NO INCOME OR EXPENSES THIS INITIAL YEAR

Short Form
Return of Organization Exempt From Income Tax

Form 990-EZ

Department of the Treasury
Internal Revenue Service

2011

Open to Public Inspection

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

C Name of organization
BETTER GEORGIA, INC

D Employer identification number
45-3744674

Address change

Name change

Initial return
Number and street (or P.O. box, if mail is not delivered to street address)
PO BOX 1982

Amended return
City or town, state or country, and ZIP + 4
ATHENS, GA 30603

Telephone number
404-527-8160

F Group Exemption
Number

G Accounting Method:
[ ] Cash [ ] Accrual [ ] Other (specify)

N Check [ ] If the organization is not required to attach Schedule B

J Tax-exempt status (check only one) — [ ] 501(c)(3) [ ] 501(c)(4) [ ] Insert no. [ ] 4947(a)(1) or [ ] 527 (Form 990, 990-EZ, or 990-PF)

K Check [ ] if the organization is not a section 501(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

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

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less: cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Gaming and fundraising events

6a Gross income from gaming (attach Schedule G if greater than $15,000)

6b Gross income from fundraising events (not including of contributions

6c Less: direct expenses from gaming and fundraising events

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

7b Less: cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

19 Net assets or fund balances at beginning of year (from line 27, column (A))

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 19

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

123111
05-20-12

RECEIVED
MAY 2, 2012

OGDEN, UT

HHA For Paperwork Reduction Act Notice, see the separate instructions.
**Part II**  Balance Sheets. (see the instructions for Part II)

<table>
<thead>
<tr>
<th>Item</th>
<th>(A) Beginning of Year</th>
<th>(B) End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>27</td>
</tr>
</tbody>
</table>

**Part III**  Statement of Program Service Accomplishments (see the instructions for Part III)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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  **THIS IS AN INITIAL RETURN AND THE ORGANIZATION HAS NOT BEGUN PROVIDING SERVICES AS OF 12/31/2011**

(Grants $ ) If this amount includes foreign grants, check here

29

(Grants $ ) If this amount includes foreign grants, check here

30

(Grants $ ) If this amount includes foreign grants, check here

31  Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here

32  Total program service expenses (add lines 28a through 31a)

**Part IV**  List of Officers, Directors, Trustees, and Key Employees.

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

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter 0)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMY MORTON, 544 MULBERRY STREET</td>
<td>CHAIRPERSON/PRESIDENT</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SUITE 903, MACON, GA 31201</td>
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<tr>
<td>JARMOE GAUTREAUX</td>
<td>DIRECTOR/SECRETARY/TREASURER</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>430 BRITTANY DOWNS, MACON, GA 31210</td>
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<tr>
<td>DR. DREW WESTEN</td>
<td>DIRECTOR</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>150 BEVERLY ROAD, ATLANTA, GA 30309</td>
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</tr>
<tr>
<td>BRYAN LONG, 923 PEACHTREE ST. SUITE</td>
<td>EXECUTIVE DIRECTOR</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>937, ATLANTA, GA 30309</td>
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</table>
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
   Yes  No
   33  X

34. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conform copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions)
   Yes  No
   34  X

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)?
   Yes  No
   35a  X

   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
   Yes  No  N/A
   35b  N/A

   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
   Yes  No
   35c  X

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
   Yes  No
   36  X

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions
   Yes  No
   37a  0

   b. Did the organization file Form 1120-POL for this year?
   Yes  No
   37b  X

38. 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 year covered by this return?
   Yes  No
   38a  X

39. Section 501(c)(7) organizations. Enter:
   a. Initiation fees and capital contributions included on line 9
   Yes  No  N/A
   39a  N/A

   b. Gross receipts, included on line 5, for public use of club facilities
   Yes  No  N/A
   39b  N/A

40. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
   a. Section 4911
   Yes  No  N/A
   40a  N/A

   b. Section 4912
   Yes  No  N/A
   40b  N/A

   c. Section 4914
   Yes  No  N/A
   40c  N/A

41. List the states with which a copy of this return is filed
   Yes  No
   41  X

42a. The organization's books are in care of
   Telephone no. 404-527-8160
   Located at 430 BRITTANY DOWNS, MACON, GA
   ZIP + 4 31210

   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)?
   Yes  No
   42b  X

   c. If "Yes," enter the name of the foreign country
   Yes  No
   42c  X

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
   Yes  No
   43  N/A

44a. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
   Yes  No
   44a  X

   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
   Yes  No
   44b  X

   c. Did the organization receive any payments for indoor tanning services during the year?
   Yes  No
   44c  X

   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
   Yes  No
   44d  X

45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?
   Yes  No
   45a  X

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)?
   Yes  No
   45b  X
BETTER GEORGIA, INC
45-3744874

Part VI Section 501(c)(3) organizations and section 4947(e)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(e)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, complete Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(i)? If Yes, complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If Yes, was the related organization a section 527 organization?

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."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (from W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
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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."

<table>
<thead>
<tr>
<th>(e) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(e) Compensation</th>
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52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and section 4947(e)(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.

Signature

AMY H. MORTON, CHAIRPERSON/PRESIDENT

Paid Preparer

JAMES A. POLK, CPA

Preparer's signature

05/15/12

Date

Check □ if self-employed

PTIN P00850014

Use Only

THE JAMES POLK COMPANY, LLC - CPA

Firm's EIN ▶ 58-1927387

Phone no. 404-949-3040

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

Yes □ No □
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.

Name of the organization: BETTER GEORGIA, INC

Employer identification number: 45-3744874


FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.