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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 **7/01/08**, and ending **6/30/09**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions.**C** Name of organization**THE ATLANTA WOMEN'S FOUNDATION, INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**HURT BUILDING, 50 HURT PLAZA**

Room/suite

**401**

City or town, state or country, and ZIP + 4

**ATLANTA****GA 30303****F** Name and address of principal officer**D** Employer identification number**58-2389721****E** Telephone number**404-577-5000****G** Gross receipts \$**1,360,820****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates  
included?☐ Yes☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c) ( **3** ) ◀ (insert no ) 4947(a)(1) or 527**J** Website: ▶ **WWW. ATLANTAWOMEN.ORG****H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1988****M** State of legal domicile **GA****Part I Summary****1** Briefly describe the organization's mission or most significant activities

**THE ATLANTA WOMEN'S FOUNDATION (AWF) IS DEDICATED TO BREAKING THE  
GENERATIONAL CYCLE OF POVERTY FOR WOMEN AND GIRLS. PLEASE SEE SCHEDULE  
O FOR FURTHER INFORMATION.**

**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** **24****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **24****5** Total number of employees (Part V, line 2a)**5** **13****6** Total number of volunteers (estimate if necessary)**6** **100****7a** Total gross unrelated business revenue from Part VIII, line 12, column (C)**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

**3,032,026**

Current Year

**973,348****9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**160,256****-59,092****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**72,982****-1,519****12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)**3,265,264****912,737****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**1,240,500****565,000****14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**701,635****702,105****16a** Professional fundraising fees (Part IX, column (A), line 11e)**10,000****b** Total fundraising expenses (Part IX, column (A), line 25) ▶**435,381****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**2,000,185****574,259****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**3,942,320****1,851,364****19** Revenue less expenses Subtract line 18 from line 12**-677,056****-938,627****20** Total assets (Part X, line 16) **OGDEN, UT**

Beginning of Year

**7,035,690**

End of Year

**5,374,911****21** Total liabilities (Part X, line 26)**1,544,891****1,130,240****22** Net assets or fund balances Subtract line 21 from line 20**5,490,799****4,244,671****Part II Signature Block****Sign  
Here**

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

**B. J. Mosacchio**

Signature of officer

Date

**Barbara J. Mosacchio, Chief Executive Officer**

Type or print name and title

**May 6, 2010****5/6/10****Paid  
Preparer's  
Use Only**Preparer's  
signature**Linda E. Berggren**

Date

**5/05/10**Check if  
self-  
employed ☐Preparer's identifying number  
(see instructions)  
**P00146250**Firm's name (or yours  
if self-employed),  
address, and ZIP + 4

**GIFFORD, HILLEGASS & INGWERSEN, LLP**

**SIX CONCOURSE PARKWAY SUITE 600**

**ATLANTA, GA 30328**

EIN ▶ **92-0184475**Phone  
no ▶ **770-396-1100**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

SCANNED JUN 24 2010

Expenses

Net Assets or  
Fund Balances

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

1 Briefly describe the organization's mission

**THE ATLANTA WOMEN'S FOUNDATION (AWF) IS DEDICATED TO BREAKING THE GENERATIONAL CYCLE OF POVERTY FOR WOMEN AND GIRLS. PLEASE SEE SCHEDULE O FOR FURTHER INFORMATION.**

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 \$ **970,362** including grants of \$ **500,000** ) (Revenue \$ )

**GRANTS ARE AWARDED TO NON-PROFIT ORGANIZATIONS SERVING WOMEN AND GIRLS IN 5 COUNTIES OF GEORGIA. THESE GRANTS ARE DESIGNED TO ENSURE THAT HIGH IMPACT PROGRAMS AND ORGANIZATIONS FOCUSED ON WOMEN AND GIRLS LIVING IN EXTENDED POVERTY, ARE PROVIDED WITH THE SERVICES NEEDED TO CREATE HIGHER LEVELS OF SELF-SUFFICIENCY. IN 2009, THE FOUNDATION AWARDED 23 GRANTS RANGING FROM \$5K-\$80K. THE DECISIONS ON WHICH ORGANIZATIONS WOULD RECEIVE FUNDING WERE BASED ON STRINGENT AND OBJECTIVE GRANT APPLICATION EVALUATION PROCESSES DESIGNED TO TARGET THE HIGHEST NEEDS OF WOMEN AND GIRLS. THE GRANT SUPPORTED PROGRAMS FOCUSED**

4b (Code ) (Expenses \$ **110,592** including grants of \$ **40,000** ) (Revenue \$ )

**THE DESTINY FUND TRAINS YOUNG WOMEN TO MAKE FUNDING DECISIONS VIA LEADERSHIP DEVELOPMENT AND GRANTMAKING TRAINING. THE DESTINY FUND PARTICIPANTS AWARDED FOUR \$10,000 GRANTS TO NONPROFIT ORGANIZATIONS THAT SERVE WOMEN AND GIRLS.**

4c (Code ) (Expenses \$ **48,518** including grants of \$ **25,000** ) (Revenue \$ )

**TECHNICAL ASSISTANCE GRANTS ARE DESIGNED TO STRENGTHEN THE CAPACITY OF THE NON-PROFIT SECTOR. AND; ADDITIONALLY TO HELP LEVERAGE OUR FUNDERS' DOLLARS BY INCREASING THE STRATEGY AND PLANNING AROUND CORE FUNCTIONS OF OUR GRANTEE PARTNERS; MOST SPECIFICALLY STRATEGIC PLANNING RELATED TO MARKETING AND FUND DEVELOPMENT.**

4d Other program services (Describe in Schedule O )

(Expenses \$ **47,126** including grants of \$ ) (Revenue \$ )4e Total program service expenses ▶ \$ **1,176,598** (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	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
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		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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	<b>X</b>	
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		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
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	<b>X</b>	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
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	<b>X</b>	
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	<b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the U S ?		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>
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	<b>X</b>	
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		<b>X</b>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		<b>X</b>
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		<b>X</b>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> 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		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		<b>X</b>
<b>4b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	<b>X</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>X</b>
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		<b>X</b>
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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, processes, or changes in Schedule O. See instructions			
<b>1a</b>	Enter the number of voting members of the governing body	<b>24</b>	
<b>1b</b>	Enter the number of voting members that are independent	<b>24</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	<b>X</b>	
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10</b>	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	<b>X</b>	
<b>11</b>	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		<b>X</b>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Does the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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		
<b>a</b>	The organization's CEO, Executive Director, or top management official?	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		
<b>16b</b>			

**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 Form 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 ► **LINDA HALL PITTS**    **50 HURT PLAZA,, STE 401**    **ATLANTA**    **GA 30303**    **404-577-5000**

**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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOANNA ADAMS BOARD MEMBER	5	X						0	0	0
PINNEY ALLEN BOARD MEMBER	5	X						0	0	0
CINDY BRAZELL BD VICE CH	10	X						0	0	0
BARBARA W. BROWN BOARD MEMBER	5	X						0	0	0
JUDI V. BRUCE BD TREASURER	10	X						0	0	0
SUSANA M. CHAVEZ BOARD MEMBER	5	X						0	0	0
D. BRYANN CHEN BOARD MEMBER	5	X						0	0	0
CAROL Z. COOPER BOARD MEMBER	5	X						0	0	0
SUZANNE C. FEESE BOARD MEMBER	5	X						0	0	0
PAULA GOODMAN BOARD MEMBER	5	X						0	0	0
LAUREN GRIEN BOARD MEMBER	5	X						0	0	0
ETTA RAYE HIRSCH BOARD MEMBER	5	X						0	0	0
DOROTHY Y. KIRKLEY BOARD MEMBER	5	X						0	0	0
DANITA V. KNIGHT BOARD MEMBER	5	X						0	0	0
MARCIA M. MAYOUE BOARD MEMBER	5	X						0	0	0
GLENDA B. MINKIN BOARD MEMBER	5	X						0	0	0
SHIRLEY A. MITCHELL BOARD MEMBER	5	X						0	0	0

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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL O. NEWMAN BOARD MEMBER	5	X						0	0	0
ELIZABTEH H. NOE BOARD MEMBER	5	X						0	0	0
MICHELE OZUMBA BOARD MEMBER	5	X						0	0	0
EMILY-MAY RICHARDS BOARD CHAIR	20	X						0	0	0
BEVERLY D. THOMAS BD SECRETARY	10	X						0	0	0
LUCY C. VANCE BOARD MEMBER	5	X						0	0	0
LANI L. WONG BOARD MEMBER	5	X						0	0	0
LINDA H. PITTS VP FINANCE	50			X				88,512	0	0
BARBARA J. MOSACCHIO CEO	50			X				29,714	0	0
DEBORAH RYAN VP PHILAN.	50			X				11,250	0	0
SHERRIE SNIPES-WILLIAMS VP COMMUNITY	50			X				0	0	0
<b>1b Total</b>								<b>129,476</b>		

2

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

0

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		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		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

2

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

0

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	142,488			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	830,860			
	g Noncash contributions included in lines 1a-1f \$		47,157			
	h Total. Add lines 1a-1f		973,348			
<b>Program Service Revenue</b>	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		122,422		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	199,360			
b Less cost or other basis & sales exps			380,874			
c Gain or (loss)			-181,514			
d Net gain or (loss)			-181,514			-181,514
8a Gross income from fundraising events (not including \$ 142,488 of contributions reported on line 1c) See Part IV, line 18		a	65,690			
b Less direct expenses		b	67,209			
c Net income or (loss) from fundraising events			-1,519	-1,519		
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						
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						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			912,737	-1,519	0	-59,092

**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	565,000	565,000		
2 Grants and other assistance to individuals in the U.S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	309,810	134,993	62,143	112,674
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	294,560	136,683	29,348	128,529
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,267	2,820	940	2,507
9 Other employee benefits	44,881	20,489	5,895	18,497
10 Payroll taxes	46,587	20,964	6,988	18,635
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,548		31,548	
d Lobbying				
e Professional fundraising services See Part IV, line 17	10,000			10,000
f Investment management fees	30,383	22,300	8,083	
g Other	93,364	50,309	39,528	3,527
12 Advertising and promotion	350	210	35	105
13 Office expenses	79,716	42,747	7,270	29,699
14 Information technology	33,483	16,694	4,478	12,311
15 Royalties				
16 Occupancy	95,851	43,133	14,378	38,340
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	87,367	65,384	2,217	19,766
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,644	7,037	2,351	6,256
23 Insurance	3,070		3,070	
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 <b>RECRUITING EXPENSES</b>	20,179		10,090	10,089
b <b>PROG. EXP.-DESTINY FUND</b>	16,985	16,985		
c <b>PROG. EXP.-WOMEN ON BOARD</b>	16,214	16,214		
d <b>EQUIPMENT MAINTENANCE</b>	11,925	5,366	1,789	4,770
e <b>MERCHANT &amp; STOCK FEES</b>	7,923			7,923
f All other expenses	30,257	9,270	9,234	11,753
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,851,364	1,176,598	239,385	435,381
26 <b>Joint Costs.</b> Check here <input checked="" type="checkbox"/> 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
<b>Assets</b>	1 Cash—non-interest bearing	150,178	1	331,151
	2 Savings and temporary cash investments	1,546,021	2	1,229,768
	3 Pledges and grants receivable, net	1,735,699	3	906,284
	4 Accounts receivable, net	1,204	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,688	9	15,516
	10a Land, buildings, and equipment cost basis	10a 144,723		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 123,783	10c	20,940
	11 Investments—publicly traded securities	3,564,295	11	2,871,252
	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		15	
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,035,690	16	5,374,911
<b>Liabilities</b>	17 Accounts payable and accrued expenses	63,891	17	24,740
	18 Grants payable	1,476,000	18	1,055,500
	19 Deferred revenue	5,000	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	50,000
	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		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,544,891	26	1,130,240
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	2,619,431	27	1,833,556
	28 Temporarily restricted net assets	476,291	28	508,468
	29 Permanently restricted net assets	2,395,077	29	1,902,647
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	5,490,799	33	4,244,671
	34 <b>Total liabilities and net assets/fund balances</b>	7,035,690	34	5,374,911

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- 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?
- 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?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,232,688	1,267,218	2,724,194	3,032,026	973,348	10,229,474
<b>2</b> 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	398,811	242,505	359,652	194,091	65,690	1,260,749
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5	2,631,499	1,509,723	3,083,846	3,226,117	1,039,038	11,490,223
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	1,597,442	325,678	1,703,979	1,554,182	202,059	5,383,340
<b>b</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						
<b>c</b> Add lines 7a and 7b	1,597,442	325,678	1,703,979	1,554,182	202,059	5,383,340
<b>8 Public support.</b> (Subtract line 7c from line 6)	1,034,057	1,184,045	1,379,867	1,671,935	836,979	6,106,883

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	2,631,499	1,509,723	3,083,846	3,226,117	1,039,038	11,490,223
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89,139	115,154	151,640	170,683	122,422	649,038
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	89,139	115,154	151,640	170,683	122,422	649,038
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	2,720,638	1,624,877	3,235,486	3,396,800	1,161,460	12,139,261
<b>14 First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	50.3069 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	37.7183 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	5.3466 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	5.0943 %

**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)

**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

Employer identification number

**THE ATLANTA WOMEN'S FOUNDATION, INC****58-2389721****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	3	6
2 Aggregate contributions to (during year)		973,348
3 Aggregate grants from (during year)	45,505	519,495
4 Aggregate value at end of year	70,064	4,030,954

- 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) ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat ☐ Preservation of certified historic structure
- ☐ Preservation of open space

- 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

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
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 section 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:

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

	Amount
1c	
1d	
1e	
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	1,906,823				
b Contributions	-4,176				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,902,647				

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ 100.00 %  
 c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		144,723	123,783	20,940
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				20,940

**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 _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (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	
<b>Total.</b> (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	912,737
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,851,364
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-938,627
4	Net unrealized gains (losses) on investments	4	-307,501
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	-307,501
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,246,128

**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	574,853
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-307,501
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-307,501
3	Subtract line 2e from line 1	3	882,354
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	30,383
c	Add lines 4a and 4b	4c	30,383
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	912,737

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

1	Total expenses and losses per audited financial statements	1	1,820,981
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,820,981
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	30,383
c	Add lines 4a and 4b	4c	30,383
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,851,364

**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.

**PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION**

THE FOUNDATION RECEIVED CONTRIBUTIONS ON BEHALF OF AN OUTSIDE AGENCY (THE WOMEN'S FUNDING NETWORK) TOTALING \$50,000 DURING 2009. THE FOUNDATION WILL RECEIVE AN ADDITIONAL \$150,000 OVER THE NEXT THREE YEARS ON BEHALF OF THE OUTSIDE AGENCY. THIS GRANT WAS AWARDED BY THE FOUNDATION TO THE GRANTEE FOR THE AIDING, ADVANCEMENT AND EMPOWERMENT OF GIRLS AND WOMEN, IN THE AMOUNT OF \$200,000, PAYABLE OVER A FOUR YEAR PERIOD, IN \$50,000 INCREMENTS.

**Part XIV** Supplemental Information (continued)

## PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ORIGINAL VALUE OF THE ENDOWMENT FUND IS PERMANENTLY RESTRICTED. THE INVESTMENT AND SPENDING OF THESE FUNDS IS DIRECTED BY THE FOUNDATION'S FINANCIAL AND INVESTMENT POLICIES. INCOME IS REINVESTED AND THE APPRECIATION AND INCOME ARE AVAILABLE FOR SPENDING SUBJECT TO THE SPENDING POLICY. THE BOARD CAN APPROPRIATE 5% OR MORE OF THESE FUNDS ANNUALLY FOR SPENDING PURPOSES. AT THIS TIME THE BOARD HAS DETERMINED THAT IT WILL NOT MAKE ANY APPROPRIATIONS FROM THE ENDOWMENT.

## PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

BROKERAGE FEES (NET OF INVMT INCOME ON FIN. STMT.) \$ -30,383

BROKERAGE FEES (NET OF INVMT INC ON FIN STMT) \$ 30,383

## PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

BROKERAGE FEES (NET OF INVMT INCOME ON FIN. STMT.) \$ 30,383

## PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BROKERAGE FEES (NET OF INVMT INC ON FIN STMT) \$ 30,383



**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	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<b>FALL LUNCHEON</b> (event type)	<b>WALKING TOWARD</b> (event type)	<b>NONE</b> (total number)	
Revenue	1 Gross receipts	191,998	16,180		208,178
	2 Less: Charitable contributions	129,548	12,940		142,488
	3 Gross revenue (line 1 minus line 2)	62,450	3,240		65,690
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	63,209	4,000		67,209
	8 Direct expense summary Add lines 4 through 7 in column (d)				67,209
	9 Net income summary Combine lines 3 and 8 in column (d)				-1,519

**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	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> 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)				

- 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?
- b If "No," Explain
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**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 events 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 ► \$

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No 1545-0047

**2008****Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number  
**58-2389721****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?

☒ 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
	ATLANTA CHILDREN'S SHELTER P.O. BOX 54322 ATLANTA GA 30308	58-1675299	3	10,000				JOB READINESS EDUC.
	COMMUNITY ADVANCED PRACTICE NURSES 173 BOULEVARD NE ATLANTA GA 30312	58-2435328	3	55,000				WOMEN'S HEALTHCARE
	EDGE CONNECTION 1000 CHASTAIN RD, STE 3305 KENNESAW GA 30144	58-2634871	3	50,000				MICROENTERPRISE PROG
	GEORGIA METROS GIRLS BASKETBALL CLU 1256 PASADENA AVE., NE ATLANTA GA 30306	52-2406076	3	10,000				TEEN EDUCATION PROG.
	PLANNED PARENTHOOD 75 PIEDMONT AVE, STE 800 ATLANTA GA 30303	58-6045874	3	90,000				WOMEN'S HEALTHCARE
	VOX TEEN COMMUNICATIONS 229 PEACHTREE ST., STE 725 ATLANTA GA 30303	58-2107143	3	48,000				TEEN GIRLS LEAD. DEV
	GEORGIA WOMEN FOR A CHANGE 1130 PIEDMONT AVE, STE 413 ATLANTA GA 30309	58-2087272	3	10,000				WOMEN'S ADVOCACY
	GA CAMPAIGN FOR ADOLESCENT 100 AUBURN AVE, STE 200 ATLANTA GA 30303	31-1520709	3	50,000				TEEN PREGNANCY PREV.
	GIRLS, INC. 1100 SPRING ST, STE 700 ATLANTA GA 30318	58-1276804	3	10,000				TECHNICAL ASSISTANCE
2	Enter total number of section 501(c)(3) and government organizations <b>9</b>							
3	Enter total number of other organizations <b>0</b>							

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

DAA

Schedule I (Form 990) 2008

**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.

[illegible]

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

AWF HAS A STRINGENT GRANTMAKING SELECTION PROCESS TO MAKE SURE THAT ALLOCATED FUNDS ARE USED BY ORGANIZATIONS THAT ARE ACCOUNTABLE AND WELL-MANAGED. A SIGNED GRANT CONTRACT REQUIRES GRANTEES TO PROVIDE SIX-MONTH AND YEAR END REPORTS USING THE MAKING THE CASE EVALUATION TOOL, A PLANNING AND EVALUATION TOOL FOR SOCIAL CHANGE. ADDITIONALLY, A MEETING IS CONVENED TO PROVIDE AN OPPORTUNITY FOR FEEDBACK AND PROACTIVE PLANNING.

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

**Employer Identification number**  
**58-2389721**

[illegible]

Schedule I-1 (Form 990) 2008

**SCHEDULE M**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**NonCash 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

**THE ATLANTA WOMEN'S FOUNDATION, INC**Employer identification number  
**58-2389721****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	<b>X</b>	<b>3</b>	<b>39,749</b>	<b>FMV</b>
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 ► ( <b>AIRLINE VOUCHER</b> )	<b>X</b>	<b>8</b>	<b>7,408</b>	<b>FMV</b>
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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 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?

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?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash  
contributions?

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

Yes No

30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>

**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.

**PART I, LINE 33 - EXPLANATION FOR NOT REPORTING REVENUE**

\$34,714 OF STOCK DONATIONS WERE NOT RECORDED IN REVENUE BECAUSE THESE DONATIONS WERE PAYMENTS ON PLEDGES RECEIVED AND RECOGNIZED AS REVENUE IN PRIOR YEARS.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

Employer identification number

58-2389721

**THE ATLANTA WOMEN'S FOUNDATION, INC****FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

THE FOUNDATION IS THE ONLY PUBLIC FOUNDATION IN THE STATE OF GEORGIA SOLELY FOCUSED ON RAISING MONEY TO FUND PROGRAMS FOR WOMEN AND GIRLS. THROUGH ITS STRATEGIC GRANTMAKING AWF ACHIEVES THE FOLLOWING OUTCOMES: 1) REDUCE THE GENERATIONAL CYCLE OF POVERTY, 2) PROMOTE SELF-SUFFICIENCY FOR WOMEN AND GIRLS BY INCREASING THEIR ACCESS TO OPPORTUNITIES FOR ADVANCEMENT, 3) INCREASE THEIR ABILITY TO BE ECONOMICALLY SECURE AND SELF-RESPONSIBLE FOR THEIR FUTURE.

**FORM 990, PART I, LINE 6**

THE FOUNDATION'S VOLUNTEERS PROVIDE ASSISTANCE AT EVENTS AS WELL AS PROFESSIONAL AND TECHNICAL EXPERTISE SERVING ON COMMITTEES AND THE BOARD, AND THE VOLUNTEERS PARTICIPATE IN THE FUND RAISING PROCESS.

**FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT**

ON: HEALTH AND WELLNESS, EDUCATION, HOMELESSNESS, TEEN PREGNANCY AND PARENTING TEENS, DOMESTIC VIOLENCE, AND FINANCIAL LITERACY AND ASSET DEVELOPMENT.

ADDITIONALLY, THE SUE WIELAND EMBRACING POSSIBILITY AWARD IS A \$10,000 GRANT GIVEN TO A NONPROFIT ORGANIZATION WHOSE WORK WITH AN INDIVIDUAL WOMAN OR GIRL HAS RESULTED IN TRANSFORMATIONAL CHANGES IN HER LIFE.

**FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS**

Name of the organization

THE ATLANTA WOMEN'S FOUNDATION, INC

Employer identification number

58-2389721

WOMEN ON BOARD, WHICH TRAINED 176 WOMEN DURING FY  
2008-2009 TO SERVE AS BOARD MEMBERS OF NON-PROFIT BOARDS,  
INCURRED EXPENSES TOTALING \$37,437  
OTHER GRANTS AND PROGRAM EXPENSES TOTALING \$9,689

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS  
THE BOARD REVISED THE BYLAWS FOR THE CORPORATION TO ADOPT "BEST PRACTICE"  
STANDARDS FOR BOARD MEETINGS, TERMS, ROLES AND COMMITTEE STRUCTURE, AND TO  
ADOPT A CONFLICT OF INTEREST POLICY BASED ON IRS GUIDANCE"

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990  
IN 2009, THE BOARD OF DIRECTORS APPROVED THE FOLLOWING PROCESS: THE FORM  
990 WILL BE REVIEWED BY THE FINANCE COMMITTEE. THE FINANCE COMMITTEE WILL  
MAKE ADJUSTMENTS AND RECOMMEND THE FORM TO THE EXECUTIVE COMMITTEE OF THE  
BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
AT THE BEGINNING OF EACH FISCAL YEAR, THE BOARD OF DIRECTORS ARE PROVIDED  
WITH A FORM TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. THESE FORMS  
ARE REVIEWED AND MONITORED BASED UPON BOARD INVOLVEMENT, SUCH AS MEMBERS  
WHO MAY SERVE ON THE GRANTMAKING COMMITTEE. IF THIS PRESENTS A CONFLICT,  
THE APPROPRIATE STEPS ARE TAKEN TO ADDRESS THE POTENTIAL CONFLICT. AT THE  
END OF THE FISCAL YEAR, BOARD MEMBERS ARE REQUIRED TO COMPLETE  
QUESTIONNAIRES OUTLINING ANY CONFLICTS AND RELATIONSHIPS THAT WOULD BE  
DEEMED AS POTENTIAL CONFLICTS. THESE FORMS ARE REVIEWED, MONITORED AND  
THE APPROPRIATE STEPS ARE TAKEN TO ADDRESS THE CONFLICT BY THE BOARD.

Name of the organization

THE ATLANTA WOMEN'S FOUNDATION, INC

Employer identification number

58-2389721

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
IN 2008, THE COMPENSATION FOR THE CEO WAS ESTABLISHED AND/OR REVIEWED USING  
DATA FROM A CONSULTING FIRM AND APPROPRIATE OUTSIDE SOURCES. THE CEO WAS  
HIRED AS A RESULT OF AN EXTENSIVE SEARCH GUIDED BY A CONSULTING FIRM THAT  
SPECIALIZES IN THESE PLACEMENTS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
IN 2008, THE COMPENSATION FOR ALL VICE PRESIDENTS WERE ESTABLISHED AND/OR  
REVIEWED USING DATA FROM A CONSULTING FIRM AND APPROPRIATE OUTSIDE SOURCES.  
THE VP OF PHILANTHROPY WAS HIRED AS A RESULT OF AN EXTENSIVE SEARCH GUIDED  
BY A CONSULTING FIRM THAT SPECIALIZES IN THESE PLACEMENTS. THE  
COMPENSATION AMOUNTS FOR THE VP OF COMMUNITY INITIATIVES AND THE VP OF  
FINANCE WERE REVIEWED AND DETERMINED TO BE IN LINE WITH COMPARABLE SALARIES  
AS PUBLISHED IN COMPENSATION STUDIES CONDUCTED BY FOUNDATIONS SPECIALIZING  
IN COLLECTING THIS TYPE OF DATA.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON  
REQUEST. A SUMMARY OF THE FINANCIAL RESULTS ARE MADE AVAILABLE AS A PART OF  
THE ORGANIZATION'S ANNUAL REPORT AND POSTED ON THE WEBSITE. THE CONFLICT OF  
INTEREST POLICY IS POSTED ON THE AWF WEBSITE.

SCHEDULE O - ADDITIONAL INFORMATION

DURING THE FISCAL YEAR 2008 - 09, THE FOUNDATION EXPENSES EXCEEDED  
REVENUE BY \$938,627. SINCE THE INCEPTION OF THE FOUNDATION IN 1998,  
CUMULATIVE REVENUE HAS EXCEEDED CUMULATIVE EXPENSES BY \$4,266,431. THE  
MATCHING OF REVENUES AND EXPENSES IN ANY PARTICULAR 12-MONTH FISCAL

Name of the organization

THE ATLANTA WOMEN'S FOUNDATION, INC

Employer identification number

58-2389721

PERIOD GIVES RISE TO FLUCTUATIONS SUCH AS REVENUES EXCEEDING EXPENSES IN THE FISCAL YEAR 98-99 BY OVER \$2,000,000, AND EXPENSE EXCEEDING REVENUE IN THE FISCAL YEAR 2008 - 09 BY \$938,627. THESE FLUCTUATIONS REFLECT BOTH THE MULTI YEAR AND TEMPORARILY RESTRICTED NATURE OF REVENUE SOURCES AND THE EXPECTED, APPROPRIATE AND NECESSARY TIME LAG OF THE GRANT MAKING PROCESS (THE PRIMARY EXPENSE OF THE FOUNDATION) FOLLOWING REVENUE RECEIPT. IN THE LAST TWO FISCAL YEARS COMBINED EXPENSES EXCEEDED REVENUE BY \$1,615,683; HOWEVER, \$1,652,243 IN TEMPORARILY RESTRICTED FUNDING SOURCES WERE RELEASED FROM RESTRICTION, REFLECTING THE EFFECT OF PRIOR YEARS' REVENUES EXCEEDING EXPENSES. THUS, A TWELVE-MONTH ANALYSIS IS NOT INDICATIVE OF THE FOUNDATION'S FISCAL RESPONSIBILITY.

THE DECREASE IN TOTAL REVENUE FROM THE FISCAL YEAR 07-08 TO THE FISCAL YEAR 08-09, IS DUE TO THREE PRIMARY FACTORS: 1) IN APRIL, 2008 THE CEO OF THE FOUNDATION LEFT THE ORGANIZATION AND ALTHOUGH AN INTERIM CEO WAS PUT IN PLACE, THE CURRENT CEO DID NOT TAKE CHARGE UNTIL MID-NOVEMBER, 2008 (DURING THIS TIME PERIOD THE FOUNDATION'S PRIMARY FUND RAISING EVENT WAS HELD). IN THE FUND DEVELOPMENT DEPARTMENT, TWO VACANCIES OCCURRED NOVEMBER, 2008 AND MARCH, 2009, FILLED JUNE 2009; 2) FOR THE FISCAL YEAR 2007-08, REVENUE INCLUDED \$1,280,000 OF SIGNIFICANT ONE-TIME GIFTS THAT WERE NOT REPEATABLE; AND, 3) ECONOMIC CONDITIONS IN THE ATLANTA AREA WERE NOT FAVORABLE FOR FUNDRAISING. BETWEEN STAFF TRANSITION AND THE ADVERSE IMPACT OF THE DECLINE IN THE ECONOMY, REVENUES ALSO DECLINED. HOWEVER, THE FOUNDATION MADE THE DECISION TO CONTINUE TO SPEND DOLLARS (WHICH IT HAD ACCUMULATED IN PREVIOUS YEARS) TO GRANT TO ORGANIZATIONS THAT SERVE WOMEN AND GIRLS IN THE COMMUNITY - AS ECONOMIC TIMES WERE CRITICALLY IMPACTING THOSE SERVICES AND THERE WAS

Name of the organization

THE ATLANTA WOMEN'S FOUNDATION, INC

Employer identification number

58-2389721

AN INCREASE IN THE NUMBER OF WOMEN AND GIRLS IN NEED OF THOSE SERVICES.

ADDITIONALLY, THE FOUNDATION MADE THE DECISION TO MAKE AN INVESTMENT IN THE FUTURE BY RESTRUCTURING STAFF POSITIONS, CONDUCTING A NATIONAL SEARCH FOR A NEW CHIEF EXECUTIVE OFFICER, HIRING A DEVELOPMENT DIRECTOR, A COMMUNITY INITIATIVES (GRANT MAKING) DIRECTOR AND COMMUNICATIONS DIRECTOR; AND LIMITING THE USE OF OUTSIDE CONSULTANTS. THESE INFRASTRUCTURE CHANGES ARE EXPECTED TO POSITION THE ORGANIZATION TO BE FINANCIALLY STABLE, WELL MANAGED AND STRATEGICALLY SOUND AS THE ECONOMY RECOVERS.

PART VII, SECTION A- PAGE 8

THE COMPENSATION AMOUNTS LISTED IN THIS SECTION, AS REQUIRED, ONLY REFLECT W-2 COMPENSATION FOR CALENDAR YEAR 2008. THE FOUNDATION MADE THE DECISION TO MAKE AN INVESTMENT IN THE FUTURE BY RESTRUCTURING STAFF POSITIONS AND THEREFORE FILLED THE NEW CHIEF EXECUTIVE OFFICER AND DEVELOPMENT DIRECTOR POSITIONS IN NOVEMBER 2008 AND THE COMMUNITY INITIATIVES DIRECTOR POSITION IN MARCH, 2009. THE COMPENSATION FOR THESE THREE POSITIONS, THEREFORE, DO NOT REFLECT A FULL YEAR'S WAGES. THE CHIEF EXECUTIVE OFFICER SERVES AS THE KEY EMPLOYEE FOR THE FOUNDATION PROVIDING OVERSIGHT AND MANAGEMENT.

## Federal Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Computer	7/16/98	8,056				8,056	3 MO S/L	8,056	0
3	Software - Raiser's Edge	7/09/98	6,735				6,735	3 MO S/L	6,735	0
4	Telephone Equipment	7/01/98	2,958				2,958	5 MO S/L	2,958	0
5	Telephone Equipment	7/06/98	2,958				2,958	5 MO S/L	2,958	0
7	Furniture	8/06/98	1,631				1,631	7 MO S/L	1,631	0
8	Computer	1/08/99	1,456				1,456	3 MO S/L	1,456	0
9	Painting - "Forever Changing"	3/13/99	3,600				3,600	7 MO S/L	3,600	0
18	3 Furniture-Style Filing Cabinets	6/25/99	1,950				1,950	7 MO S/L	1,950	0
19	Chalks	8/01/98	3,000				3,000	7 MO S/L	3,000	0
20	Black & White Photo	8/01/98	1,000				1,000	7 MO S/L	1,000	0
21	Printer	10/06/00	680				680	3 MO S/L	680	0
22	Pentium	11/17/00	2,810				2,810	3 MO S/L	2,810	0
23	Raiser's Edge Software	4/30/01	4,296				4,296	3 MO S/L	4,296	0
24	New Server	5/16/01	7,313				7,313	3 MO S/L	7,313	0
25	MicroEdge Software	11/16/99	11,500				11,500	3 MO S/L	11,500	0
26	Telephone Equipment	1/14/00	1,365				1,365	5 MO S/L	1,365	0
27	Computer	7/30/99	1,140				1,140	3 MO S/L	1,140	0
28	2 Pentium Computers	5/31/02	1,541				1,541	3 MO S/L	1,541	0
29	Pentium Computer	8/15/02	690				690	3 MO S/L	690	0
30	Telephone System	2/28/03	1,947				1,947	5 MO S/L	1,947	0
31	Furniture	3/06/03	531				531	7 MO S/L	404	76
32	HP Laser Jet Printer	1/16/04	3,231				3,231	3 MO S/L	3,231	0
33	Celleron Processor	1/16/04	1,631				1,631	3 MO S/L	1,631	0
34	Computer Workstation/Admin Asst	8/01/05	1,296				1,296	3 MO S/L	1,260	36
35	RE Special Events Module Software	8/03/05	3,209				3,209	3 MO S/L	3,120	89
36	nx6110 HP Notebook and carrying case	1/03/06	909				909	3 MO S/L	758	151
37	LCD Projector and Maintenance Agreement	2/28/06	1,011				1,011	3 MO S/L	787	224
38	Dell PowerEdge 1800 SC Server	4/03/06	10,124				10,124	3 MO S/L	7,593	2,531
39	Blackberry Devices, USB Cord, Earphone (	3/17/06	818				818	3 MO S/L	614	204
40	HP Laserjet Printer	3/17/06	1,131				1,131	3 MO S/L	848	283
41	Pentium 4 CPU/19" Flat Screen Monitor	3/28/06	1,161				1,161	3 MO S/L	871	290
42	Intel Pentium 4 Processor	4/13/06	1,006				1,006	3 MO S/L	754	252
43	Color Laserjet Printer	4/26/06	944				944	3 MO S/L	682	262
44	Blackberry Devices (2)	6/13/06	805				805	3 MO S/L	559	246
45	Desk and Guest Chairs	6/30/05	562				562	7 MO S/L	241	80
46	Computer Workstation	9/20/04	1,584				1,584	3 MO S/L	1,584	0
47	Computer Workstation	1/13/05	2,247				2,247	3 MO S/L	2,247	0
48	Telephone System	4/18/05	3,316				3,316	5 MO S/L	2,100	663
49	New Phone Extensions	5/22/05	509				509	5 MO S/L	314	102
50	Computer Work Station	6/22/05	1,760				1,760	3 MO S/L	1,760	0
51	NetSolutions Online Software Fndr and Eve	9/22/06	5,503				5,503	3 MO S/L	3,210	1,834
52	Telephone-Intern Desk	10/12/06	415				415	3 MO S/L	242	138
53	VA 17inch Black Monitor	10/24/06	224				224	3 MO S/L	124	75
54	Dell Dimension E521- Sr Programs Officer	11/15/06	950				950	3 MO S/L	528	317
55	Dell Dimension E521-Director of Develop	10/06/06	922				922	3 MO S/L	538	307
56	Software-Tribute 7	1/10/07	1,356				1,356	3 MO S/L	678	452
57	Dell Laptop-General Office	1/03/07	1,584				1,584	3 MO S/L	792	528
58	Software-Address Finder	1/12/07	431				431	3 MO S/L	215	144
59	Dell Optiplex	2/12/07	956				956	3 MO S/L	451	319
60	Software-Win License	3/01/07	635				635	3 MO S/L	282	212
61	Computers-2 Dell OptiPlex Dev & Comm I	3/20/07	1,881				1,881	3 MO S/L	784	627
62	Software- 2006 Quickbooks	9/17/06	636				636	3 MO S/L	371	212
63	Dell Optiplex Minitor	7/23/07	777				777	3 MO S/L	237	259
64	Latitude D830 Laptop	7/23/07	1,783				1,783	3 MO S/L	545	594
65	Dell Dual Core Xeon Processor Server	11/09/07	3,240				3,240	3 MO S/L	720	1,080
66	Dell Dual Core Xeon Installation Server	12/14/07	2,250				2,250	3 MO S/L	438	750
67	Dell Dual Core Processor E2220	6/30/08	791				791	3 MO S/L	0	264
68	APC Network Management UPS	8/13/08	1,294				1,294	3 MO S/L	0	395
69	Dell Laptop - General Office	12/22/08	1,109				1,109	3 MO S/L	0	185
70	Sage MIP Accounting Software	3/12/09	11,964				11,964	3 MO S/L	0	1,329
71	Data Transfer/Storage Hopper	3/27/09	1,613				1,613	3 MO S/L	0	134
<b>Total Other Depreciation</b>			<b>144,725</b>				<b>144,725</b>		<b>108,139</b>	<b>15,644</b>
<b>Total ACRS and Other Depreciation</b>			<b>144,725</b>				<b>144,725</b>		<b>108,139</b>	<b>15,644</b>

582389721 THE ATLANTA WOMEN'S FOUNDATION, INC

58-2389721

FYE: 6/30/2009

# Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		144,725				144,725		108,139	15,644
	Less: Dispositions		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>144,725</u>				<u>144,725</u>		<u>108,139</u>	<u>15,644</u>

582389721 THE ATLANTA WOMEN'S FOUNDATION, INC

58-2389721

## Federal Statements

FYE: 6/30/2009

### Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
INTEREST & DIVIDEND INCOME	\$ 122,422		14	
TOTAL	<u>\$ 122,422</u>			

582389721 THE ATLANTA WOMEN'S FOUNDATION, INC  
58-2389721  
FYE: 6/30/2009

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BOARD RETREAT EXPENSE	\$ 7,893	\$ 2,526	\$ 2,683	\$ 2,684
DONOR DEVELOPMENT	6,979			6,979
DUES AND SUBSCRIPTIONS	5,476	1,752	1,862	1,862
GRANTMAKING EXPENSE	4,992	4,992		
BANKING FEES	2,638		2,638	
PROFESSIONAL DEVELOPMENT	2,279		2,051	228
TOTAL	\$ 30,257	\$ 9,270	\$ 9,234	\$ 11,753

Form **4562**Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2008**Attachment  
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**THE ATLANTA WOMEN'S FOUNDATION, INC**

Identifying number

**58-2389721**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>15,644</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	<b>15,644</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

Form  
(Rev. April 2009)**8868**Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization  <b>THE ATLANTA WOMEN'S FOUNDATION, INC</b>	Employer identification number  <b>58-2389721</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>HURT BUILDING, 50 HURT PLAZA 401</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ATLANTA GA 30303</b>	

**Check type of return to be filed** (file a separate application for each return)

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **LINDA PITTS**

Telephone No ► **404-577-5000**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

**a list with the names and EINs of all members the extension will cover**

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year or  
► ☒ tax year beginning **7/01/08**, and ending **6/30/09**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	<b>THE ATLANTA WOMEN'S FOUNDATION, INC</b>		<b>58-2389721</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>HURT BUILDING, 50 HURT PLAZA 401</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ATLANTA GA 30303</b>		

**Check type of return to be filed** (File a separate application for each return)

- |                                              |                                                                   |                                      |                                    |
|----------------------------------------------|-------------------------------------------------------------------|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **LINDA HALL PITTS**

Telephone No **404-577-5000**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

for the whole group, check this box ☐

☐

If it is for part of the group, check this box ☐

If this is

☐ and attach a

list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **5/15/10**
- 5 For calendar year , or other tax year beginning **7/01/08**, and ending **6/30/09**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Linda R. Burgess**

Title **C.P.A.**

Date **2/02/10**

Form **8868** (Rev. 4-2009)