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Department of the Treasury

Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

A	For th	or the 2009 calendar year, or tax year beginning and ending								
	Check if applicab	le Please C Name of Organization				D Emp	loyer i	dentification number		
	Addre	ss use IRS label or								
	Name chang	e print or HOMEAID ATLANTA, INC.						024106		
Ĺ	Initial return	See Number and succe (or P.O. DOX, it mail is not delivered to succe address))		Room/suite	1				
	Term ated	Instruc-				678-775-1401				
	Amer	1 1.0.10 0.1, 0.1.1.1, 0.1.1.1, 0.1.1.1, 0.1.1.1				F Gro	up Exe	mption		
L	Applic pendir						nber 🕨			
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach. Schedule A (Form 990 or 990-EZ).	а соп	pleted	G Accour	_		Cash X Accrual		
_	Wohoit	e: NWW.HOMEAIDATLANTA.ORG			Other (:		_	he organization is not		
		empt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or	52	1	_		fule B (Form 990, 990-EZ, or 990-PF)		
	Check									
N.	OHECK	Form 990 return is not a section 303(a)(3) supporting organization and its g		iiaii wz	.5,000. AT 01111 550-LZ 01					
$\overline{}$	Δdd lın	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 9				.ui ii.	\$	466,491.		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund				uctions				
	1	Contributions, gifts, grants, and similar amounts received					1	152,268.		
	2	Program service revenue including government fees and contracts					2	172,535.		
	3	Membership dues and assessments				ļ	3			
	4	Investment income				Ī	4	536.		
	5a	Gross amount from sale of assets other than inventory	5a	1		Ī				
	Ь	Less: cost or other-basis and sales expenses	5b	1			, ' [
		Gain or (loss) from sale of assets of the than the tory (Subtract line 5b from line 5a)		1			5c			
<u>a</u>	6	Special events and activities (complete applicable parts of Schedule G). If any amount is	s from	naminn (heck here	प्रा	; "			
Revenue	_			guiiing, v	oncox nore		, 'a, <u>*</u>			
ě	"	reported on line 1) (7)	6a	1	141,1	52	2.5			
ь.	Ь	Less: direct expenses other than fundraising expenses	6b	 	113,2		` .			
)		Net income or (loss) from special vents and activities (Subtract line 6b from line 6a)	00	1	110,2	55.	6c	27,949.		
)	7a	Gross sales of inventory, less returns and allowances	7a]		-	-00	<u> </u>		
		Less: cost of goods sold	7b			-	1			
•		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	70	1	 		70			
	8 8	Other revenue (describe				\ \	7c 8			
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				ጚ '∤	9	353,288.		
<i>y</i> —	10	•						333,400.		
Ŋ		Grants and similar amounts paid (attach schedule)	•			-	10			
§ _	11	Benefits paid to or for members	-			-	11	104,359.		
enses	12	Salaries, other compensation, and employee benefits				-	12	5,761.		
Ž E	13	Professional fees and other payments to independent contractors	-	•	-	-	13			
Ä	14	Occupancy, rent, utilities, and maintenance			•	-	14	7,524.		
	15	Printing, publications, postage, and shipping	चच	CMAMI	ementos ·	, ,	15	12,420.		
	16		<u> </u>	STATE	EMENT	1 .)	16	279,651.		
	17	Total expenses. Add lines 10 through 16					17	409,715.		
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				-	18	<56,427.>		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))						106 524		
ţ		(must agree with end-of-year figure reported on prior year's return)				-	19	186,534.		
Š	20	Other changes in net assets or fund balances (attach explanation)			•		20	120 107		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	(-)-	r 000	Landand of En	000	21	130,107.		
P	art II	Balance Sheets. If Total assets on line 25, column (8) are \$1,250,000 or mo (See the instructions for Part II.)	re, tile				1-t.L.	(D) End of year		
•		·		(A)	Beginning of		+	(B) End of year		
22		h, savings, and investments		•	185,	<u> </u>	\neg	130,145.		
23		d and buildings	~	,		0.5.0	23	707		
24		er assets (describe SEE STATEMENT	_2_	'		852 430		787.		
	25 Total assets							130,932.		
26		al liabilities (describe ACCOUNTS PAYABLE		'		<u>896</u>		825.		
932		assets or fund balances (line 27 of column (B) must agree with line 21)			<u>186,</u>	<u> 534</u>		130,107.		
~~~		I HA For Privacy Act and Panerwork Reduction Act Notice see the senarate instr	HOUST	21			10	Form <b>990-F7</b> (2009)		

Form 990-EZ (2009) HOMEAID ATLANTA, INC.			58-	00241	.06 Page 2
Part III   Statement of Program Service Accomplish	hments (See the instructions for	Part III.)		ľ	xpenses
What is the organization's primary exempt purpose? SEE STATEM	<u> </u>	· · · · · · · · · · · · · · · · · · ·		i	or section 501(c)(3)
			t		4) organizations and
Describe what was achieved in carrying out the organization's exemple the control of the control			ibe		7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other re				for others )	
28 HOMEAID FACILITATES THE CONSTRUC					
PHYSICAL FACILITIES FOR WORTHY N	ONPROFIT CAREGIV	ERS WHO A	RE		
DEDICATED TO ASSISTING THE TEMPO	RARILY HOMELESS.				
(Grants \$ ) If this amount includes for	reign grants, check here	•		28a	359,547.
29	- <u> </u>	•			,
<del></del>		<del></del>	_		
(Grants \$ ) If this amount includes for	reign grants, check here		Щ.	29a	
30	· · · · · · · · · · · · · · · · · · ·				
(Grants \$ ) If this amount includes for	reign grants, check here	<b></b>		30a	
**************************************	eigh grants, encourners			000	
31 Other program services (attach schedule)		_			
(Grants \$ ) If this amount includes for	reign grants, check here		<u> </u>	31a	250 545
32 Total program service expenses (add lines 28a through 31a)				32	<u>359,547.</u>
Part IV List of Officers, Directors, Trustees, and K	ey Employees. List each one e	ven if not compensated	(See the	instructions t	for Part IV)
	# N T # 1 - 1 - 1 - 1 - 1 - 1 - 1		, ,	ntributions	
(a) Name and address	(b) Title and average hours	(c) Compensation	1	mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	1	fit plans &	account and other allowances
	position	-0)	I	eferred pensation	other allowances
AND CARRY	BYBOIMIUB DIE	E CELOD	COM	pensation	<del>                                     </del>
ANN CAREY	EXECUTIVE DIR			•	
1484 BROCKETT ROAD, TUCKER, GA 300		72,896.		0.	0.
DUVALL BRUMBY, 10405 OLD ALABAMA R					
CONNECTOR, ALPHARETTA, GA 30022	0.00	0.		0.	0.
DAVID SCHIMMING, 1000 MANSELL	VICE PRESIDEN	T			
EXCHANGE WEST, STE 220, ALPHARETTA		0.		0.	0.
DAVID ELLIS	DIRECTOR	1			<del>                                     </del>
		0.		0.	0
		0.	-	0.	0.
DAN MATTOX, 120 W WEIUCA RD STE 20				_	
ATLANTA, GA 30342	0.00	0.	ļ	0.	0.
BRIAN RENDER	DIRECTOR				
5472 OAKDALE ROAD, SMYRNA, GA 3008	0.00	0.		0.	0.
BOB ROMANO, 1 GLENLAKE PKWAY STE	DIRECTOR				
800, ATLANTA, GA 30328	0.00	0.		0.	0.
JIM PARKER, 5185 PEACHTREE PARKWAY				<u> </u>	
GER 260 MODOROGG GA 20002				0	_
STE 260, NORCROSS, GA 30092	0.00	0.		0.	0.
JOHN WILLIS, 3763 ROGERS RIDGE ROA		_			
DULUTH, GA 30097	0.00	0.		0.	0.
MARK ATKINS, 55 PARK PLACE, 17TH	DIRECTOR				
FLOOR, ATLANTA, GA 30303	0.00	0.		0.	0.
DAN O'DWYER, 850 OLD ALPHARETTA	DIRECTOR				
ROAD, ALPHARETTA, GA 30005	0.00	0.		0.	0.
CARL RIDEN, 2144 BUFORD HIGHWAY ST		<del></del>	<del></del>	<u> </u>	
				^	
211-B, BUFORD, GA 30518	0.00	0.	<u> </u>	0.	0.
		1			
			<del>                                     </del>		
			Ì		
	<del> </del>				
					<u></u>
					1
932172 02-08-10		·	•	Form	990-EZ (2009)
V6-00-10					<del>                          </del>

<u></u>	If t V   Other information (Note the statement requirements in the instructions for Part V)		,	<del></del>
			Yes	+
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the drganization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	ŀ		
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 ·			ļ ,
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
_	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	-	-	- *
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	'	х
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	100		<u> </u>
Ī	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
·	organization • • 0 •			·
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			٠٠,
Ī	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. $\blacktriangleright$ GA	100		
	The organization's books are in care of ► HALEY LIVINGSTON, PROGRAM MA Telephone no. ► 678-77	5-1	401	
	Located at ► 1484 BROCKETT ROAD, TUCKER, GA ZIP+4 ► 3			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	12.0	-	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ĺ
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
•	If "Yes," enter the name of the foreign country:	120		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<b></b>	$\Box$
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	To the state of th	-4/ 21		
		{	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	"		
70	completed instead of Form 990-EZ	45		х
_		Form 9:	90-F7	

Par	rt VI Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.						
46 I	Did the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to	candidates for public			Yes	No
(	office?*If "Yes," complete Schedule C, Part I		•		46		X
47 [	Did the organization engage in lobbying activities? If "Yes," complete So	chedule C, Part II			47		<u>x</u>
48 I	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Ye	es," complete Schedule E			48		X
49a [	Did the organization make any transfers to an exempt non-charitable relate	d organization?		ļ	49a		X
b i	If "Yes," was the related organization a section 527 organization?			į	49b		
	Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, ent		(c) Compensation	(d) Contribution to employee	s	eived i	
	(a) Name and address of each employee paid more than \$100,000 NONE	per week devoted to position		benefit plans & deferred compensation	olans & accou		
51 (	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indepel organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid mor		ved more than \$100,		ation fr		
d T	Total number of other independent contractors each receiving over \$100,0	00	<b>&gt;</b>				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration is reparer (other than prices) is based on all Signature of officer  W. Brown Type or print name and title	accompanying schedules and statemen II information of which preparer has any	knowledge	knowledge and bel	lief, it is		
Paid Prepai Use Oi			ck if self-	arer's identifying nu	/ Imber (S	ee instr	)
USC UI	Firm's name (or yours it setf-employed), address, and ZIP+4  CARR, RIGGS & INGRAM, I 4360 CHAMBLEE DUNWOOD ATLANTA, GEORGIA 3034	Y RD., SUITE 42	O Phonno.		57-0	660	6
May th	he IRS discuss this return with the preparer shown above? See instructions			<b>▶</b> [3	X Ye		No
				F	orm 99		

## SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization

Employer identification number

		HOMEAID	ATLANTA, IN	ic.					<u>58</u>	<u>3-0024</u>	106	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this part	t.) See inst	tructions.				
The organ	ization is not a	a private foundation	because it is. (For lines	1 through	11, check	only one b	ox.)					
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	).				
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization (	described	n section	170(b)(1)	(A)(iii).					
4 🗀	A medical res	search organization of	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital	's name	∍,
	city, and stat	te										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental unr	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desci	nbed in	ı
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)									
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗀	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	d gross rec	eipts fr	rom
	activities rela	ited to its exempt fur	nctions - subject to certa	aın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	ınvestm	nent
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	fter June 3	0, 1975	j.
	See section	509(a)(2). (Complete	Part III.)									
10 🗔	An organizati	on organized and op	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	<b>1</b> ).				
11	An organizat	on organized and op	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes o	f one o	r
	more publicly	y supported organiza	itions described in secti	on 509(a)(	1) or section	on 509(a)(2	e). See sec	ction 509(	<b>a)(3).</b> Che	ck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.			_			
	a L Type		- ,,		e III - Func	-	_			Type III - C		
e 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dise	qualified p	ersons oth	er than	1
		=	han one or more publicly						9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										<u> </u>
g			organization accepted ar							,		
	• •	•	rectly controls, either al	lone or tog	ether with	persons of	lescribed	ın (ıi) and (	iii) below,		Yes	No
	_		upported organization?							11g(i)	<del>                                     </del>	
	• • • • • • • • • • • • • • • • • • • •	· ·	n described in (i) above?		•					11g(ii)		
	• •	•	person described in (i) o							11g(iii)	<u> </u>	
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
-		I	(iii) Type of	h:		( . ) D. d o .		(vi) le	the			
	of supported	(ii) EIN	organization		organization sted in your			Torganizatio	on in col.	(vii) Am		
org	anization		(described on lines 1-9		document?			(i) organiz U.S	rea in the l	supp	jort	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(000 1110111011011011)	1.00	1.10	100	-110					
				1			·-		<del>  </del>			
		-		1	-							
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				1								
				1								
Total												
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see the	he Instruc	tions for			Schedul	e A (Form	n 990 or 99	0-EZ) 2	 2009

932021 02-08-10

Form 990 or 990-EZ.

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)

Calendar year (or fiscal year beginning in P GRs, tyrists, contributions, and membership feet received (ID not include any furnisual grants.*)  1 Grits, tyrists, contributions, and membership feet received (ID not include any furnisual grants.*)  2 Tax revenues levied for the organization is behalf or or expended on its behalf or expended on this behalf or expended on the that fine it through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i)  8 Public support, support, support beginning in)  7 Amounts from the 4  8 Gross noome from interest, dividends, payments received on securities black, revits, crystilles and income from similar sources  9 Net income from unrelated business activities, whether or not the business are regularly carried on 10 Other income. Do not include gian or loss from the sale of capital assists (Explain in Part IV)  11 Total support. All files? Though 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Firm 990 is for the organization of the sale of capital assists (Explain in Part IV)  14 Public support percentage from 2008 Schedule A, Part II, line 14  15 Public support percentage from 2008 Schedule A, Part II, line 14  16 Public support percentage from 2008 Schedule A, Part II, line 14  17 Public support percentage from 2008 Schedule A, Part II, line 14  18 Public support percentage from 2008 Schedule A, Part II, line 14  19 Public support tear - 2008 fine 6, column (0) divided by line 11, column (0)  10 Under income the fracts and corcumstances test - 2008 fit the organi	Se	ction A. Public Support		<u> </u>						
1 Gifts, tyrants, contributions, and membership fees received (Do not include any *unusual grants.*) 2 Tax revenues levied for the organization of benefit and either paid to or expended on its behalf of the organization of benefit and either paid to or expended on its behalf or the organization of the organization of the organization without chapte 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 98,838.  8 Public support, Subsections 3 fainters 1 through 3 7 Amounts from line 4 8 Cection B. Total Support Calendar year (in Scalysar beginning in)	Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
membership fees necewed (Do not included any unusual grants.)  2 Tax revenues levied for the organization of head of the paid to ore expended on its behalf and either paid to ore expended on this behalf as the paid to ore expended on the behalf as the paid to ore expended on the behalf as the paid to ore expended on the behalf as the paid to ore expended on the behalf as the paid to ore expended on the behalf as the paid to ore expended on the behalf as the paid to ore expended on the behalf as the paid to the organization without charge of the part of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i)  8 Public support, support, support the paid to organization of the paid to the pa		•								
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3. The value of services or fracinities furnished by a governmental unit to the organization without charge 4. Total, Add lines 1 through 3. 5. The portion of total contributions by sech 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) 4. Public support, submet line 9 homities 4.  Section B. Total Support 4. Amounts from line 4.  220, 741. 363, 824. 328, 262. 181, 849. 152, 268. 1246944.  Section B. Total Support 5. Section B. Total Support 6. Section C. Section B. Total Support 6. Section C. Section B. Total Support 6. Section C. Computation of Public Support Percentage 6. Section C. Computation of Public Support Percentage 6. Section C. Computation of Public Support Bercentage 6. Section C. Computation of Public Support										
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17a 10% -facts-and-circumstances test - 2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		• •	•		•		•			
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meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			_							
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<u> </u>		•	•	•	<b>3-</b> ·			
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b		•	•		•	7a, and line 15 is	10% or		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			•							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										
	18							s▶□		

932022 02-08-10

Section A. Public Support		1	· ·	Ι.	1	
Calendar year (or fiscal year beginning in)▶_	(a) 2005	(b) 2006	(c) 2007	(ർ) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and					İ	
membership fees received. (Do not						
include any "unusual grants.")					<del> </del>	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		:				
5 The value of services or facilities		-				
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			,			
Section B. Total Support					-	
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		
14 First five years. If the Form 990 is for the	ne organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sect	on 501(c)(3) organiz	ation,
check this box and stop here	J.: 3	, <del>-,</del> ,		,	(-/(-/ -· <b>3</b> / !!	. ▶□
ection C. Computation of Public	Support Pe	rcentage		-		
5 Public support percentage for 2009 (lin			column (fl)		15	
6 Public support percentage from 2008 S	, ,,				16	
ection D. Computation of Invest					1101	<del></del>
			ne 13 column (fl)		17	
· •	•		ie 13, column (1 <i>))</i>		<del></del>	
Investment income percentage from 20				 . 15 io mana 4h	23.1/20/ and line 1	7 10 not
19a 33 1/3% support tests - 2009. If the o	•				•	/ IS NOT
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2008. If the o	=					and
line 18 is not more than 33 1/3%, checl			•		•	P
20 Private foundation. If the organization	did not check a	hay an line 14 10	a ar 10h chackti	nic hav and can i	netri ictione	

#### SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

2009

Open To Public Inspection

lame of the organization							Employer ide	ntification number																												
HOMEAID	ATLANTA, INC.						58-0024	106																												
Part I Fundraising Activities required to complete this part		n answe	red "Y	'es" to	Form 990, Part IV, I	line 1	7 Form 990-EZ	filers are not																												
Indicate whether the organization rais	e f g g g g g g g g g g g g g g g g g g	Solicitat Solicitat Special dividual n with pi	ion of ion of fundra (includ	non-gi govern ising of ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes																													
(i) Name of individual or entity (fundraiser)	(ii) Activity		(iii) Did fundraiser have custody or control of contributions?		or control of		or control of		or control of		or control of		or control of		or control of		or control of		or control of		or control of		or control of		or control of		or control of		or control of		or control of		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				-																												
				<del></del>																																
	<b>-</b>																																			
	. =																																			
	· · · · · · · · · · · · · · · · · · ·																																			
otal		_					-																													
3 List all states in which the organization	n is registered or licensed to	solicit f	unds (	or has	been notified it is ex	empt	from registrati	on or licensing																												
			_	· •																																
					<del>-</del>		<del></del>																													
				-			· · · · ·																													
HA For Privacy Act and Panenwork De	duction Act Notice see the	a Inetru	ctions	for E	orm 990 or 990-F7	9	Schedule G /Ford	n 990 or 990-F71 2009																												

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 NONE (add col (a) through PLAYHOUSE col. (c)) (event type) (event type) (total number) 116,374 116,374. 1 Gross receipts 2 Less: Chantable contributions 116,374 116,374. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 111,983 Other direct expenses 111,983. 111,983; 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 24,778. 24,778. Gross revenue Cash prizes 1,220 1,220. Direct Expenses Noncash pnzes Rent/facility costs Other direct expenses X Yes 100 % Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 1,220; 23,558. Net gaming income summary Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: GA a is the organization licensed to operate gaming activities in each of these states? X 9a b If "No," explain: X 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain X Does the organization operate gaming activities with nonmembers? 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?

Schedule G (Form 990 or 990-EZ) 2009 HOMEAID ATLANTA, INC.	8-0024	10	6 Pa	age 3
	_		Yes	No
13 Indicate the percentage of gaming activity operated in		-		
a The organization's facility 13a	%			
b An outside facility 13b	%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	3:			
Name				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		X
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	nt			
of gaming revenue retained by the third party > \$				
c if "Yes," enter name and address of the third party				
Name				
Address				ı
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?	1	17a		X
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	$\Box$		
organization's own exempt activities during the tax year > \$				

FORM 990-EZ	OTHER EXPENSES		STATEMENT
DESCRIPTION			AMOUNT
SUPPLIES			144
TELEPHONE			1,087
MARKETING			96,014
CONFERENCES & MEETINGS			1,317
DEPRECIATION			1,360
INSURANCE SHELTER EXPENSES			2,479
PUBLIC RELATIONS			113,237 3,630
CREDIT CARD/BANK FEES			515
CHARTER/LICENSE FEES			2,000
MISCELLANEOUS			57
STAFF DEVELOPMENT			50
COMPUTER EXPENSE			29
MILEAGE			2,195
P/H EXPENSE			7,955
APTS EXPENSE			47,302
SUBSCRIPTIONS			280
TOTAL TO FORM 990-EZ, LINE 16			279,651
FORM 990-EZ	OTHER ASSETS		STATEMENT :
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTED DECELLAR DE D			455
ACCOUNTS RECEIVABLE OTHER DEPRECIABLE ASSETS		0. 1,852.	475 312
OTHER DEFRECIABLE ASSETS		1,054.	312
TOTAL TO FORM 990-EZ, LINE 24		1,852.	787

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STA	TEMENT	3	
DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[ ] Y	ES [X]	NO	
•	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [ ] Y	ES [X]	NO	

990-EZ PG 2

STATEMENT

HOMEAID FACILITATES THE CONSTRUCTION OR RENOVATION OF PHYSICAL FACILITIES FOR WORTHY NONPROFIT CAREGIVERS WHO ARE DEDICATED TO ASSISTING THE TEMPORARILY HOMELESS.

Form (	8868 (Rev. 4-2009)				Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ох			$\mathbf{x}$
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868		
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	_			
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies i	needed).		
Туре	Name of Exempt Organization	Emp	loyer ide	ntificati	on number
print	HOMEAID ATLANTA, INC	5	8-002	24106	5
File by extended due date	Number, street, and room or suite no. If a P.O. box, see instructions.	For I	RS use o	nly	
filing th return instruct	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
Chec	k type of return to be filed (File a separate application for each return):  Form 990  X Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 5227 orm 6069		Form 8870
STOF	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	ed Form 8	3868.	
Te  If t  box  4  5  6	I request an additional 3-month extension of time until  For calendar year 2009, or other tax year beginning  If this tax year is for less than 12 months, check reason.  NOVEMBER 15, 2010  , and ending  Final return	memb	ers the e	xtension	
7	State in detail why you need the extension  ADDITIONAL TIME IS REQUESTED TO RECEIVE MISSING INFORM	π Τ Δ Δ	ON WI	ITCH	TC
	NECESSARY FOR THE PREPARATION OF A COMPLETE AND ACCURA		FORM		
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	<del>}</del>	Olui	<u> </u>	
ou	nonrefundable credits. See instructions.	8a	<b> </b>		
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		1		
_	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		•		
	previously with Form 8868.	8b	s		
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	1	- <del>-</del>		
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	. 8c	\$		N/A
	Signature and Verification				
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to thue, correct, and complete, and that I am authorized to prepare this form.	e best c	of my know	ledge and	d belief,
Signat	ture > andrew witcher Title > CPA	Date	. ▶	8/11	110
			Fo	rm <b>8868</b>	(Rev. 4-2009)

923832 05-26-09

### Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do not o	complete Part II unless you have already been granted an automatic 3-month extension on a previously file Automatic 3-Month Extension of Time. Only submit original (no copies needed).	ed Fo	rm 8868
A corpo Part I or	ration required to file Form 990-T and requesting an automatic 6-month extension - check this box and corr by	plete	. •
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns.	exter	nsion of time
noted be (not auto you mus	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or control to submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Chanties & Nonprofits.	cally r nsolid	f (1) you want the additional ated Form 990-T. Instead,
Type or	Name of Exempt Organization	Emp	loyer identification number
print	HOMEAID ATLANTA, INC	_	8-0024106
File by the	Number street and room assuits no life D.O. how are protections		0-0024100
due date fo filing your	1484 BROCKETT ROAD		
return See Instruction:			
	TUCKER, GA 30084		
Chack t	ype of return to be filed (file a separate application for each return):		
=	rm 990 Form 990-T (corporation) Form 47		
=	rm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52		
	rm 990-EZ Form 990-T (trust other than above) Form 60		
Fo	rm 990-PF	70	
	ANN CAREY  blooks are in the care of ► 1484 BROCKETT ROAD - TUCKER, GA 30084  hone No.► 678-775-1408  FAX No.►		
-	organization does not have an office or place of business in the United States, check this box		▶ □
		s is fo	r the whole group, check this
oox 🕨	If it is for part of the group, check this box   and attach a list with the names and EINs of all		
1 In	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti-	ıl	
	${\color{red} { t AUGUST 15, 2010}}$ , to file the exempt organization return for the organization named a	bove.	The extension
	for the organization's return for:		
	X calendar year 2009 or		
	tax year beginning, and ending	_	_·
2 lf	his tax year is for less than 12 months, check reason: Initial return		Change in accounting period
3a If	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
no	nrefundable credits. See instructions.	За	\$
b If	his application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
<u>ta</u>	x payments made. Include any prior year overpayment allowed as a credit.	3b	\$
с Ва	lance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
de	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		_
Se	e instructions	Зс	s N/A
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.
_HA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev. 4-200

923831 05-26-09