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 black lung benefit trust or private foundation)

2012

OMB No. 1545-1150

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning , 2012, and ending December 31 . 20 January 1 C Name of organization D Employer identification number B Check if applicable: Address change 58-1105343 Georgia Chapter of the American Planning Association Room/suite E Telephone number Name change Number and street (or P.O. box, if mail is not delivered to street address) Initial return 404-434-9047 1429 Field Creek Terrace Terminated City or lown, state or country, and ZIP + 4 F Group Exemption Amended return Number > Application pending 3192 Lawrenceville GA 30043-5334 G Accounting Method: ☑ Cash ☐ Accrual H Check ▶ ☑ If the organization is not I Website: ► www.qeorgiaplannlng.org required to attach Schedule B 527 (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 110,853 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . 16,600 Program service revenue including government fees and contracts 2 2 74,001 3 19,863 4 389 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 7с 8 8 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 110,853 10 10 11 11 12 12 13 13 Professional fees and other payments to independent contractors 24,793 14 14 15 15 2,998 16 16 61,643 17 17 89,434 18 18 21,419 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 56,381 Net/ 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 77,800

Pa	rt II Balance Sheets (see the instructions					-
	Check if the organization used Schedule	O to respond to a	ny question in this			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and Investments			<u>56,381</u>		77,800
23	Land and buildings		· · · · · ·		23 24	
24	Other assets (describe in Schedule O)			56,381		77.000
25	Total assets				26	<u>77,800</u> 0
26 27	Net assets or fund balances (line 27 of column		h line 21)	56,381	-	77,800
	till Statement of Program Service Accom					
	Check if the organization used Schedule				/n	Expenses uited for section
Wha	t is the organization's primary exempt purpose?	<u> </u>	,, q,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	<u>,</u>		c)(3) and 501(c)(4)
	cribe the organization's program service accompli	lehmente for each o	of its three largest r	rogram services		nizations and section
as n	neasured by expenses. In a clear and concise m	nanner, describe th	e services provide	d, the number of		7(a)(1) truste; optional others.)
pers	ons benefited, and other relevant information for ea	ach program title.	·	•	""	
28						Γ
				*		
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ 🛮 </u>	28a	61,643
29						
	**************************************		40000044400000000000000000000000000000			

	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗓	29a	10,626
30	***************************************					

		1 1 . I f 1			-	
		includes foreign gra			30a	 -
31	Other program services (describe in Schedule O)	includes foreign gra			31a	
32	(Grants \$) If this amount Total program service expenses (add lines 28a				32	72.269
Par						
	Check if the organization used Schedule					
	Oliosia in oliganization doca comodato	(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-M/SC	contributions to employed benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)			
- Eric.I	Rosman, AICP					
		President / 8	<u></u>			
Tim.l	reace AICP				ĺ	
2410	Paces Ferry Road, Suite 400, Atlanta, GA 30339	VP Services / 4)	_	
	Hull, AICP					
327 V	V. Savannah Avenue. Valdosta. GA 31601	VP Programs / 4).	+	
	Dunnavant. AICP	4	1			
	Grange Street. Newnan. GA 30263	Secretary / 2)	+-	
	s Summerbell AICP	ł			}	
	Field Creek Terrace, Lawrenceville, GA 30043	Treasurer / 4		<u>-</u> -	+-	
	Taylor Lee, AICP	l]			
	Biulis Parkway. Canton. GA 30014	Director / 2	<u> </u>	<u> </u>	-	-
	J Studdard, AICP	Discolar (2				
	Parkway Lane, Suite 600, Norcross, GA 30092	Dîrector / 2			1	
	Wheelerechnology Pkwy NW. Peachtree Corners. GA 30092	Director / 2		j		
	een Fieldeen Field	Director / 2		'	1	
	Deerfield Parkway, Bido 100 Milton, GA 30004	Director / 2	١	,		
	ader, AlCP.					
	Commerce Drive, Decatur, GA 30030	Director / 2	l o	,		
	Morgan					
	ain Street, Cumming, GA 30040	Director/2_				
	Cornell, FAICP					
	very Street Decalur GA 30030	PDO / 2	ſ	d,		

Part				_
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	. L 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	165	NO
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		ز
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	-	1
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		1
č	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		1
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	:::/::::::::::::::::::::::::::::::::::	\$20,000
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?	200	高等表	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	100	V
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pert 1	40b		
¢	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		22	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			i.
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		e de la composition della comp	
ė	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		V
41	List the states with which a copy of this return is filed ▶ Georga		•	
42a	77	04-43		<u> </u>
i -	Located at ► 1429 Field Creek Terrace, Lawrenceville, GA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	30043 T	5334 Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	-NO
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	At any time during the calendar year, dld the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c		<u>'</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ In Ileu of Form 1041—Check here	· ·	, P	► ∐ No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		'
•	Dld the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
d	Did the organization receive any payments for Indoor tanning services during the year?	44c 44d		
45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		

		· · ·							rage
46 D	ld the organization engage, directly or	Indirectly, in political	campalgn activit	ies on l	behalf of c	or in oppos	sition [Yes	N
	candidates for public office? If "Yes,"	' complete Schedule (C, Parti	<u>.</u> .	<u>.</u>	<u>.</u>	46	b PACESES	ľ
Part VI	Section 501 (c)(3) organization All section 501(c)(3) organizatio 50 and 51	ns only ns must answer qu	estions 47-49b	and 5	2, and c	omplete ti	ne tables t	for lin	es
	Check If the organization used So	chedule O to respon	d to any questio	n in th	is Part Ví				. [
47 Di					<u></u>			Yes	No
ye	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Pa	ırt II					. 47		V
48 ls 49a Di	the organization a school as described	in section 170(b)(1)(A)(il)? If "Yes," com	olete Sc	chedule E		. 48		V
b If	d the organization make any transfers 'Yes," was the related organization a s	to an exempt non-cna section 527 organization	aritable related o	rganiza	ition?	• • •	. 49a . 49b		V
90 CC	omplete this table for the organization' aployees) who each received more tha	s five highest comper	rsated employee	s (othe	r than offi	cere direc	tore trueto	es and	j ke
	(a) Name and title of each employee pald more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-I		(d) Health contributions enefit plans,	benefits, to employee and deferred	(e) Estimate	d amou	
None	·		-		compe	nsalion			
				·					
·			<u> </u>			. •		_	
				-+					
				_					
f Tot	al number of other employees paid over	er \$100,000	, •	0					
\$10	mplete this table for the organization' 10,000 of compensation from the orga	nization. If there is no	ne, enter "None.	nent co	ntractors	who each	received ;	more	han
(e) Name	and address of each independent contractor pa	ld more than \$100,000	(b) Type o	f service		(c)	Compensation	n	
lone									
								•	
								-	
,	**				Ì				
									
							-		
d Tota	I number of other independent								
52 Did	al number of other independent contract the organization complete Schedule A	ctors each receiving o ? Note: All section 50	ver \$100,000 . i1(c)(3) organizati	_ ◀. one en	d 4047(a)(- 0			
none	exempt charitable trusts must attach a	completed Schedule	<u>A</u> ,			🕨		□No)
nder penaltie 10, correct, a	s of perjury, I declare that I have examined this re nd complete Declaration of preparer (other than	rium, including accompanyi officer) is based on all inform	ng schedules and sta nation of which prepa	lements, irer has e	and to the b	est of my kno e.	wledge and b	elief, it f	s
ign	Signature of officer				15	14/2	013		
ere	Eric Bosman, President		•		. Date	1 -1-	- i - 		_
	Type or print name and title							-	—
aid	Print/Type preparer's name	Preparer's signature		Date		Check i			_
reparer se Only	Firm's name	<u> </u>		<u> </u>		self-employe	<u>al</u>		_
	Flrm's address ▶				Firm's Phone	EIN ►		•	—
ay the IRS	discuss this return with the preparer s	shown above? See ins	structions		Frione		Γί Vaé Γ	TNA	—

Form 990-EZ (2012)

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.

OM9 No. 1545-0047 201 Open to Public Inspection

Employer identification number

Form 990, EZ (2012)

Department of the Treasury Internal Revenue Service. Name of the organization

58-1105343 Georgia Chapter of the American Planning Association 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). ☐ 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. c ☐ Type III-Functionally Integrated d ☐ Type III-Non-functionally integrated b Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any glft or contribution from any of the following persons? (I) A person who directly or Indirectly controls, either alone or together with persons described in (II) and Yes Nο (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) Provide the following information about the supported organization(s). (vii) Amount of monetary (i) Name of supported (ii) E(N (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the organization in col.
(i) organized in the U.S.? the organization in in cal. (I) listed in your support organization (described on lines 1-9 governing document? col. (i) of your above or IRC section support? (see instructions)) Yes Yes No No Yes Nο (A) (B) (C) (D) . (E)

Total

Schedu	ole A (Form 990 or 990-EZ) 2012			·			Page 2
Part	Support Schedule for Organiza	ations Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and '	170(b)(1)(A)(v	<u>) </u>
	(Complete only if you checked the	he box on lin	ıe 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	<u>lease comple</u>	ete Part III.)	
Secti	on A. Public Support		<u></u>			, 	
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		T :	ļ		.	
	membership fees received. (Do not include any "unusual grants.")				<u>-</u>	. ,	
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				W	and the solutions and the solution is	
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 (i)	10.41.16.46					
6	Public support. Subtract line 5 from line 4.	17-31-78-60-73-76-	2.000 0000	received.		25.00	_
	on B. Total Support	1,000 To 200 May 000 000 000 000 000 000 000 000 000 0	of sometimes and the second				
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						-
9	Net Income from unrelated business activities, whether or not the business is regularly carried on						٠.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					_	
11	Total support. Add lines 7 through 10	£2.55300W	装饰是正常的	高級通過			
12	Gross receipts from related activities, etc	, (see Instructi	ions)			12	
13	First five years. If the Form 990 is for it organization, check this box and stop he	ne organizatio re .	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectlo	n 501(c)(3) ≻ □
Secti	on C. Computation of Public Suppor	rt Percentaç	ge	· -			
14	Public support percentage for 2012 (line	6, column (f) d	iivided by line 1	1, column (f))		14	%
15 16a	Public support percentage from 2011 Sci 331/3% support test—2012. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, and	d line 14 ls 33¹	15] /s% or more, c	heck this . ▶ □
h	331/s% support test—2011. If the organ	nization did n	ot check a ho	c on line 13 or	16a, and line	15 is 331/s%	or more.
b	check this box and stop here. The organ	Ization qualific	es as a publicly	supported org	janization .		. ▶ ∐
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "I organization	ets the "facts- facts-and-circ	-and-circumsta umstances" tes	nces" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. E as a publicly st	xplain in upported
b	10%-facts-and-circumstances test—2	011. If the org	anization did n	ot check a box	on line 13, 16	3a, 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

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

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							
	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees				i	Ĭ	
	received. (Do not include any "unusual grants.")	32,216	43.141	29.255	33,653	36.463	<u> 174.728</u>
2	Gross receipts from admissions, merchandise	021010				1	
	sold or services performed, or facilities furnished in any activity that is related to the				ļ		
	organization's tax-exempt purpose	93.448	88.522	71.809	76,736	74,001	404.516
3	Gross receipts from activities that are not an	93.440	00.322	71.003		1-1/90	
•	unrelated trade or business under section 513	1				ŀ	
4	Tax revenues levled for the						
4	organization's benefit and either paid			1			
	to or expended on its behalf						
_	The value of services or facilities		·				
5	furnished by a governmental unit to the		ŕ				
	organization without charge						
_		 -					579.244
6	Total. Add lines 1 through 5	125.664	_131.663	101.064	110,389	110.464	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	•	ļ -	·				
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						·
C	Add lines 7a and 7b		aras v seria de la composição de la comp				-
8	Public support (Subtract line 7c from				F.		
	line 6.)		<u> </u>	s see e Zx			
	on B. Total Support			4 5 5 5 6 7	150044	(-) 0040	/A Total
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	125.664	131.663	101.064	110.389	110.464	_579.244
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1.831	1.055	855	388	389	<u>4.518</u>
b							
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether			1			
	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.)	127,495	132.718	101.919	110.777	110.853	583.762
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ 📋
Secti	on C. Computation of Public Suppor	rt Percentag	Ө		_		
15	Public support percentage for 2012 (line				, , , , ,	15	99 %
16	Public support percentage from 2011 Sci			<u></u>	, , , , ,	16	99_%
Secti	on D. Computation of Investment In	come Perce	ntag <u>e</u>				
17	Investment income percentage for 2012	îine 10c, colun	nn (1) divided b	y line 13, colur	nn (1))	17	1 %
18	Investment income percentage from 201	1 Schedule A, I	Part III, line 17			18	1 %
19a	331n% support tests-2012. If the organ	ization did not	check the box	c on line 14, ar	nd line 15 ls m	ore than 331/39	%, and line
	17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as a	a publicly suppo	orted organizati	on . 🏲 🔽
b	331/a% support tests-2011, if the organization	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/ദ%, and
•	line 18 is not more than 331/2%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	ization 🕨 🔲
	Private foundation. If the organization d	id not check a	hox on line 14	. 19a. or 19b. o	heck this box	and see instru	ctions 🕨 🔲

Page	e 4
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Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1645-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Georgia Chapter of the American Planning Association	58-1105343
Part 1 - Line 16 Expenses are Conference and Event Expenses (see Part III Line 28)	
Part IV - List of Officers, Directors, Trustees continued	
E. Megan Will, AICP, 400 Colony Square, 1201 Peachtree Street, NE, Suite 1905, Atlanta, GA 30361, Plan	nning Officials Officer, 2 hrs / wk
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Richard Osborne, AICP, P.O. Box 1390, Cartersville, GA 30120, Director, 2 hrs / week	
Adam Hazell, AICP, P.O. Box 1720, Gainesville, GA 30503, Director, 2 hrs / week	
Michelle Alexander, 834 Inman Village Parkway, Suite 100, Atlanta, GA 30307, Director 2 hrs / week	
Anthony Dukes, 100 South Hill Street, Suite 505, P.O. Box T, Griffin, GA 30224, Director 2 hrs / week	
Kristina Harpst, AICP, 175-C Emery Highway, Macon, GA 31217, Director 2 hrs / week	
Paul DeCamp, AICP, 525 Telfair St., Augusta, GA 30901, Director 2 hrs / week	
Pattl Cullen, P.O. Box 1908, Columbus, GA 31902, Director 2 hrs / week	
Matt Martin, P.O. Box 1125, Valdosta, GA 31603, 2 hrs / week	
Denise Grabowski, AICP, 35 Barnard Street, Suite 300, Savannah, GA 31401, 2 hrs / week	· · · · · · · · · · · · · · · · · · ·
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