRESTRIDGE CT, STONE MOUNTAIN, GA 30083	2			
JOAN PIGGOTT, TRUSTEE 2624 CAVALIER DR, DECATUR, GA 30034	2			

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
33	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	33		✓
34	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)	34		✓
35a	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)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	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	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ GEORGIA			
42a	The organization's books are in care of ▶ THE SECRETARY, GAOD Telephone no. ▶ 678-933-2499			
	Located at ▶ 1970 PANOLA RD, LITHONIA, GA ZIP + 4 ▶ 30058			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ NOT APPLICABLE			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ NOT APPLICABLE			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
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	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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)	45b		✓

			Yes	No
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	46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

			Yes	No
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	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

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 title of each employee	(b) 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

f Total number of other employees paid over $100,000 . . . . ▶ NONE

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶ NONE

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

Sign Here

▶ Signature of officer — Date: APRIL 14 2014

▶ MARCUS GORDON, CPA, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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.**
▶ **Information about Schedule A (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	Employer identification number
Guyana Association of Georgia, Inc.	58-2041139

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 33⅓% 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 33⅓% 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–Non-functionally integrated

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?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,078.36	13,399.76	12,814.42	21,901.65	23,046.42	77,240.61
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	6,078.36	13,399.76	12,814.42	21,901.65	23,046.42	77,240.61
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)						75,563.88
6 **Public support.** Subtract line 5 from line 4.						1,676.73

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	6,078.36	13,399.76	12,814.42	21,901.65	23,046.42	77,240.61
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44.60	14.60	.49	1.24	1.57	62.50
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,012.00	589.00	3,933.00	0	0	6,534.00
11 **Total support.** Add lines 7 through 10						83,837.11
12 Gross receipts from related activities, etc. (see instructions)					12	393,277.49

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	2.0 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	2.0 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,078.36	13,399.76	12,814.42	21,901.65	23,045.99	77,240.18
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .	70,354.29	86,954.30	76,901.14	70,340.51	88,727.25	393,277.49
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	76,432.65	100,354.06	89,715.56	92,242.16	111,773.24	470,517.67
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
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	65,354.29	81,954.30	71,901.14	65,340.51	83,727.25	368,277.49
c Add lines 7a and 7b	65,354.29	81,954.30	71,901.14	65,340.51	83,727.25	368,277.49
8 **Public support** (Subtract line 7c from line 6.)						102,240 18

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	76,432.65	100,354.06	89,715.56	92,242.16	111,773.24	470,517.67
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	44.60	14.60	.49	1.24	1.57	62.50
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	44.60	14.60	.49	1.24	1.57	62.50
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,012.00	589.00	3,933 00	0	0	6,534.00
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	78,489.25	100,934.06	93,648.56	92,243.40	111,774.81	477,114.17

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	21.43 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	17.95 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) . . .	17	.013 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	.003 %

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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.** 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).

SCHEDULE G (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (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

GUYANA ASSOCIATION OF GEORGIA,INC

Employer identification number

58-2041139

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Picnic (event type)	(b) Event #2 Dance (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	62,705.25	17,588.00	8,434.00	88,727.25
	2 Less: Contributions	19,325.00	0	20.00	19,245.00
	3 Gross income (line 1 minus line 2)	43,380.25	17,588.00	7,708.00	69,482.25
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	13,396.15	5,000.00	1,256.66	19,652.81
	7 Food and beverages	0	3,081.61	2,139.66	5,221.27
	8 Entertainment	0	3,060.00	1,900.00	4,960.00
	9 Other direct expenses	21,121.88	287.37	0	21,409 25
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				51,243.33
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				18,238.92

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)	**Supplemental Information to Form 990 or 990-EZ**	OMB No. 1545-0047
	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	**2013**
Department of the Treasury Internal Revenue Service	▶ **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.***	**Open to Public Inspection**

Name of the organization	Employer identification number
GUYANA ASSOCIATION OF GEORGIA,INC	58-2041139

PART I: REVENUE, EXPENSES, AND CHANGES IN NET ASSETS OR FUND BALANCES

LINE 10 - Grants and similar amounts paid - $24,429.87

Scholarship Awards & program administration costs - $20,147.29

Feed the Hungry Program - $994.59

Youth Symposium - $113.00

Community Outreach - $3,174.99

LINE 16 - Other Expenses - $3,809.36

Communications expenses - $2,252.30

Bad Debt (Returned checks) - $234.00

Bank Service charges - $464.32

Office supplies - $792.99

Other Office expenses - 65.75

LINE 20 - Other changes in net assets or fund balances - $2,112.02

Total advance payments for December events uncleared at 12/31/2013 - $1,225.00

Net Asset purchases - $887.02 (50 stackable chairs; 1 projector)

PART II: BALANCE SHEETS

LINE 24 - Other Assets - $15,985.42

Accounts Receivable - $9,553.73 (Litigation pending against former official to recover)

Equipment & Furniture (Less accumulated depreciation) - $5,206.69

Total Advances uncleared at 12/31/2013 - $1,225.00

LINE 26 - Total Liabilities $13.17-

Advance payment of Membership dues - $35.00

Credit balance adjustment carryover from 2012 for GA Power $48.17-

Name of the organization	Employer identification number

Guyana Association of Georgia, Inc
Balance Sheet Prev Year Comparison
As of December 31, 2013

	Dec 31, 13	Dec 31, 12	$ Change	% Change
ASSETS				
Current Assets				
Checking/Savings				
CURRENT ASSETS				
1010 · BOA 2834	12,047 98	4,252 12	7,795 86	183 34%
1020 · BOA 2873	457 33	457 21	0 12	0 03%
1030 · BOA 2881	12,000.58	7,495 08	4,505.50	60.11%
Total CURRENT ASSETS	24,505.89	12,204 41	12,301 48	100.8%
Total Checking/Savings	24,505 89	12,204 41	12,301.48	100 8%
Accounts Receivable				
1200 · Accounts Receivable	9,553.73	9,553.73	0 00	0 0%
Total Accounts Receivable	9,553 73	9,553.73	0 00	0 0%
Total Current Assets	34,059 62	21,758 14	12,301 48	56 54%
Fixed Assets				
ASSETS				
1300 · Building and Land	53,647 71	53,647.71	0.00	0 0%
1310 · Equipment and Furniture	5,701 28	4,083 35	1,617 93	39 62%
1390 · Accumulated Depreciation	-494 59	-494 59	0.00	0 0%
Total ASSETS	58,854 40	57,236 47	1,617 93	2 83%
Total Fixed Assets	58,854 40	57,236 47	1,617.93	2 83%
Other Assets				
OTHER ASSETS				
1400 · Advances	1,225 00	0 00	1,225 00	100 0%
Total OTHER ASSETS	1,225 00	0 00	1,225 00	100.0%
Total Other Assets	1,225 00	0 00	1,225 00	100 0%
TOTAL ASSETS	**94,139.02**	**78,994.61**	**15,144.41**	**19.17%**

Guyana Association of Georgia, Inc
Balance Sheet Prev Year Comparison
As of December 31, 2013

	Dec 31, 13	Dec 31, 12	$ Change	% Change
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
20000 · Accounts Payable				
1999 · Contracts, Services & Suppliers	-48.17	-48 16	-0 01	0 02%
Total 20000 · Accounts Payable	-48.17	-48 16	-0.01	0 02%
Total Accounts Payable	-48 17	-48 16	-0 01	0.02%
Other Current Liabilities				
2100 · Deposits/ Advance Payments	35 00	0.00	35 00	100 0%
Total Other Current Liabilities	35 00	0 00	35.00	100 0%
Total Current Liabilities	-13.17	-48 16	34 99	-72 65%
Total Liabilities	-13 17	-48 16	34.99	-72.65%
Equity				
1000 · Retained Earnings	1,846.12	-5,062 17	6,908 29	-136 47%
3000 · Opening Bal Equity	77,196.65	77,196.65	0 00	0 0%
Net Income	15,109.42	6,908.29	8,201.13	118.71%
Total Equity	94,152 19	79,042 77	15,109 42	19.12%
TOTAL LIABILITIES & EQUITY	**94,139.02**	**78,994.61**	**15,144.41**	**19.17%**

Guyana Association of Georgia, Inc
Profit & Loss YTD Comparison
December 2013

	Dec 13	Dec 12	$ Change	% Change	Jan - Dec 13
Income					
REVENUE					
CONTRIBUTIONS/DONATIONS FUNDS					
4029 Other Fundraisers	0 00	0 00	0 00	0 0%	170 00
4030 Building Fund	65 00	0 00	65 00	100 0%	2,989 00
4035 Feed The Homeless Fund	0 00	0 00	0 00	0 0%	20 00
4040 General Fund - Administration	0 00	210 71	-210 71	-100 0%	1 040 00
4045 Community Outreach Fund	0 00	0 00	0 00	0 0%	105 00
4051 Scholarship Fund	100 00	0 00	100 00	100 0%	15,001 00
Total CONTRIBUTIONS/DONATIONS FUNDS	165 00	210 71	-45 71	-21 69%	19 325 00
SPECIAL EVENTS					
FAMILY FUN DAY					
4065 Admittance Income - FFD	0 00	0 00	0 00	0 0%	44,500 00
4070 Other Fundraiser Income-FFD	0 00	0 00	0 00	0 0%	-148 00
4075 Parking Income - FFD	0 00	0 00	0 00	0 0%	1,535 25
4076 Sponsorship Funds - Fam Fun Day	0 00	0 00	0 00	0 0%	700 00
4080 Tent/Table/Chairs Rental Income	0 00	0 00	0 00	0 0%	3,210 00
4085 Vendors Income -FFD	0 00	0 00	0 00	0 0%	12,908 00
Total FAMILY FUN DAY	0 00	0 00	0 00	0 0%	62,705 25
INDEPENDENCE BALL					
4090 Bar/Beverage/Food Sales Income	0 00	0 00	0 00	0 0%	7 468 00
4095 Ticket Sales -IB	0 00	0 00	0 00	0 0%	10 120 00
Total INDEPENDENCE BALL	0 00	0 00	0 00	0 0%	17 588 00
OTHER FUNDRAISERS					
4088 Friday Event Income	0 00	0 00	0 00	0 0%	708 00
Total OTHER FUNDRAISERS	0 00	0 00	0 00	0 0%	708 00
TEA PARTY/BRUNCH					
4100 Ticket Sales - TP/B	0 00	0 00	0 00	0 0%	7,655 00
4101 Donations to Brunch	0.00	0 00	0 00	0 0%	20 00
4102 Bar/Bevs/Food Sales Income - B	0 00	0 00	0 00	0 0%	33.00
TEA PARTY/BRUNCH - Other	0 00	0 00	0 00	0 0%	20 00
Total TEA PARTY/BRUNCH	0 00	0 00	0 00	0 0%	7,728 00
Total SPECIAL EVENTS	0 00	0 00	0 00	0 0%	88,727 25
4010 Bank Interest	0 21	0 14	0 07	50 0%	1 57
4025 Membership Dues	0 00	70 00	-70 00	-100 0%	3,610 00
4200 Other Income	0 00	0 00	0 00	0 0%	111 42
Total REVENUE	165 21	280 85	-115 64	-41 18%	111,775 24
Total Income	165 21	280 85	-115 64	-41 18%	111,775.24
Gross Profit	165 21	280 85	-115 64	-41 18%	111,775 24
Expense					
OPERATIONAL EXPENSES					
COMMUNICATIONS EXPENSES					
7080 Calling Post Communications Exp	44 95	59 95	-15 00	25 02%	482 30
7085 Website Expenses	0 00	0 00	0 00	0 0%	1,770 00
Total COMMUNICATIONS EXPENSES	44 95	59 95	-15 00	-25 02%	2,252 30
CONTRIBUTIONS/DONATIONS/AWARDS					
COMMUNITY OUTREACH					
7110 Benevolent Funds	0 00	300 00	-300.00	-100 0%	270 00
7115 Other Community Donations	0 00	0 00	0 00	0 0%	3 174 99
Total COMMUNITY OUTREACH	0 00	300 00	-300 00	100 0%	3,444 99
PROGRAMS					
7145 Feed The Homeless Program Exps	0 00	0 00	0 00	0 0%	994 59
7150 Youth Symposium Program Exps	0 00	0 00	0 00	0 0%	113 00
7155 Admin Costs -Scholarship Awards	0 00	0 00	0 00	0 0%	13,202 29
Total PROGRAMS	0 00	0 00	0 00	0 0%	14,309 88
7095 Membership Appreciation	390 00	340 22	49 78	14 63%	1,584 73
7100 Scholarship Awards	0 00	0 00	0 00	0 0%	6 945 00
Total CONTRIBUTIONS/DONATIONS/AWARDS	390 00	640 22	-250 22	-39 08%	26,284 60
PROPERTY EXPENSES					
7156 Building Insurance Expenses	0 00	197 76	-197 76	-100 0%	3,441 56
7157 Building Utilities Expenses	186 41	167 43	18 98	11 34%	2,998 22
7159 Licenses, Taxes - 1970 Panola	0 00	0 00	0 00	0 0%	831 68
7160 Repairs & Mtnc - 1970 Panola Rd	1,616 74	0 00	1,616 74	100 0%	4 343 99
Total PROPERTY EXPENSES	1,803 15	365 19	1,437 96	393 76%	11,613 45

Guyana Association of Georgia, Inc
Profit & Loss YTD Comparison
December 2013

	Dec 13	Dec 12	$ Change	% Change	Jan - Dec 13
SPECIAL EVENTS					
FAMILY FUN DAY					
7210 Contract/Labor Svc (1099)-FFD	0 00	0 00	0 00	0 0%	13,185 00
7215 Rentals Grnds, Equip Etc-FFD	0 00	0 00	0 00	0 0%	13,396 15
Total FAMILY FUN DAY	0 00	0 00	0 00	0 0%	26,581 15
INDEPENDENCE BALL					
7220 Bar/Food/Beverage Exp- IB	0 00	0 00	0 00	0 0%	3 081 61
7225 Contract/ Labor Svc (1099)-IB	0 00	0 00	0 00	0 0%	3 060 00
7230 Printing Expenses - Tickets IB	0 00	0 00	0 00	0 0%	287 37
7235 Rental Bldgs, Equip etc - IB	0 00	0 00	0 00	0 0%	5,000 00
Total INDEPENDENCE BALL	0 00	0 00	0 00	0 0%	11 428 98
TEA PARTY/BRUNCH					
7239 Contract/ Labor Svc (1099)	0 00	0 00	0 00	0 0%	2,139 66
7240 Rental Bldgs, Equip, Etc. - TP	0 00	0 00	0 00	0 0%	1,256 66
7241 Other Tea Party Expenses	0 00	0 00	0 00	0 0%	1,900 00
Total TEA PARTY/BRUNCH	0 00	0 00	0 00	0 0%	5,296 32
7170 Advertising/Promotions Expense	0 00	0 00	0 00	0 0%	1,135 33
7175 Fees/Licenses/Permits- Services	0 00	0 00	0 00	0 0%	25 00
7180 Refunds & Reimbursements Paid	0 00	0 00	0 00	0 0%	3,804 68
7185 Insurance/Liability	0 00	0 00	0 00	0 0%	1,225 00
7190 Transportation/Accommodation	0 00	0 00	0 00	0 0%	1 746 87
Total SPECIAL EVENTS	0 00	0 00	0 00	0 0%	51,243 33
7010 Bad Debt	0 00	0 00	0 00	0 0%	234 00
7015 Bank Service Charges	3 00	3 00	0 00	0 0%	200 30
7020 Clerical Supplies	0 00	0 00	0 00	0 0%	134 11
7025 Computer Supplies	0 00	312 64	-312 64	-100 0%	139 33
7040 Meals & Entertainment	85 00	92 67	-7 67	-8 28%	1 192 30
7045 Other Office & Admin Expense	0 00	0 00	0 00	0 0%	1 157 45
7050 Office Supplies	0 00	0 00	0 00	0 0%	519 55
7055 PayPal Merchant Fees	0 00	0 00	0 00	0 0%	234 32
7060 Postage & Delivery Expense	0 00	0 00	0 00	0 0%	295 98
7065 Printing & Reproduction Expense	29 40	109 89	-80 49	-73 25%	3 241 85
Total OPERATIONAL EXPENSES	2,355 50	1,583 56	771 94	48 75%	98,742 85
Total Expense	2,355 50	1 583 56	771 94	48 75%	98,742 85
Net Income	-2,190 29	-1,302 71	-887 58	68 13%	13,032 39