AMENDED

Form **990**

Department of the Treasury
Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: Address change [ ]; Name change [ ]; Initial return [ ]; Termination [ ]; Amended return [X]; Application pending [ ]	
C Name of organization	AID ATLANTA, INC.
Doing Business As	
Number and street (or P O box if mail is not delivered to street address)	1605 PEACHTREE ST NE
Room/suite	
City or town, state or country, and ZIP + 4	ATLANTA, GA 30309-2433
D Employer identification number	58-1537967
E Telephone number	(404)870-7700
G Gross receipts $	6,315,379.
F Name and address of principal officer	TRACY ELLIOT 1605 PEACHTREE ST NE ATLANTA, GA 30309-2433
H(a) Is this a group return for affiliates?	Yes [ ] No [X]
H(b) Are all affiliates included?	Yes [ ] No [ ]
If "No," attach a list (see instructions)	
I Tax-exempt status	[X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527
J Website ▶	AIDATLANTA.ORG
H(c) Group exemption number ▶	
K Type of organization	[X] Corporation [ ] Trust [ ] Association [ ] Other ▶
L Year of formation	1983
M State of legal domicile	GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO REDUCE NEW HIV INFECTIONS AND IMPROVE THE QUALITY OF LIFE OF ITS MEMBERS AND THE COMMUNITY BY BREAKING BARRIERS AND BUILDING COMMUNITY

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of employees (Part V, line 2a)	5	129
6	Total number of volunteers (estimate if necessary)	6	97
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue			
8	Contribution and grants (Part VIII, line 1h)	4,986,247.	6,251,912.
9	Program service revenue (Part VIII, line 2g)	84,717.	63,420.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,512.	47.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	714,503.	-191,943.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,787,979.	6,123,436.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		536,391.
14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,569,150.	4,129,739.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 557,934.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,240,184.	1,915,200.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,809,334.	6,581,330.
19	Revenue less expenses Subtract line 18 from line 12	-21,355.	-457,894.
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	1,067,363.	998,756.
21	Total liabilities (Part X, line 26)	817,410.	1,206,697.
22	Net assets or fund balances Subtract line 21 from line 20	249,953.	-207,941.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ W. David Begley — Signature of officer — Date 3/1/2011

▶ W. DAVID BEGLEY, C.F.O. — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Mann A
Date	FEB 21 2011
Check if self-employed ▶	[ ]
Preparer's identifying number (see instructions)	P00746804
Firm's name (or yours if self-employed), address, and ZIP + 4	SMITH & HOWARD, P.C. 171 17TH STREET, SUITE 900 ATLANTA, GA 30363
EIN ▶	58-1250486
Phone no ▶	404-874-6244

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

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

1 Briefly describe the organization's mission

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ______) (Expenses $ 3,982,594 including grants of $ 536,391) (Revenue $ 63,420)

SEE STATEMENT 2

4b (Code ______) (Expenses $ 1,308,641 including grants of $ ______) (Revenue $ ______)

SEE STATEMENT 3

4c (Code ______) (Expenses $ ______ including grants of $ ______) (Revenue $ ______)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 5,291,235. *(Must equal Part IX, Line 25, column (B))*

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

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Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	45			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	129			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	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)?			4a		X
b	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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . . . 1a 23			
b	Enter the number of voting members that are independent . . . 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ GA,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ WILLIAM DAVID BEGLEY, JR. 1605 PEACHTREE ST NE ATLANTA, GA 30309-2433
404-870-7700

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								204,340.	NONE	15,565.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 4		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue 58-1537967

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	552,407				
d Related organizations	1d					
e Government grants (contributions)	1e	4,825,138				
f All other contributions, gifts, grants, and similar amounts not included above	1f	874,367				
g Noncash contributions included in lines 1a-1f $ 89,146						
h **Total.** Add lines 1a-1f			6,251,912			
Program Service Revenue		Business Code				
2a MEDICAID		624200	63,420	63,420	NONE	
b						
c						
d						
e						
f All other program service revenue					NONE	
g **Total.** Add lines 2a-2f			63,420			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) STMT. 5			47			47
4 Income from investment of tax-exempt bond proceeds			NONE			
5 Royalties			NONE			
	(i) Real	(ii) Personal				
6a Gross Rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)			NONE			
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory						
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)			NONE			
8a Gross income from fundraising events (not including $ 552,407 of contributions reported on line 1c) See Part IV, line 18	a	STMT 6				
b Less direct expenses	b	191,943				
c Net income or (loss) from fundraising events STMT. 7			-191,943			-191,943
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities			NONE			
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d			NONE			
12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c and 11e			6,123,436	63,420	NONE	-191,896

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	536,391.	536,391.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	215,850.	168,363.	47,487.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	3,363,929.	2,713,529.	264,073.	386,327.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	12,132.	9,820.	1,118.	1,194.
9 Other employee benefits	246,915.	114,219.	107,258.	25,438.
10 Payroll taxes	290,913.	235,479.	26,799.	28,635.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	14,000.	9,755.	2,801.	1,444.
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	790,500.	758,043.	25,691.	6,766.
12 Advertising and promotion	9,416.	4,589.	80.	4,747.
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	253,621.	220,103.	24,660.	8,858.
17 Travel	111,268.	21,390.	86,283.	3,595.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	9,733.	6,806.	2,784.	143.
20 Interest	41,939.	17.	34,276.	7,646.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	90,767.	59,823.	20,834.	10,110.
23 Insurance	22,002.	18,832.	1,946.	1,224.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DUES & SUBSCRIPTIONS	9,573.	1,049.	7,198.	1,326.
b EQUIPMENT RENTAL & MAINT	157,233.	125,559.	9,352.	22,322.
c PRODUCTION-SPECIAL EVENTS	30,662.	25,210.	5,452.	
d OTHER	374,486.	262,258.	64,069.	48,159.
e				
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	6,581,330.	5,291,235.	732,161.	557,934.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			79,074.	1	48,251.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			506,518.	3	553,441.
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net STMT 8			46,357.	7	NONE
	8	Inventories for sales or use				8	
	9	Prepaid expenses and deferred charges STMT 9			21,116.	9	67,952.
	10a	Land, buildings, and equipment cost basis	10a	677,935.			
	b	Less accumulated depreciation Complete Part VI of Schedule D.	10b	396,380.	285,948.	10c	281,555.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			128,350.	15	47,557.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,067,363.	16	998,756.
Liabilities	17	Accounts payable and accrued expenses			415,964.	17	449,246.
	18	Grants payable				18	
	19	Deferred revenue STMT 10			229,113.	19	306,017.
	20	Tax-exempt bond liabilities				20	
	21	Escrow account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties STMT 11			172,333.	23	451,434.
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	**Total liabilities.** Add lines 17 through 25			817,410.	26	1,206,697.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			78,854.	27	-290,700.
	28	Temporarily restricted net assets			171,099.	28	82,759.
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			249,953.	33	-207,941.
	34	Total liabilities and net assets/fund balances			1,067,363.	34	998,756.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

AMENDED

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
AID ATLANTA, INC.	58-1537967

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 (Please check only **one** organization.)

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).** (Attach Schedule H)

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 33 1/3 % 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 33 1/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

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 - Other

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)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the organizations the organization supports

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the US? Yes	(vi) No	(vii) Amount of support
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,923,466	5,806,509.	2,064,570	6,435,804	6,251,912	26,482,261
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 1-3	5,923,466	5,806,509.	2,064,570	6,435,804	6,251,912	26,482,261
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)						NONE
6 **Public support.** Subtract line 5 from line 4						26,482,261

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,923,466	5,806,509	2,064,570	6,435,804	6,251,912	26,482,261
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	994	1,291.	112	312	47	2,756
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)						
11 **Total support.** Add lines 7 through 10						26,485,017
12 Gross receipts from related activities, etc (See instructions)					12	318,687.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 99.99 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 75.26 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** 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 "fact-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 - 2007.** 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 organzation 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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees 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 organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less 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 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'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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

AMENDED

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: AID ATLANTA, INC.

Employer identification number: 58-1537967

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Term endowment ▶ ______ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		12,800.		12,800.
b Buildings				
c Leasehold improvements	NONE	184,982.	85,759.	99,223.
d Equipment		230,401.	193,320.	37,081.
e Other		249,752.	117,301.	132,451.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				281,555.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
Total *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,123,436.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,581,330.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-457,894.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-457,894.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,315,379.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	191,943.		
e	Add lines 2a through 2d			2e	191,943.
3	Subtract line 2e from line 1			3	6,123,436.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	6,123,436.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	6,773,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	191,943.		
e	Add lines 2a through 2d			2e	191,943.
3	Subtract line 2e from line 1			3	6,581,330.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	6,581,330.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

SEE PAGE 5

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Part XIV Supplemental Information *(continued)*

ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48

PART X

THE ORGANIZATION IS A TAX EXEMPT ORGANIZATION UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE FEDERAL AND STATE INCOME TAXES FROM THE ORGANIZATION'S ACTIVITIES.

OTHER AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1

PART XII, LINE 2D

DIRECT EXPENSES FOR FUNDRAISING EVENTS INCLUDED IN FUNCTIONAL EXPENSES ON AUDIT REPORT $191,943

OTHER AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25

PART XIII, LINE 2D

DIRECT EXPENSES FOR FUNDRAISING EVENTS INCLUDED IN FUNCTIONAL EXPENSES ON AUDIT REPORT $191,943

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

AMENDED

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: AID ATLANTA, INC.

Employer identification number: 58-1537967

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

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

- a ☐ Mail solicitations
- b ☐ 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 activities? ☐ 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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

		(a) Event #1 AIDS WALK (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	243,470.	132,316.	176,621.	552,407.
	2 Less Charitable contributions	243,470.	132,316.	176,621.	552,407.
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs		14,405.	52,209.	66,614.
	7 Other direct expenses		38,603.	86,726.	125,329.
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(191,943.)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-191,943.

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 Non-cash 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 Combine lines 1 and 7 in column (d) ▶				

			Yes	No
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?	9a		
b	If "No," Explain ______			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain ______			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

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				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records Name ▶ Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
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 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?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

AMENDED

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: AID ATLANTA, INC.

Employer identification number: 58-1537967

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

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AMENDED

38-1537967

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal other)	(f) Description of non-cash assistance
EMERGENCY ASSISTANCE	600	536,391			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

PART 1, LINE 2

RECIPIENTS COME DIRECTLY TO THE AGENCY FOR ASSISTANCE

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AMENDED

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization: AID ATLANTA, INC.

Employer Identification number: 58-1537967

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MYRA BIERRIA, ESQ. PRESIDENT	10.	X						NONE	NONE	NONE
WALTER B. BRADLEY DIRECTOR	2.	X						NONE	NONE	NONE
MARION BUNCH DIRECTOR	2.	X						NONE	NONE	NONE
JEFFREY M. CLEGHORN, ESQ. DIRECTOR	2.	X						NONE	NONE	NONE
THEODORE FLORENCE DIRECTOR	2.	X						NONE	NONE	NONE
CHARLES S. FREW DIRECTOR	2.	X						NONE	NONE	NONE
BRUCE GARNER DIRECTOR	2.	X						NONE	NONE	NONE
ARTHUR J. GREEN, D.O. DIRECTOR	2.	X						NONE	NONE	NONE
DEBORAH GRITZMACHERN, RN, MSM DIRECTOR	2.	X						NONE	NONE	NONE
MARY M. HARRISON DIRECTOR	2.	X						NONE	NONE	NONE
GLEN W. HAUENSTEIN DIRECTOR	2.	X						NONE	NONE	NONE
EDWARD HOLIFIED DIRECTOR	2.	X						NONE	NONE	NONE
ALFRED D. KENNEDY DIRECTOR	2.	X						NONE	NONE	NONE
STEVEN LANDUYT DIRECTOR	2.	X						NONE	NONE	NONE
SALLY N. LEVINE DIRECTOR	2.	X						NONE	NONE	NONE
JANE LONG DIRECTOR	2.	X						NONE	NONE	NONE
DENNIS DEAN RETZLEFF DIRECTOR	2.	X						NONE	NONE	NONE
MARK B. RINDER DIRECTOR	2.	X						NONE	NONE	NONE
PAULA SCHNEIDER DIRECTOR	2.	X						NONE	NONE	NONE
JOYCE SHLESINGER DIRECTOR	2.	X						NONE	NONE	NONE
DAVID M. SPRY DIRECTOR	2.	X						NONE	NONE	NONE

AMENDED

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization: AID ATLANTA, INC.

Employer Identification number: 58-1537967

Part I **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LUTHER A. VIRGIL, JR. M.D. DIRECTOR	2.	X						NONE	NONE	NONE
GINA M. VITIELLO, ESQ. DIRECTOR	2.	X						NONE	NONE	NONE
TRACY L. ELLIOTT EXEC. DIRECTOR	40.			X				122,740.	NONE	8,681.
WILLIAM DAVID BEGLEY, JR. CFO	40.			X				81,600.	NONE	6,884.

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

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AMENDED

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: AID ATLANTA, INC.

Employer identification number: 58-1537967

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HOUSEHOLD ITEMS)	X	25	89,146.	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

AMENDED

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
AID ATLANTA, INC.	58-1537967

EXPLANATION FOR AMENDED RETURN

FORM 990 HEADING, ITEM B

RETURN HEADING

ITEM F - CORRECTED ADDRESS

ITEM G - CHANGED DUE TO CORRECTIONS ON PART VIII

PART I

LINE 1 - CORRECTED ORGANIZATION'S MISSION

LINE 5 - CORRECTED TOTAL NUMBER OF EMPLOYEES

LINES 8-19 - CHANGED DUE TO CORRECTIONS ON PARTS VIII AND IX

PART III

LINE 1 - CORRECTED ORGANIZATION'S MISSION

LINE 4A - CORRECTED PROGRAM DESCRIPTION; PROVIDED GRANTS AND REVENUE FOR PROGRAM

LINE 4B - CORRECTED PROGRAM DESCRIPTION

PART IV

LINE 8 - CHANGED RESPONSE TO "NO;" ORGANIZATION DOES NOT MAINTAIN COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES OR OTHER SIMILAR ASSETS.

LINE 23 - CHANGED RESPONSE TO "NO" DUE TO CHANGE IN RESPONSE ON PART VII, SECTION A, LINE 3

PART V

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

AMENDED

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization | Employer identification number

LINE 1B - CHANGED RESPONSE TO "NONE," THERE WERE NO FORMS W-2G ISSUED BY THE ORGANIZATION

LINE 2A - PROVIDED NUMBER OF EMPLOYEES REPORTED ON FORM W-3

LINE 7A - CHANGED RESPONSE TO "YES," THERE WERE GOOD OR SERVICES PROVIDED IN EXCHANGE FOR CONTRIBUTIONS OF MORE THAN $75

LINE 7B - PROVIDED ANSWER

LINE 8 - REMOVED RESPONSE, QUESTION DOES NOT APPLY TO THE ORGANIZATION

LINE 9 - REMOVED RESPONSE, QUESTION DOES NOT APPLY TO THE ORGANIZATION

PART VI

LINE 18 - CHANGED RESPONSE TO INCLUDE "ANOTHER'S WEBSITE"

LINE 20 - PROVIDED NAME OF PERSON WHO POSSESSES THE BOOKS AND RECORDS OF THE ORGANIZATION

PART VII

SECTION A

LINE 1A - REMOVED FOUR EMPLOYEES WHO WERE LISTED AS "KEY EMPLOYEES" BUT WHO DID NOT MEET THE DEFINITION OF A KEY EMPLOYEE; CHANGED POSITION OF DIRECTOR FROM "FORMER" TO "INDIVIDUAL TRUSTEE OR DIRECTOR;" PROVIDED ESTIMATED AMOUNT OF OTHER COMPENSATION FOR COLUMN (F)

LINE 3 - CHANGED RESPONSE TO "NO," THERE WERE NO FORMER OFFICERS, DIRECTORS OR TRUSTEES, KEY EMPLOYEES OR HIGHEST COMPENSATED EMPLOYEES LISTED ON LINE 1A

SECTION B

AMENDED

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization | Employer identification number

LINE 1, COLUMN (A) - PROVIDED COMPLETE ADDRESS FOR INDEPENDENT CONTRACTOR

PART VIII

LINE 1C - CORRECTED CONTRIBUTIONS FROM FUNDRAISING EVENTS TO INCLUDE GROSS RECEIPTS ONLY; THE ORIGINALLY FILED RETURN REPORTED CONTRIBUTIONS NET OF FUNDRAISING EXPENSES

LINE 1F - CORRECTED AMOUNT OF OTHER CONTRIBUTIONS

LINE 1H - CHANGED DUE TO CORRECTIONS ON LINE 1C AND 1F

LINE 2 - CORRECTED AMOUNT OF PROGRAM SERVICE REVENUE

LINE 8A - CORRECTED CONTRIBUTIONS FROM FUNDRAISING EVENTS TO INCLUDE GROSS RECEIPTS ONLY; THE ORIGINALLY FILED RETURN REPORTED CONTRIBUTIONS NET OF FUNDRAISING EXPENSES

LINE 8B - PROVIDED DIRECT FUNDRAISING EXPENSES; THE ORIGINALLY FILED RETURN INCLUDED A PORTION OF THE DIRECT FUNDRAISING EXPENSES ON PART IX, FUNCTIONAL EXPENSES AND A PORTION WAS NETTED WITH FUNDRAISING CONTRIBUTIONS ON PART PART VIII, LINE 1C

LINE 12 - TOTAL REVENUE CHANGED DUE TO CORRECTIONS TO LINE 8

PART IX

LINE 5 - CORRECTED COMPENSATION OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES TO ONLY INCLUDE THE COMPENSATION OF THOSE WHO MEET THE DEFINITIONS FOR PREVIOUSLY NAMED POSITIONS

LINES 6-10 - CORRECTED SALARIES AND WAGES, PENSION PLAN CONTRIBUTIONS, OTHER EMPLOYEE BENEFITS AND PAYROLL TAXES

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

AMENDED

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization | Employer identification number

LINE 11G - PROVIDED AMOUNT OF OTHER FEES FOR SERVICES WHICH WERE INCLUDED ON LINE 24C OF THE ORIGINALLY FILED RETURN

LINE 24 - REMOVED DIRECT FUNDRAISING EXPENSES WHICH WERE INCLUDED ON LINE 24E OF THE ORIGINALLY FILED RETURN

LINE 25, COLUMN (E) - CHANGED DUE TO REMOVAL OF DIRECT FUNDRAISING EXPENSES FROM LINE 24

PART X

LINE 4 - CORRECTED BALANCE OF ACCOUNTS RECEIVABLE

LINE 15 - CORRECTED BALANCE OF OTHER ASSETS

LINE 23 - CORRECTED BALANCE OF SECURED LOANS

LINE 24 - CORRECTED BALANCE OF UNSECURED LOANS - THERE WERE NO UNSECURED LOANS

PART XI

LINE 2A - CHANGED RESPONSE TO "NO;" THE FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT, NOT COMPILED OR REVIEWED.

LINE 2C - CHANGED RESPONSE TO "YES;" THE BOARD OF DIRECTORS HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

SCHEDULE A

SECTION A - CORRECTED THE PUBLIC SUPPORT SCHEDULE; PERFORMED AN ANALYSIS FOR LINE 5 OF TOTAL CONTRIBUTIONS BY EACH PERSON INCLUDED ON LINE 1 THAT EXCEEDS 2% OF THE AMOUNT SHOWN ON LINE 11, COLUMN (F). BASED ON THE

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

AMENDED

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization | Employer identification number

ANALYSIS, THERE ARE NO CONTRIBUTIONS WHICH NEED TO BE INCLUDED ON LINE 5.

SECTION B - CORRECTED THE TOTAL SUPPORT SCHEDULE

SECTION C - CORRECTED THE COMPUTATION OF PUBLIC SUPPORT PERCENTAGE

SCHEDULE B - PROVIDED DONORS WHO GAVE CONTRIBUTIONS GREATER THAN 2% OF THE AMOUNT ON FORM 990, PART VIII, LINE 1H

SCHEDULE D

PART III - DID NOT COMPLETE DUE TO CHANGE IN RESPONSE TO FORM 990, PART IV, LINE 8. THE ORGANIZATION DOES NOT MAINTAIN COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES OR OTHER SIMILAR ASSETS.

PART VI - CORRECTED SCHEDULE OF LAND, BUILDINGS AND EQUIPMENT

PART IX - DID NOT COMPLETE BECAUSE "OTHER ASSETS" WERE LESS THAN 5% OF TOTAL ASSETS

PART XII - CHANGED DUE TO CORRECTIONS ON FORM 990, PART VIII - STATEMENT OF REVENUE

PART XIII - CHANGED DUE TO CORRECTIONS ON FORM 990, PART IX - STATEMENT OF FUNCTIONAL EXPENSES

PART XIV - PROVIDED TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48

SCHEDULE G

PART II - CORRECTED SCHEDULE OF FUNDRAISING EVENTS

AMENDED

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization | Employer identification number

SCHEDULE J - DID NOT COMPLETE - THERE WERE NO OFFICERS, DIRECTORS OR TRUSTEES, KEY EMPLOYEES OR HIGHEST COMPENSATED EMPLOYEES THAT MET THE REQUIREMENTS FOR PREPARING SCHEDULE J.

SCHEDULE M

PART 1, LINE 31 - CHANGED RESPONSE TO "YES;" THERE IS A GIFT ACCEPTANCE POLICY THAT REQUIRES THE REVIEW OF ANY NON-STANDARD CONTRIBUTIONS

SCHEDULE O - CORRECTED INFORMATION ON SCHEDULE O FOR PART VI LINES 10, 12C, 15 AND 19; PROVIDED INFORMATION FOR PART VI, LINES 7B AND 13

Name of the organization	Employer identification number
AID ATLANTA, INC.	58-1537967

PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990

PART VI, LINE 10

THE 990 WILL BE REVIEWED AND APPROVED BY THE BOARD'S AUDIT COMMITTEE. A COPY OF THE RETURN WILL BE DISTRIBUTED TO THE ENTIRE BOARD BEFORE FILING.

Name of the organization: AID ATLANTA, INC.

Employer identification number: 58-1537967

HOW THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED

PART VI, LINE 12C

AID ATLANTA REQUIRES ALL DIRECTORS TO SIGN A BOARD MEMBER PLEDGE, WHICH INCLUDES A PLEDGE TO UPHOLD THE BY-LAWS OF THE ORGANIZATION. THE BY-LAWS SPECIFICALLY MENTION CONFLICT OF INTEREST AS A CAUSE FOR REMOVAL FROM THE BOARD OF DIRECTORS. MOREOVER, A NEW CONFLICT OF INTEREST POLICY IS BEING DEVELOPED THAT WILL REQUIRE EACH EMPLOYEE, OFFICER AND DIRECTOR TO ANNUALLY REVIEW AND SIGN-OFF, CONFIRMING COMPLIANCE WITH THE POLICY.

Name of the organization: AID ATLANTA, INC.

Employer identification number: 58-1537967

WRITTEN WHISTLEBLOWER POLICY

PART VI, LINE 13

THE ORGANIZATION IS IN THE PROCESS OF IMPLEMENTING A WRITTEN WHISTLEBLOWER POLICY.

Name of the organization: AID ATLANTA, INC.

Employer identification number: 58-1537967

PROCESS FOR DETERMINING COMPENSATION

PART VI, LINE 15

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND DETERMINES THE POSITION'S SALARY BASED ON SALARY DATA FOR SIMILAR ORGANIZATIONS AND THE SPECIFIC WORK PERFORMANCE OF THE INCUMBENT. SALARIES FOR OTHER OFFICERS AND KEY EMPLOYEES ARE DETERMINED IN SIMILAR FASHION BY THE CEO/EXECUTIVE DIRECTOR.

Name of the organization	Employer identification number
AID ATLANTA, INC.	58-1537967

HOW THE ORGANIZATION MAKES DOCUMENTS AVAILABLE TO THE PUBLIC

PART VI, LINE 19

AUDITED FINANCIALS AND THE PUBLIC COPY OF THE FORM 990 ARE AVAILABLE ON THE AGENCY'S WEBSITE; FORM 990 IS MADE AVAILABLE TO THE PUBLIC VIA GUIDESTAR.ORG. BOTH HARD AND ELECTRONIC COPIES OF THE AUDITED FINANCIALS AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

Name of the organization: AID ATLANTA, INC.

Employer identification number: 58-1537967

VALUE OF GOODS OR SERVICES PROVIDED IN EXCHANGE FOR CONTRIBUTIONS

PART V, LINE 7B

THE VALUE OF ANY GOODS OR SERVICES RECEIVED WERE NEGLIBLE. THE ORGANIZATION IS CURRENTLY IMPLEMENTING A TRACKING SYSTEM SO THAT IN THE FUTURE, DONORS WILL RECEIVE A STATEMENT SHOWING THE VALUE OF ANY GOODS OR SERVICED RECEIVED IN EXCHANGE FOR CONTRIBUTIONS.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AID ATLANTA, INC. HAS BEEN SAVING AND TRANSFORMING LIVES SINCE ITS INCEPTION IN 1982. THE AGENCY WAS FOUNDED AS A "GRASS-ROOTS" RESPONSE TO THE DEVASTATING AND FATAL IMPACT HIV/AIDS WAS HAVING ON THE ATLANTA COMMUNITY. GUIDED BY THE CORE VALUES COMPASSION, EQUALITY, EMPOWERMENT, AND LEADERSHIP, AID ATLANTA QUICKLY EXPANDED TO OFFER A BROAD RANGE OF SERVICES TO MEET THE NEEDS OF THE COMMUNITY AND HAS SINCE GROWN TO BE THE SOUTHEAST'S LARGEST, MOST COMPREHENSIVE AIDS SERVICE ORGANIZATION. THE MISSION OF AID ATLANTA IS TO REDUCE NEW HIV INFECTIONS AND IMPROVE THE QUALITY OF LIFE OF ITS MEMBERS AND THE COMMUNITY BY BREAKING BARRIERS AND BUILDING COMMUNITY. TO THIS END, AID ATLANTA HAS PROVEN ITSELF THE LEADER IN THE FIGHT AGAINST THE AIDS EPIDEMIC IN ATLANTA.

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

AID ATLANTA'S CLIENT SERVICES IS A COMPREHENSIVE SUITE OF PROGRAMS PROVIDED TO OVER 4,500 HIV-POSITIVE INDIVIDUALS WHO ARE MOST IN NEED OF SERVICES. OVER 70% OF THOSE SERVED ARE LIVING BELOW THE FEDERAL POVERTY LEVEL, WITH THE REMAINING LIVING JUST BARELY ABOVE. WELL OVER HALF HAVE NO PUBLIC OR PRIVATE HEALTH INSURANCE. DESIGNED TO IMPROVE QUALITY OF LIFE, AID ATLANTA'S CLIENT SERVICES PROGRAMS WORK IN CONCERT WITH ONE ANOTHER TO IMPROVE HEALTH, PROVIDE BASIC NEEDS AND ADDRESS MENTAL HEALTH ISSUES. AS THE SOLE PROVIDER OF RYAN WHITE TITLE I CASE MANAGEMENT SERVICES IN THE METRO ATLANTA AREA, AID ATLANTA'S MEDICAL CASE MANAGERS ARE STRATEGICALLY PLACED AT SEVENTEEN EASY-TO-ACCESS LOCATIONS THROUGHOUT THE METRO AREA AND ENSURE IMMEDIATE LINKAGE TO, AND LONG-TERM RETENTION IN, PRIMARY MEDICAL CARE. AS A MEANS TO FACILITATE OPTIMUM HEALTH, AID ATLANTA'S CLIENT SERVICES ALSO ADDRESS BARRIERS TO MEDICAL CARE INCLUDING: LACK OF AFFORDABLE AND SAFE HOUSING; POVERTY; SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS; POOR NUTRITION; DISPARATE HEALTH ACCESS; AND HEALTH ILLITERACY.

AID ATLANTA PROVIDES PRIMARY MEDICAL CARE TO THOSE WHO ARE HIV-POSITIVE VIA ITS JOYE BRADLEY HEALTH SERVICES UNIT (HSU). THE HSU PROVIDES A COMPREHENSIVE ARRAY OF MEDICAL AND SOCIAL SERVICES TO THOSE WHO ARE UNDERINSURED OR UNINSURED AND ARE LIVING VERY NEAR OR UNDER THE FEDERAL POVERTY LEVEL. SERVICES INCLUDE PRIMARY MEDICAL CARE, MEDICATIONS AND ANTIRETROVIRAL THERAPY, NEEDED ANCILLARY SERVICES, AND ACCESS TO CLINICAL TRIALS. PRIMARY MEDICAL CARE IS PROVIDED IN AN ENVIRONMENT WHERE MEDICAL PROVIDERS AND PATIENTS COLLABORATE TO DEVELOP COMPREHENSIVE PLANS TO ACHIEVE AND MAINTAIN OPTIMAL HEALTH. AID ATLANTA'S SUCCESS IS DEMONSTRATED WITH 90% OF HSU PATIENTS HAVING VIRAL LOADS BELOW LEVELS OF DETECTION, SIGNIFICANTLY BETTER THAN THE NATIONAL AVERAGE. HONORING THIS FEAT, HSU CELEBRATES AID ATLANTA'S "ELITE SOCIETY OF THE UNDETECTABLES," A GROUP COMPRISED OF PATIENTS WHO HAVE REMAINED ADHERENT TO MEDICAL CARE AND HAVE AN UNDETECTABLE VIRAL LOAD. QUARTERLY, THE "ELITE SOCIETY OF UNDETECTABLES" ARE CELEBRATED AT A DINNER IN THEIR HONOR. THIS INITIATIVE HAS PROVEN SUCCESSFUL AT ENCOURAGING AND MOTIVATING CLIENTS TO BE ADHERENT TO TREATMENT REGIMENS AND TAKING ADVANTAGE OF ADHERENCE COUNSELING AND EDUCATION.

4B PROGRAM SERVICE

FORM 990, PART III - PROGRAM SERVICES
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AID ATLANTA'S COMPREHENSIVE HIV PREVENTION EDUCATION PROGRAMS REDUCE THE NUMBER OF NEW HIV INFECTIONS, INCREASE KNOWLEDGE OF HIV STATUS AND PROVIDE LINKAGE TO MEDICAL CARE AND TREATMENT. AID ATLANTA FACILITATES THIRTEEN DISTINCT PREVENTION PROGRAMS USING ONLY EVIDENCED-BASED PREVENTION INTERVENTIONS THAT HAVE BEEN SCIENTIFICALLY PROVEN TO REDUCE THE SPREAD OF HIV AND HAVE BEEN RECOMMENDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). AID ATLANTA HIV PREVENTION INTERVENTIONS REACH OVER 55,000 INDIVIDUALS, SPECIFICALLY TARGETING THOSE PRIORITIZED BY THE STATE OF GEORGIA COMPREHENSIVE HIV PREVENTION PLAN AS MOST AT RISK FOR CONTRACTING AND TRANSMITTING HIV INCLUDING: 17,000 MEN WHO HAVE SEX WITH MEN; 4,000 AFRICAN AMERICAN WOMEN; 4,000 LATINO/LATINAS; AND 31,000 YOUTH.

AID ATLANTA, INC. **AMENDED** 58-1537967

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MOREHOUSE MEDICAL ASSOC. 75 PIEDMONT AVENUE, SUITES 600/700 ATLANTA, GA 30303	MEDICAL PROVIDER	435,803.
TOTAL COMPENSATION		435,803.

AID ATLANTA, INC.

AMENDED

58-1587967

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	47.			47.
TOTALS	47.			47.

AID ATLANTA, INC. AMENDED 58-1537967

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
AIDS WALK	243,470.
GOLF TOURNAMENT	132,316.
OTHER EVENTS	176,621.
TOTAL	552,407.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	DIRECT EXPENSES	NET INCOME
AIDS WALK		
GOLF TOURNAMENT	53,008.	-53,008.
OTHER EVENTS	138,935.	-138,935.
TOTALS	191,943.	-191,943.

AID ATLANTA, INC. **AMENDED** 58-1537967

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: PROMISSORY NOTE

BEGINNING BALANCE DUE	46,357.
ENDING BALANCE DUE	NONE
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	46,357.
TOTAL ENDING NOTES AND LOANS RECEIVABLES	NONE

AID ATLANTA, INC. **AMENDED** 58-1537967

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION		ENDING BOOK VALUE
PREPAID EXPENSES		67,952.
	TOTALS	67,952.

AID ATLANTA, INC. **AMENDED** 58-1537967

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION		ENDING BOOK VALUE
DEFERRED REVENUE		306,017.
	TOTALS	306,017.

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: NOTES PAYABLE

BEGINNING BALANCE DUE	172,333.
ENDING BALANCE DUE	451,434.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	172,333.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	451,434.