Form 990-EZ

Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form at the end of the year may use this form

OMB No 1545-1150

Open to Public Inspection

_		the 2010 cale	ndar year, or tax year beginning 09/20, 2010, and end	ing	12/31/2010 20
В	heck	ıf applicable	C Name of organization		D Employer Identification number
	Ad	dress change			
	Na	me change	METRO ATLANTA VOTER EDUCATION NETWORK, INC.		27-3598557
Х	Ini	al return	Number and street (or P O box, if mail is not delivered to street address) Room/suite	3	E Telephone number
	Te	mination	235 ANDREW YOUNG INTERNATIONAL BLVD., NW		(404) 586-1927
	Αn	ended return	City or town, state or country, and ZIP + 4		F Group Exemption
Х	Ap	olication pending	ATLANTA, GA 30303		Number ▶
		unting method	Cash X Accrual Other (specify) ▶ H	Check	▶ if the organization is not
ı,	Neb	site: ▶		require	d to attach Schedule B
<u>J</u> (check	only one) -	X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 527		990, 990-EZ, or 990-PF)
			organization is not a section 509(a)(3) supporting organization and its gross receipts are		
			n 990 return is not required through Form 990-N (e-postcard) may be required (see instruct	tions) Bu	it if the organization chooses
_			e to file a complete return		
			, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
			re \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>
Pa	rt i	Revenue	, Expenses, and Changes in Net Assets or Fund Balances see	the ins	
			ne organization used Schedule O to respond to any question in this Pa		
	1		ns, gifts, grants, and similar amounts received	• • • ⊢	188,500
	2	_	rvice revenue including government fees and contracts	· · · 	2
	3	Membershi	dues and assessments	🗀	3
	4	Investment		<u> </u> .	4
	5		unt from sale of assets other than inventory 5a		
			or other basis and sales expenses		
		C Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a)	_5	ic
	6	Gaming and	fundraising events		
a)		a Gross incor	ne from gaming (attach Schedule Gittgreater than		
Ž		\$15,000)	6a		
Revenue		b Gross incor	ne from tendraising events (not including \$ of contributions		
ď		nom lundia	ising events reported on line 1) (attach Schedule 3 if the		
	ŀ	sum of such	gross income and contributions exceed \$15,000) 6b		
	ŀ	c Less direct	expenses gaming and fund asing events 6c		
	ŀ		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
		line 6c)		<u> 6</u>	<u></u>
	7		of inventory, less returns and allowances		
			f goods sold		
			or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	'c
	8	Other reven	ue (describe in Schedule O)	🛏	8
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		188,500.
	10		sımılar amounts paıd (list in Schedule O)	<u>1</u>	0
	11	•	d to or for members	—	1
ses	12	Salaries, otl	ner compensation, and employee benefits	1	2 0.
Expense	13	Professiona	I fees and other payments to independent contractors		8,268.
: <u>\$</u>	14		rent, utilities, and maintenance	• • • ⊢	4
, III	15	Printing, pu	olications, postage, and shipping	• • • ⊢	5
	16	Other exper	ises (describe in Schedule O)		6 69,657.
Ĺ—	17	Total expe	nses. Add lines 10 through 16	<u>▶ 1</u>	77,925.
್ಷ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<u>1</u>	8 110,575.
Se or	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
Net Assets Exper	_	end-of-year	figure reported on prior year's return)	1	
Se	20		ges in net assets or fund balances (explain in Schedule 0)	2	
	171	Net assets	or fund balances at end of year. Combine lines 18 through 20	_ 1	110 575

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

	•								
For	n 990-EZ (2010)					27-	359855T	7	Page 2
Pá	art II Balance Sheets. (see the instructions for Part II							•	
	Check if the organization used Schedule O to re	espond to any	questio	n in this Part II..			<u></u>	<u>.</u>	. X
			(A) Beginning of year		<u>L.</u>	(B) E	nd of year	
22	Cash, savings, and investments ATTACHMENT.	2		0	•	22		160,8	75.
23	Land and buildings					23			
24	Other assets (describe in Schedule O)					24			
25	Total assets			0	_	25		160,8	
26	Total liabilities (describe in Schedule O) ATTACHMENT	٠		0	_	26		50,3	
27	Net assets or fund balances (line 27 of column (B) must agree			0	<u>. </u>	27		110,5	75.
176	Statement of Program Service Accomplishm Check if the organization used Schedule O to respon	,			Х		(Required	penses I for section and 501(c)(4	١
	at is the organization's primary exempt purpose? <u>ATTACHM</u>			***			,	ons and sect	•
Des	scribe what was achieved in carrying out the organization's exempt services provided, the number of persons benefited, and other relev	purposes in a cle	ar and co	oncise manner, descri	be) trusts, optic	nal
_		vant information ic	r each pr	ogram title		ļ	for others)	
28	ATTACHMENT 5								
	(O	· · · ·						22	005
29	(Grants \$) If this amount include	s foreign grants, cr	eck here	· · · · · · •	Щ.	28a		11,	925.
23									
					_				
	(Grants \$) If this amount include	e foreign grante of	ack bere			29a			
30	(Grants \$ 7 in this amount include	is loreign grants, or	ieck nere			294			
•				···	_				
	(Grants \$) If this amount include	s foreign grants, ch	eck here		\neg	30a			
31	Other program services (attach schedule)			· · · · · · · · · · · · · · · · · · ·	<u> </u>	30a			
•	(Grants \$) If this amount include				ij	31a			
32	Total program service expenses (add lines 28a through 31a)				•	32		77.	925.
	art IV List of Officers, Directors, Trustees, and Key Emplo	oyees. List each	one even	if not compensated (s	see t		ructions for		
	Check if the organization used Schedule O to respon								. \square
		(b) Title and a		(c) Compensation			outions to	(e) Expe	nsę
	(a) Name and address	hours per w		(If not paid, enter -0-)			nefit plans & npensation	àccount a other allowa	and ances
				, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
	ATTACHMENT 6			-0-		-0-		-0-	
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Part				$\overline{}$
	Check if the organization used Schedule O to respond to any question in this Part V			X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
	description of each activity in Schedule O	33_		<u> </u>
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)	1		
	change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			·
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	^		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		-	
b	Did the organization file Form 1120-POL for this year?	37b		
38 a	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		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	ł		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	ł		
b	Gross receipts, included on line 9, for public use of club facilities	ł		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
.	section 4911 ▶			
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	40b		X
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	400		
·	organization managers or disqualified persons during the year under sections 4912,	<		٧.
d	4955, and 4958			
	reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
_	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed $ ightharpoons GA$,			
42 a	The organization's books are in care of ▶DEWITT_ROGERS_C/O_TROUTMAN_Telephone no ▶ 404-885	5-34	12	
	Located at ▶600 PEACHTREE ST., NE SUITE 5200 ATLANTA, GA 7/P+4 > 30308			
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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign county ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
	and Financial Accounts.			_
С	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		X
	If "Yes," enter the name of the foreign country			
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			
			r	
44 -	Did the expension mointain any dense advised finds disease the cost of the second of t		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			X
L	completed instead of Form 990-EZ	44a		\vdash
D	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		X
	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		 ^-
u	explanation in Schedule O	44d		
			0-EZ	(2010)
				··

	P-EZ (2010)			<u>2</u> 7 - 359855	7		Pag		
						Yes	_		
	Is any related organization a controlled entity of the o	-	-		45		<u> </u>		
	Did the organization receive any payment from or								
	meaning of section 512(b)(13)? If "Yes," Form 9		•	instead of Form	45a				
46	990-EZ		vities on behalf o	f or in opposition	130	_	╁		
	to candidates for public office? If "Yes," complete Schedule C, Part I								
Part V	Section 501(c)(3) organizations and se 501(c)(3) organizations and section 4947 and 52, and complete the tables for lines	(a)(1) nonexempt char							
	Check if the organization used Schedule	O to respond to any que	estion in this pai	rt VI			.[
					_	Yes	+		
	Did the organization engage in lobbying activities? If				47		:		
	Is the organization a school as described in section 1		•	E	48		:		
	Did the organization make any transfers to an exemp		ganization?		49a		1		
	If "Yes," was the related organization a section 527 o				49b		Ļ		
	Complete this table for the organization's five high employees) who each received more than \$100,000						na		
	comprosees, who each received more than \$100,000	(b) Title and average	(c) Compensation	(d) Contributions to		Exper	nse		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	acc	count a	ınd		
	trait # 100,000	devoted to position		deterred compensation	outer	аноwа	ıııcı		
	·								
							-		
			+						
	Total number of other employees paid over \$100,000								
51	Complete this table for the organization's five his \$100,000 of compensation from the organization	phest compensated indep f there is none, enter "No	ne "						
51	Complete this table for the organization's five high	phest compensated indep f there is none, enter "No	ne "	ors who each rec	c) Com				
51	Complete this table for the organization's five his \$100,000 of compensation from the organization	phest compensated indep f there is none, enter "No	ne "						
51	Complete this table for the organization's five his \$100,000 of compensation from the organization	phest compensated indep f there is none, enter "No	ne "						
51	Complete this table for the organization's five his \$100,000 of compensation from the organization	phest compensated indep f there is none, enter "No	ne "						
51	Complete this table for the organization's five his \$100,000 of compensation from the organization	phest compensated indep f there is none, enter "No	ne "						
51	Complete this table for the organization's five his \$100,000 of compensation from the organization	phest compensated indep f there is none, enter "No	ne "						
51	Complete this table for the organization's five his \$100,000 of compensation from the organization	phest compensated indep f there is none, enter "No	ne "						
	Complete this table for the organization's five his \$100,000 of compensation from the organization	ghest compensated indep if there is none, enter "No ore than \$100,000	ne "						
d 52	Complete this table for the organization's five hig \$100,000 of compensation from the organization (a) Name and address of each independent contractor paid means and address of each independent contractor paid means are contracted in the organization complete Schedule A? Note: A	ring over \$100,000	(b) Type (b) Type	of service	(c) Com	npensa	ation		
51 d	Complete this table for the organization's five hig \$100,000 of compensation from the organization (a) Name and address of each independent contractor paid metals and independent contractor paid metals of the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed matter of penjury, I declare that I have examined this return, including the state of penjury, I declare that I have examined this return, including the state of penjury, I declare that I have examined this return, including the state of penjury, I declare that I have examined this return, including the state of penjury.	ring over \$100,000 Il section 501(c)(3) organiz Schedule A ding accompanying schedules a	(b) Type (b) Type	of service a)(1) the best of my knowled	(c) Com	npensa	atior .		
d 52	Complete this table for the organization's five hig \$100,000 of compensation from the organization (a) Name and address of each independent contractor paid management of other independent contractors received the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed	ring over \$100,000 Il section 501(c)(3) organiz Schedule A ding accompanying schedules a	(b) Type (b) Type	of service a)(1) the best of my knowled	(c) Com	npensa	atior .		
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d 52 Inder perue, corres	Complete this table for the organization's five hig \$100,000 of compensation from the organization (a) Name and address of each independent contractor paid metallic and address of each independent contractor paid metallic and address of each independent contractors received by the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed from the organization of preparer (other than officer) is based of penjury, I declare that I have examined this return, included, and complete Declaration of preparer (other than officer) is based or property of officer. Signature of officer Type or print name and title Print/Type preparer's name of the preparer's preparer'	ring over \$100,000 Il section 501(c)(3) organiz Schedule A ding accompanying schedules a sed on all information of which p	(b) Type (b) Type (c) Type (d) Type (e) Type (e) Type (e) Type (f) Type (g) Ty	a)(1) the best of my knowledge	(c) Com	npensa	itior		
d 52 Inder perue, corre Sign Here	Complete this table for the organization's five high \$100,000 of compensation from the organization (a) Name and address of each independent contractor paid metals (b) Name and address of each independent contractor paid metals (c) Name and address of each independent contractors received the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed matter of perjury, I declare that I have examined this return, incluent, and complete Declaration of preparer (other than officer) is bath and complete Declaration of preparer (other than officer) is bath and the print/Type preparer's name BDO USA, LLP	ring over \$100,000 Il section 501(c)(3) organiz Schedule A	(b) Type (b) Type (b) Type O zations and 4947(a Date P Date P Fire Pr	of service a)(1) the best of my knowledge the Check if self-employed m's EIN	(c) Com	s belief,	atior .		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047
2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

structions. Inspection

Employer identification number

METRO	O ATLANTA VOTER	EDUCATION NE	TWORK, INC.						27	-3598557			
Part I	Reason for Pub	lic Charity Statu	s (All organizations mu	st con	nplete	this pa	rt.) Se	e instri	uctions				
The or	ganization is not a priva	ate foundation beca	use it is (For lines 1 throu	gh 11,	check	only on	e box)						
1	A church, convention	on of churches, or a	ssociation of churches de	scribed	lın s	section '	170(b)(1)(A)(i).					
2			1)(A)(ii). (Attach Schedul										
3			rvice organization describe										
4 _	A medical researd	h organization op	erated in conjunction w	ith a l	nospita	l descri	bed in	sectio	n 170(b)(1)(A)(iii). Enter the			
_	hospital's name, cit		·							·			
5			nefit of a college or univ	ersity	owned	or ope	rated	by a go	vernme	ntal unit described in			
		ection 170(b)(1)(A)(iv). (Complete Part II) federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6 –													
7 <u>×</u>			es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	ut or fro	om the general public			
۰ ـ	_		(Complete Part II)										
8 <u> </u>			on 170(b)(1)(A)(vi). (Com	•				_					
9 _	_		es (1) more than 33 1/3 %										
			exempt functions - sub										
			ome and unrelated busi				-		1 511	tax) from businesses			
10			ne 30, 1975 See section and exclusively to test for pu	• •		•		•					
11	-	•	rated exclusively for the		•					or to corn, out the			
			ipported organizations de										
			es the type of supporting										
	a Type I	b Type				ally integ		111103 1	d [Type III - Other			
е			the organization is not					rectly		_			
			gers and other than one					-	-	•			
	509(a)(1) or section		-		•								
f	If the organization	received a writter	n determination from th	e IRS	that it	ıs a Ty	/pe I, 1	Гуре II,	or Type	e III supporting			
	organization, check	this box											
g	Since August 17, 20		zation accepted any gift or			from any	of the						
	following persons?												
	(i) A person who	directly or indire	ctly controls, either alor	ne or t	ogethe	er with	person	s desci	ribed in	(II) Yes No			
		-	dy of the supported organ	ızatıon	?					11g(ı)			
	(ii) A family memb									11g(ıı)			
			n described in (i) or (ii) ab							[11g(ni)]			
<u>h</u>			t the supported organization	T						r			
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		Is the tation in	(v) Did y the orga			Is the ation in	(vii) Amount of support			
			above or IRC section	col (ı)	listed in overning	ın col	(ı) of	col (ı) o	rganized	Cuppon			
			(see instructions))		ment?	your su Yes			US?				
				res	No	res	No	Yes	No				
(A)								İ					
							-						
(B)													
(C)													
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(D)													
(E)	-					 - 							
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V 10-7.2

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule	Α	(Form	990	or 990.	-F7\	2010

27-3598557

Page 2

Pai	(Complete only if you check Part III If the organization f	ked the box or	n line 5, 7, or 8	8 of Part I or if	the organizat	tion failed to q	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0.	0	0.	188,500	188,500
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	0	0	0.	0	188,500	188,500
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	`		,			
6	shown on line 11, column (f)				` .	 	
Sec	Public support. Subtract line 5 from line 4 tion B. Total Support		l		<u> </u>	<u>L</u>	188,500.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	0.	0	0.	0	+ · · - ·	188,500
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0	0	0	188,300	188,300
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0.	0	0	0	0	0
11	Total support. Add lines 7 through 10	L				<u> </u>	188,500
12	Gross receipts from related activities, etc. (see					12	0
13	First five years. If the Form 990 is for organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶ X
	tion C. Computation of Public Sup	L				т	
14	Public support percentage for 2010 (line		•		• • • • • • • •	14	%
15	Public support percentage from 2009 Sc					15	<u> </u>
	33 1/3 % support test - 2010. If the o this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatioi	n		▶ □
b	33 1/3 % support test - 2009. If the o						
4-	check this box and stop here. The orga						
17a	or more, and if the organization me Part IV how the organization meets torganization	eets the "facts- he "facts-and-c	and-circumstand	ces" test, chec est The organi	k this box and zation qualifies	d stop here . E as a publicly s	xplain in
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part IV how the organization	2009. If the organization meets on meets the "	ganization did n the "facts-and facts-and-circum	ot check a box !-circumstances' istances" test	on line 13, 16 ' test, check t The organizatio	ia, 16b, or 17a, his box and st on qualifies as a	op here.
18	supported organization						▶ L

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)	
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	

<u>Sec</u>	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees				1		
	received (Do not include any "unusual grants")						:
2	Gross receipts from admissions, merchandise				-		
	sold or services performed, or facilities						
	furnished in any activity that is related to the			Ì			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			 			
,	·	İ					
	unrelated trade or business under section 513			 		 	
4	Tax revenues levied for the organization's	I					
	benefit and either paid to or expended on	I					İ
_	its behalf			-			
5	The value of services or facilities	I					
	furnished by a governmental unit to the	I					
_	organization without charge	· · · · -					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3	I					
h	received from disqualified persons Amounts included on lines 2 and 3	· · · · · · · · · · · · · · · · · · ·					
b	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13	Į.		ı.			
	for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)		l	<u> </u>		ļ	
	tion B. Total Support		γ	,	T-**	y	
Ca	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6					ļ .	·- · · · · -
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar			1	1		
	sources						
þ	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ			
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						•
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501	c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8, or	olumn (f) divided t	by line 13, column	(f))		15	%
16	Public support percentage from 2009 Schedu	ıle A, Part III, line	15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2010 (lin			, column (f))		17	%
18	Investment income percentage from 2009					18	
	33 1/3 % support tests - 2010. If the org						
	17 is not more than 331/3 %, check th						
b	33 1/3 % support tests - 2009. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization					• • •	——————————————————————————————————————

JSA 0E1221 1 000

Page 4

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

METRO ATLANTA VOTED EDUCATION NETWORK THE

Employer identification number

METRO ATLANTA VOIER EDUCATION NETWORK, INC.	21-3	359855/
	ATTACHME	NT 1
FORM 990EZ, PART I - OTHER EXPENSES		
CONSULTING SERVICES		68,624.
BANK FEES		1,033.
TOTAL		69,657.
	ATTACHME	NT 2
FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS		
	= BEGINNING	END
DESCRIPTION	OF YEAR	OF YEAR
		
CASH	0.	160,875.
MOMAT C		1.60.075
TOTALS	0.	160,875.
FORM 990EZ, PART II - TOTAL LIABILITIES	ATTACHME BEGINNING	NT 3
DESCRIPTION	OF YEAR	OF YEAR
FUND ADVANCE	0.	50,300.
		·
TOTALS	0.	50,300.
	A MMA CUMP	NIM 4
FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT E	ATTACHME	NT 4
TOTAL STORAGE TANKE THE CHARACTER OF THE PARTY BARRY B	- CREOSE	
TO ENGAGE IN NONPARTISAN NEUTRAL AND ACCURATE VOTER EDACTIVITIES REGARDING THE STATE OF GEORGIA TRANSPORTATION OF 2010.		

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

Schedule O (Form 990 or 990-EZ) (2010)

ATTACHMENT 5

PROGRAM SERVICE ACCOMPLISHMENT 1

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Page 2

Name of the organization

METRO ATLANTA VOTER EDUCATION NETWORK, INC.

Employer identification number

27-3598557

ATTACHMENT 5 (CONT'D)

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION'S ACTIVITIES CONSISTED OF NON-PARTISAN EDUCATIONAL ACTIVITIES DESIGNED TO EDUCATE THE PUBLIC WITH RESPECT TO THE AUGUST 2012 REFERENDUM REGARDING THE 1% SALES TAX INITIATIVE REGARDING FUNDING TRANSPORTATION IN THE STATE OF GEORGIA.

DURING 2010, THE ORGANIZATION'S ACTIVITIES INCLUDED THE FOLLOWING:

INCORPORATED AS A CORPORATION AND FILED WITH REGULATORY AGENCIES

ADOPTED BYLAWS AND ELECTED OFFICERS

SELECTED TROUTMAN SANDERS AS LEGAL COUNSEL

EXECUTED "BIG TENT" KICKOFF MEETING IN JULY 2010, WHICH SPAWNED "FIRST FRIDAY GROUP"

ESTABLISHED FIRST FRIDAY FORUM, A WIDE COALITION OF GROUPS IN THE COMMUNITY TO DISCUSS THE PROCESS OF EDUCATING THE VOTING PUBLIC ABOUT THE 2012 TSPLOST. THERE WERE SIX "FIRST FRIDAY" MEETINGS IN 2010.

ESTABLISHED A "WORKING GROUP" COMPRISED OF NINE INDIVIDUALS TO ACT AS A "STEERING COMMITTEE". THE WORKING GROUP MET WEEKLY.

SELECTED AND ENGAGED REFERENDUM CONSULTANTS, CRL ASSOCIATES OF DENVER, CO, TO NAVIGATE THROUGH THE EARLY DEVELOPMENT.

SELECTED AND ENGAGED OTHER CONSULTANTS TO PERFORM RESEARCH

BEGAN THE PROCESS OF CREATING A RFP FRAMEWORK FOR PERMANENT EDUCATION CONSULTANTS TO LEAD THE ORGANIZATION

'Form.8868-(Re	v. 1 -2011)				Page 2				
i If you are	filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II and che	ckithis box					
	omplete Part II if you have already been gra								
If you are	filing for an Automatic 3-Month Extension, o	complete o	nly_Partil (on page 1)						
Part II	'Additional' (Not Automatic) 3-Month Ex	ctension c	of Time. Only file the original (no	copies needed)					
Type:or	Name of exempt organization			Employer Identification	number				
print	METRO ATLANTA VOTER EDUÇATIO			27-3598557					
File by the	Number, street, and room or suite no: If,a:P:O. box		-						
extended due date for	235 ANDREW YOUNG INTERNATION	<i>-</i>	<u></u>						
filing your	City; town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.						
instructions.	ATLANTA, GA 30303				·				
Enter the Re	eturn code for the return that this application.	is for (file a	separate application for each return)		. 03				
Application		Return	Application		Return				
ls For		Code	Is For		Code				
Form 990		01		10 TO 10 TO					
Form 990-Bl	-	02	Form 1041-A		08				
Form 990-E2	7	03	Form 4720		0.8				
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 no	ot complete Part II if you were not already	granted an	automatic 3-month extension on a	previously filed Form	n 8868.				
• The book	s are in the care of > JERRY GARDNER								
Telephone	e No. ▶ 404 586-1927	F	AX No ▶ 4.04. 586-5839	-					
• If the orga	anization does not have an office of place of t	business ın	the United States, check this box		▶□				
● If this is fo	or a Group Retum, enter the organization's for	ur digit Gro	up Exemption Number (GEN)	. If thi	s is				
for the whole	e group, check this box ▶ 🛄 👵 🧓	f it is for pa	rt of the group, check this box	▶ and atta	ach a				
	names and EINs of all members the extension								
	st an additional 3-month extension of time ur	-	11/15	20 11 .					
5 For cal	endar year, or other taxsyear beginni	ng	09/20 20 10 , and ending	12/31	20 10				
	ax year entered in line 5 is for less than 12 m			Final return					
Гс	hange in accounting period			-					
· 7 State in	n detail why you need-the extension								
INFOR	MATION NECESSARY TO FILE A CO	MPLETE	AND ACCURATE TAX RETURN						
IS NO	T YET AVAILABLE FROM THIRD PA	RTIES.							
	•				 ,				
8a If this	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the tentative tax,	less any					
nonrefi	undable credits. See instructions			8a \$ 0					
	application is for Form 990-PF; 990-T,	.4720, or	6069, enter any refundable cre						
	ted tax payments made, Include any pri			and any					
	typaid previously with Form 8868	•		8b \$ 0					
c Balanc	e:Due. Subtractiline 8b from line 8a. Include	your paym	ent with this form, if required, by usi	ing EFIPS					
(Electr	onic:Federal Tax Payment System) See instru	ctions:		8c s 0					
	;Sign	aturé an	d Verification						
Under penalties	of perjury, I declare that I have examined this form.			o the best of my knowledg	ge and belief,				
,it'is true, correct	trand complete, and that I am authorized to prepare this fo	rm.		1	1				
<	Mariel James advices		O D I	Sla	12011				
Signature, 🕨	LUUMUU AHUUUMUUTI	<u>ر</u>	Title D	Date ▶ O O	13011				
	Form 8868 (Rev. 1-2011)								
	. Form 8000 (Rev. 1-2011)								
•	•								
			110 0001 0188 8584						
		4077 n	, ПРВО 000-						

(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue Service File a separate application for each return.								
• If you are	filing for an	Automatic 3-Month Extension, o	complete o	only Part I and check this box				<u>> X </u>
				ision, complete only Part II (on page				_
-	-	-		tomatic 3-month extension on a pre-			8868	
a corporation 8868 to req Return for instructions)	n required to uest an ext Fransfers A For more o	to file Form 990-T), or an addition tension of time to file any of the associated With Certain Personal details on the electronic filing of the	nal (not au forms liste I Benefit nis-form, vis	ou need a 3-month automatic extensionatic) 3-month extension of time and in Part I or Part II with the exception contracts, which must be sent to set www.irs.gov/efile and click on e-fi	You can otion of Fo	electror om 887 in pap	nically file 70, Informer forma	Form mation at (see
Rank Au	tomatic 3-	Month Extension of Time. On	ly submit	original (no copies needed)				
Part I only		ncluding 1120-C filers), partnersh		atic 6-month extension - check this b	<i>.</i>		on of time	. □
		empt organization			Employer	Identific	etion num	hor
Type or	i	ATLANTA VOTER EDUCATIO	N NETWC	NOV THE		-3598		,DC1
print					21-	-3396.		
File by the due date for		reet, and room or suite not if a P O boo DREW YOUNG INTERNATION						
filing your		or post office, state, and ZIP code For						
return See instructions	l .	A, GA 30303	a loreign au	diess, see institucions.				
	ATDANTA	A, GA 30303						
Enter the Re	turn code f	or the return that this application i	s for (file a	separate application for each return)			[0 3
Application			Return	Application			Re	turn
ls For			Code	ls For			C	ode
Form 990			01	Form 990-T (corporation)				07
Form 990-BL			02	Form 1041-A				8
Form 990-EZ			03	Form 4720			0	09
Form 990-PF			04	Form 5227				10
) or 408(a) trust)	05	Form 6069				11
Form 990-T			06	Form 8870				12
101111 000 1	(irabi billor	(1.011 0.000)		1 01111 0070			<u> </u>	
Telephone If the orga If this is for the whole a list with the I reque until for the X I fithe ta	inization do or a Group Fe group, che names an est an automorganization calendar year ax year ente	Return, enter the organization's foundation and the content of the	ousiness in ur digit Gro it is for pa on is for- poration re exempt org	FAX No 404 586-5839 I the United States, check this box I purp Exemption Number (GEN) Int of the group, check this box I purred to file Form 990-T)-extension I panization return for the organization I and ending I hitial return	of time a named at 12/31,	and		Hon is
		is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the tentative tax,	less any			
		dits See instructions	4720 or	6069, enter any refundable cre	edits and	3a \$	0	
		nents made. Include any prior yea		•		3b \$	0	
				ent with this form, if required, by usi	na FFTPS	-	<u>-</u>	
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payment inst	_	ng to make an electronic tong w	·illiui a Wal	with this could book, see could be	-JJ-EU d	na rom	1 00/3-E	.0101
		Act Notice see Instructio				Form 85	168 (Rev	1-2011)

ATTACHMENT 6

ATTACHMENT 6

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEE	ഗ	
90EZ, PART IV - LIST OF OFFICERS, DIREC	OYEE	
90EZ, PART IV - LIST OF OFFICERS, DIREC	EMPL	
90EZ, PART IV - LIST OF OFFICERS, DIREC	KEY	
90EZ, PART IV - LIST OF OFFICERS, DIREC	AND	
90EZ, PART IV - LIST OF OFFICERS, DIREC	TRUSTEES	
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90EZ, PART I		
90EZ, PART I	ı	
90EZ	> H	
90EZ	PART	
FORM		
	FORM	

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
RENAY BLUMENTHAL 235 ANDREW YOUNG INTERNATIONAL BLVD ATLANTA, GA 30303	CHAIR 1.00	·	Ö	Ċ
MICHAEL E. PARIS 235 ANDREW YOUNG INTERNATIONAL BLVD ATLANTA, GA 30303	TREASURER 1.00	Ö	.0	·
RAY CHRISTMAN 235 ANDREW YOUNG INTERNATIONAL BLVD ATLANTA, GA 30303	SECRETARY 1.00		.0	.0
GRAND TOTALS		0	0	0

9:49:44 AM V 10-7.2