

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

2009

Open to Public

Eprm 990 (2009)/

(A) 17

mie	mar ivevenue v	Jei vice	The organization may have to use a copy of this return to satisfy state	reporting requi	rements	Inspection
<u>A</u>	For the 2009	calendar y	ear, or tax year beginning , and ending			
В	Check if applicab		C Name of organization		D Emplo	yer identification number
П	Address change	use IRS	AID GWINNETT, INC.			
\Box	•	label or	Doing Business As		58-	1973324
ᆜ	Name change	print or type	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
\sqcup	Initial return	See	3075 BRECKINRIDGE BLVD	415		
Ē	Termination	Specific		415		-962-8396
닏	remination	Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	ipts\$ 2,397,506
\sqcup	Amended return	tions	DULUTH GA 30096			
	Application pend	na F Name	and address of principal officer		H(a) Is this	a group return for
_		LA	RRY M. LEHMAN, EXECUTIVE DIRECTOR		affiliate	es? Yes X No
			75 BRECKINRIDGE BLVD, SUITE 415		H(b) Are all	affiliates
			LUTH GA 30096		l	~
_					li No,	attach a list (see instructions)
<u> </u>	Tax-exempt s					
<u>J</u>	Website:		AIDGWINNETT.ORG			exemption number
K	Type of organiza	tion X Co	poration Trust Association Other ► L	Year of formation 1	991	M State of legal domicile GA
F	art I	Summa	ry			
	1 Briefly	describe f	he organization's mission or most significant activities			
_	, a		NETT, IS A COMMUNITY BASED AGENCY ORGANIZED TO	RESPOND 1	иттн	
ဥ	50		ON AND SENSITIVITY TO THE HIV/AIDS EPIDEMIC TH			
٦ar					PORT,	
ē	AD		, EDUCATION AND COLLABORATION WITH OTHER AGENC			
Activities & Governance	2 Chec	k this box 🕽	If the organization discontinued its operations or disposed of more than 2	5% of its net as:	sets	
∞ಶ	3 Numb	er of voting	members of the governing body (Part VI, line 1a)		_3	9
S	4 Numb	er of indep	endent voting members of the governing body (Part VI, line 1b)		4	9
Ě	5 Total		employees (Part V, line 2a)		5	24
ŧ	6 Total		volunteers (estimate if necessary)		6	415
ĕ			,		 	
	1	-	ated business revenue from Part VIII, column (C), line 12		7a	
_	b Net u	nrelated bu	siness taxable income from Form 990-T, line 34		7b	0
				Prior Yes		Current Year
9	8 Contr	ibutions an	d grants (Part VIII, line 1h)		5,176	<u>2,365,830</u>
Revenue	9 Progr	am service	4	3,712	<u>28,726</u>	
Š	10 Inves	tment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)			2,950
œ	11 Other	revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	I.	•	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2.13	8,888	2,397,506
_			ar amounts paid (Part IX, column (A), lines 1–3)		5,727	873,916
			, 3	5,121	073,910	
	1	•	or for members (Part IX, column (A), line 4)			
ses	ŀ		ompensation, employee benefits (Part IX, column (A), lines 5–10)	91	3,177	1,019,290
		ssional fun	draising fees (Part IX, column (A), line 11e)			
Exper	. b Total	fundraising	expenses (Part IX, column (D), line 25) 13,536			
û	17 Other	expenses	(Part IX, column (A) 四约 口4 7 回 (Dif-24f)	43	9,691	432,185
	18 Total		Add lines 13–17 (must equal Part IX, column, (A), line 25)		8,595	2,325,391
⊇`	10 Pove		penses Subtract line 18 from line 12		0,293	72,115
Assets or IU	8 13 11646	ilue less ex	CT OF 2010	Beginning of Cu		End of Year
ets	e 20 Total	assots (Pa	rt X, line 16)		8,016	439,570
ASS	20 Total	-	2-4 / 1		4,477	153,916
ė.	=	•	Part X, line 26) OGDEN, UT			
			nd balances Subtract line 24 From line 20		3,539	285,654
<u></u>	Part II	Signatu	re Block			
`			lies of perjury, I declare that I have examined this return, including accompanying schedules			
<u> </u>		and belief, i	is true, correct, and complete Declaration of preparer (other than officer) is based on all inf	ormation of which	preparer has	any knowledge
Ŝi	gn	1	Karry M. Behman, Exec. Director / CEC	,	09	-22-2010
Zi e	ere	Sipoati			Date	
<u>7</u>	-)	ye of officer LARRY M. LEHMAN, EXECUTIVE DIRECTOR/C	ER	Date	
ത്		Turne	r print name and title			
_		y type o		1	-	Dropprofe idealification
D -	aid	Preparer's	Date Date	Check self-	ıf	Preparer's identifying number (see instructions)
		signature	LINDA E. BERGGREN 00 09/2	0/10 emplo	yed ▶ L	P00146250
	eparer's	Comple	CIFFORD HILLEGASS & INCWERSEN	LLP	EIN D	00 01011==
Us	se Only	Firm's name if self-emplo	consolidado de la consolidada del consolidada de la consolidada de la consolidada del consolidada de la consolidada de la consolidada del consolidada		Phone	
	-	address, an	1 1			770-396-1100
<u> </u>	w the IDS du		eturn with the preparer shown above? (see instructions)		no	X Vas No
IVI2	.v me iK5 (1)9	LUGG IDIC F	enno wan die menaret soowo anove Cisee (IISBOICHORS)			INI Vac I I Ma

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

Part III Statement of Program Service Accomplishments	
1 Briefly describe the organization's mission AID GWINNETT, IS A COMMUNITY BASED AGENCY ORGANIZED TO RESPOND WIT COMPASSION AND SENSITIVITY TO THE HIV/AIDS EPIDEMIC THROUGH SUPPOR ADVOCACY, EDUCATION AND COLLABORATION WITH OTHER AGENCIES.	
 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 	Yes X No
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 \$ 1,241,172 including grants of \$ 713,132) (Revenue \$ MEDICAL SERVICES - PROVIDED 8,940 UNITS OF PRIMARY MEDICAL CARE TO PATIENTS. PATIENTS IN NEED OF ADDITIONAL SERVICES COULD BE REFERRE CARDIOLOGY, DENTAL, DERMATOLOGY, GENERAL SURGERY, HEMATOLOGY, LABO MENTAL HEALTH, NEPHROLOGY, NEUROLOGY, NUTRITION, OB/GYN, OPHTHALMO ORTHOPEDIC, PHARMACY, PULMONARY, RADIOLOGY, SUBSTANCE ABUSE AND UR MEDICAL SERVICES WERE PROVIDED BY RYAN WHITE FUNDING THROUGH HRSA FULTON COUNTY AND GEORGIA DEPARTMENT OF HUMAN RESOURCES. INCOME WE DERIVED BY BILLING PATIENTS WITHOUT INSURANCE ON A SLIDING FEE SCA BILLING PATIENTS WITH INSURANCE.	D TO RATORY, LOGY, OLOGY. VIA AS
4b (Code:)(Expenses \$ 615,791 including grants of \$ 140,714) (Revenue \$ CLIENT SERVICES - PROVIDED 15,740 UNITS OF SERVICE TO 618 PATIENTS SERVICES WERE PROVIDED FOR MEDICAL CASE MANAGEMENT, NON-MEDICAL CA MANAGEMENT, HOUSING, FOOD VOUCHERS, MEAL/GROCERY DELIVERY, TRANSPOURCES PROVIDED BY HUD HOPWA PROGRAM, THROUGH THE CITY OF ATLANTA AND RYAFUNDING THROUGH HRSA VIA FULTON COUNTY AND GEORGIA DEPARTMENT OF HERSOURCES.	SE RTATION, WERE N WHITE
4c (Code)(Expenses \$ 334,436 including grants of \$ 20,070) (Revenue \$ HIV PREVENTION SERVICES - PROVIDED 578 HIV PRESENTATIONS TO 3,737 PERFORMED HIV TESTING ON 3,413 PEOPLE. PREVENTION SERVICES WERE FUR CDC THROUGH THE STATE OF GEORGIA DEPARTMENT OF HUMAN RESOURCES, KA FOUNDATION, SOUTHERN REACH AND BY THE UNITED STATES CONFERENCE OF ADDITIONAL INCOME WAS DERIVED BY BILLING INDIVIDUALS FOR HIV TESTIONAL	NDED BY ISER MAYORS.
•	
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ▶ 2,191,399	Form 990 (2009)

P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- -		
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		-	
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	Ť		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable	11	x	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	- ' '		
•	Schedule D, Part VI			
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	х	
12∆	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		ì		

Form 990 (2009) AID GWINNETT, INC.

Part IV Checklist of Required Schedules (continued)

in the United States on Part IX, Column (A), line 17 if "res," complete Schedule I, Parts I and III 21				Yes	No
22 Molthe organization report more than \$5.000 of grants and other assistance to individuals in the united States on Part IX, counting A), in ser 21 ff ***, complete Schedule II, Parts I and III 23 Did the organization risk marker "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization risk current and former officers, directors, fusitese, key employees, and highest compensated employees? If "Yes," complete Schedule J 31 Did the organization risk are with examination of the side of the parts in the way as tax exempt borned several borned beyond a temporary period exception? 24b Did the organization marker any proceeds of fax exempt borned Sepord a temporary period exception? 24b Did the organization marker any traces as one of the side day of the parts in the several borned Sepord at any time during the year? 25c Did the organization marker any traces as one of the organization marker any traces as one of the service of the service of the service of the organization on engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25c Section 501(c)(3) and 501(c)(4) granizations. Did the organization engage in an excess benefit transaction with a disqualified person in a promotive of the service of the parts of the parts of the parts of the parts of the organization engage in an excess benefit transaction with a disqualified person in a promotive, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part II 25c X 25d	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
United States on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III 2D dt the organization naiver "Yes" to Part IXI, Schorn A, Jine 3, 4, or 5 shoult compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23			21		X
23 Del the organization answer "Yes" to Part VII, Section A, Inio 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J viving 150,000 as of the last cay only proceeds of tax-exempt bond sue with an outstanding principal amount of more than \$10,000 as of the last cay only proceeds of tax-exempt bonds beyond a temporary period exception? 24d b Undergrazation invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d b Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any trax-exempt bonds? 24d b Control of the organization and tax as in "on behalf of" issuer for bonds outstanding at any time during the year? 24d b Control of the organization and the secretary of the secretary of the organization of the organization receive more officer, director, frustee, or they employee? If "Yes," complete Schedule I, Part II 25d A Was the org	22			٠,,	
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to the 25 by 50 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization and as an "no hehalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "no hehalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "no hehalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "no hehalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "no hehalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as any time during the year? 24d Did the organization and as any time during the year? 34d Did the organization and as any time during the year? 34d Did the organization and as any time during the year? 34d Did the organization and as any time during the year? 34d Did the organization and as any time and the organization and as any time during the year? 34d Did the organization and as any time during the year? 34d Did the organization and the transaction and as any time during the year? 34d Did the organization and the transaction and any time during the year? 34d Did the organization provide a grant or other assistance to an officer, director, trustee, we employee. 34d Did the organization and any time and the organization and time and th	22		22	_X_	
employees? If "Yes," complete Schedule I 424 Del the organization have sits exceeding 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 lines 24th through 24d and complete Schedule K If "No."; go to line 25 24b Del the organization maintain an escrow account other than a refurding escrow at any time during the year? 24c Del the organization maintain an escrow account other than a refurding escrow at any time during the year? 24d Del the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Del the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Del the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Del the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Del the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 301(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a price year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900 o	23	·			
24a Dd 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 lines 24b brough 24d and compilete Schedule K. If "No." go to line 25 Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization and so an 'on behalf of' issuer for bonds outstanding at any time during the year? Dd the organization and 501(c)(4) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person unit and the 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-E27 If "Yes," complete Schedule L. Part II 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 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial continibutor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L. Part II Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV A current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or view employee? If "Yes," complete Schedule L. Part IV Dd the organizati			22		- V
s100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 25b define any tax-exempt bonds? 24c 25c lot the organization mentian an escrow account other than a refunding scrow at any time during the year of defease any tax-exempt bonds? 24c 25a Section 501(x)) and 501(x)(x) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11 "Yes," complete Schedule L. Part I 25a I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person of any proveyer, and that the transaction has not been reported on any of the organizations prior Form \$90 or 990-E27 If "Yes," complete Schedule L. Part I 25b Was a toan to or by a current of former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization stax year? If "Yes," complete Schedule L. Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or 10 a person related to such an individual? If "Yes," complete Schedule L. Part III 27 Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b A remaining member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28c X 29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. Part I 29c Did the organization receive contributions of art, histonical treasures, or other similar assets? If "Yes,"	242		23_		
24b through 24d and complete Schedule K. If "No." go to line 25 Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization and so no behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a gond year, and that the transaction has not been reported on any of the organization's prior Forms 890 or 990-E27 If "Yes," complete Schedule I., Part II 25	2-70	· · · · · · · · · · · · · · · · · · ·			•
b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary pend exception? C Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c			242		×
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? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization 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-E27 If "Yes," complete Schedule L, Part II 75a 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 75a Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 15a Was the organization apartly to a business transaction with one of the following parties (see Schedule L, Part IV 75a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 75a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 75a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 75a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 75a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 75a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 75a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	ь	· · · · · · · · · · · · · · · · · · ·			-
to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 cr. 27 If "Yes," complete Schedule L, Part II 25b X 26 Was a loan to or by a current of 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 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 28 Was the organization a provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV 28a X 27 In the organization a part you be busness transaction with one of the following parties (see Schedule L, Part IV 28a X 27 In a A annity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29c A n entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29d Did the organization receive contributions of art, historical treasures, or other similar a	_		240		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(x)3 and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization 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 II 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantal contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A remember) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-30 If Yes," complete Sched			240		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b X 25b Y 300 A 27 I" Yes," complete Schedule L, Part I 25b X 300 A	d	•			
with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization 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 256					
b is the organization 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 Form \$90 or \$90-E2? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," in the organization individate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 X X Section \$301 7701-2 and \$301 7701-3? If "Yes," complete Schedule R, Part I 33 X X Schedule N, Part II 34 X Staceural Part II 35 Is any related organization o			25a		x
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 II 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Dd the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 C An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Dd the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Dd the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Dd the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 Dd the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 Dd the organization related to any tax-exempl or taxable entity? If "Yes," complete Schedule R, Part II 32 Dd the organization related to any tax-exempl or taxable entity? If "Yes," complete Schedule R, Part II 33 Dd the organization	ь				
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributior, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X X A family member) as party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X X A nently of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X X A nently of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X X X Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X X X X X X X X X X X X X X X X X X					
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributior, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X X A family member) as party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X X A nently of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X X A nently of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X X X Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X X X X X X X X X X X X X X X X X X		990-EZ? If "Yes," complete Schedule L, Part I	25b		x
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X A family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part II 34 X 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II 34 X 31 III, IV, and V, line 1 32	26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV) b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c		disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		X
If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV But the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Iine 1 Schedule R, Part V, Iine 2 Schedule R, Part V, Iine 2 To the organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 To 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, Iine 2 To the organization conduct more than 5% of its activities through an entity that is not a related organization and that is		substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c		If "Yes," complete Schedule L, Part III	27		X
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A nentity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer organization (organization organization and nentity disress, complete Schedule R, Part VI, line 2 32	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, Ine 2 36 Section 501(c)(3) 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, Ines 11 and 19? Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete					
Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization win 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 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 2 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O			28a		<u> </u>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 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 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	ь				
family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 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 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 33 Section 501(c)(3) organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule G organization? If "Yes," complete Schedule R, Part V, line 2 34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 35 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 V, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		·	28b		X
Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization of the organization make any transfers to an exempt non-chantable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, Inne 2 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	С				
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Section 501(c)(3) organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 To 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, Iine 2 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		·			7.5
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Schedule N, Part II 33 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 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	20				
conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		·	29		
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 To 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 V, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	30		20		Y
Part I 31	31	•	30		
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32	٠.		31		x
Schedule N, Part II 32 X 33 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 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)° If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 Ine 2 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	32	· · · · · · · · · · · · · · · · · · ·	31		
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 33			32		x
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33	33				
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			33		х
III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35	34				
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35			34		X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		Schedule R, Part V, line 2	35		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Note. All Form 990 filers are required to complete Schedule O 38 X		organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X					
19? Note. All Form 990 filers are required to complete Schedule O			37		<u> </u>
	38				
		19? Note. All Form 990 filers are required to complete Schedule O			

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					<u> </u>
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	е			
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
_	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				l
	this return?			3a	.	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ianciai		1.		.
_	account)? If "Yes," enter the name of the foreign country ▶			4a		X
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Donk				
	and Financial Accounts	Dank		-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi			35		
	Prohibited Tax Shelter Transaction?	arumg		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b_		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods				
	and services provided to the payor?			7a_		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?	r 1		7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	l	_		7.
£	benefit contract?	10		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property, did the organization file Form 8899 as required?			7f		X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			_7g_		
	required?	, as		7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			'''		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	ĺ	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	1				
а	Gross income from members or shareholders	11a	_			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40:	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			990	(2000)
				rom	マゴザ	(ZUU9)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management				
				Yes	No
1a		9			
b	Enter the number of voting members that are independent	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?	L	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	L	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	L	5_		X
6	Does the organization have members or stockholders?	L	6	_	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?	L	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				
а	The governing body?	L	8a	<u>X</u>	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, 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		9		X
	etion B. Policies (This Section B requests information about policies not required by the Internal				
Rev	venue Code.)				
		_		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	_1	0a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?	_1	0b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	_1	2a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?	<u>_1</u>	2b	X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		2c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	L'	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	ļ	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by				ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				1
а	The organization's CEO, Executive Director, or top management official	_1	5a	X	<u> </u>
Ь	Other officers or key employees of the organization	_1	5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1		
_	with a taxable entity during the year?	<u> 1</u>	6a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				ĺ
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		- 1		ĺ
	the organization's exempt status with respect to such arrangements?		6b		Щ_
	tion C. Disclosure		_		
17	List the states with which a copy of this Form 990 is required to be filed GA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply				
4-	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest				
00	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	CMW 415			
ית	,	STE 415	99	n _ e	1 E E
	GA 30096	678-			(2009)
DAA			com	シコリ	120091

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 Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- 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 organizatio		ensate I	e an			office	er, c		(5)	(5)		
(A) Name and Title	(B) (C) Average Position (check all that apply)							(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
WILLIAM D FLEMING	1											
CHAIR	2.00	X		X				0	0			
STEPHANIE TOLLIVE	1											
VICE-CHAIR,	1.00	X		X	<u> </u>			0	0			
DIANA FARMER												
SECRETARY	1.00	X		X		\sqcup		0	0			
GREGORY ALSPACH												
BOARD MEMBER	1.00	X	<u> </u>	<u>.</u>		\sqcup		0	0			
SISTER LOUISE SON	1									_		
BOARD MEMBER	1.00	X	<u> </u>					0	0			
YOTIN SRIVANAREAN										_		
BOARD MEMBER	1.00	X	ļ			\sqcup		0	0			
JOHN SHEEHAN	4 00									_		
BOARD MEMBER	1.00	X		_		\vdash		0	0			
BARBARA PENDLETON	1								0	,		
BOARD MEMBER SEDASSIA SPIVEY	1.00	X			_	\vdash		0	O			
BOARD MEMBER	1.00	x						o	0			
LARRY M LEHMAN	1.00	 ^	<u> </u>		-	┼╌┤						
EXEC. DIR.	50.00			x				81,495	0	C		
BRACE ARNETTE	30.00	 		A		╁		01,495				
INTAKE/GRANT MANAGER	50.00			x				61,402	0	C		
Title, Grant Tannoun	30.00	 - -				† †		01,402		_		
		╁──				\vdash						
· · · · · · · · · · · · · · · · · · ·		+	-			1 1						
•												
		T				1 1			_			
									-	 		
				L	L							
		1		1								

Pa	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and Title	(B) (C) Average Position (check all that applications per position (check all that applications)							(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	cor	other compensation from the organization and related organizations		
													_	
		-	L				_				:			
		1	_											
									140.007					
1b 2	Total Total number of individuals (in reportable compensation from				thos	e lis	ted a	ıbov	e) who received more than		<u> </u>			
_											Г	1	Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin- the organization and related o	' complete Schee e 1a, is the sum	dule of re	J for porta	suc able	h ind	lividu ipens	ial satio	n and other compensation	from		3		X
5	individual Did any person listed on line 1 services rendered to the organ	la receive or acc	rue d	comp	ens	atıor	n fror	n an	y unrelated organization fo			5		x x
Sec	etion B. Independent Contract			пріс		CITCO	idic_c	101	Sudi person	* .	L			<u> </u>
1	Complete this table for your five compensation from the organic	ızatıon	ensa ——	ted ı	nder	pend	lent o	conti					/C\	
	Name and	(A) I business address					_		Descrip	(B) stron of services		Com	(C) pensation	n
	-	<u> </u>		_								_		
	- ·													
2	Total number of independent more than \$100,000 in compe		-				ed to	tho	se listed above) who receiv	ved		0	000 /-	2000:
DAA												rom :	9 90 (2	ZUU9)

Pa	irt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
w w		Fodorated company	4- 1			revenue		512, 513, or 514
Program Service Revenue and other similar amounts	1a	Federated campaigns	1a					
g g	b	Membership dues	1b					
ts, an	С	Fundraising events	1c	20,893				
<u>argi</u>	d	Related organizations	1d					
ξ.E	е	Government grants (contributions)	1e	2,102,817				
i S	f	All other contributions, gifts, grants,						
聲		and similar amounts not included above	1f	242,120				
e E	_ ~	Noncash contributions included in lines 1a-						
a G	9		11 4		2 265 020			
	h	Total. Add lines 1a-1f		_	2,365,830			
ĕ				Busn. Code				
Š	2a	PROGRAM SERVICE REV	ENUE		28,726	28,726		
æ	b							
ij.	С							
je.	đ							
E	e							
gra		All other program convectors		-				
ē	'	All other program service reve	nue		00 706			
_	9	Total. Add lines 2a–2f			28,726	<u> </u>		
	3	Investment income (including	dividends	s, interest, and				
		other similar amounts)		▶ [
	4	Income from investment of tax	-exempt	bond proceeds ▶				
	5	Royalties		▶				
		(ı) Real		(II) Personal				
	6a	Gross Rents						
	b	Less rental exps						
		Rental inc or (loss)						
	ر 2	· · · · · · · · · · · · · · · · · · ·			i I		}	1
	d 7a	Net rental income or (loss) Gross amount from (i) Securities		() 011				
		sales of assets (i) Securities	-	(II) Other				
		other than inventory		2,950				
	b	Less cost or other	1					
		basis & sales exps						
	С	Gain or (loss)		2,950				
	d	Net gain or (loss)		•	2,950	2,950		
_	8a	Gross income from fundraising ever	nts 🗀					
an e		(not including \$ 20,8						
Ver		of contributions reported on line 1c)						
æ		•						
Other Reven		See Part IV, line 18	. a					
ㅎ		Less direct expenses	b [
_		Net income or (loss) from fund		vents •				
	9a	Gross income from gaming activitie	s					
		See Part IV, line 19	a					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ıng actıvı	ties				· ·
		Gross sales of inventory, less						
Į		returns and allowances						
- 1			a	·				
		Less cost of goods sold	b					
}	С	Net income or (loss) from sale						
		Miscellaneous Revenue		Busn Code				
	11a	•						
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total Revenue. See instruction	าร		2,397,506	31,676	0	0

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
Grants and other assistance to governments and		Схрепзез	general expenses	expenses
organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in				
the U.S. See Part IV. line 22	873,916	873,916		
3 Grants and other assistance to governments,		0.0,020		
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	142,897	107,173	35,724	
6 Compensation not included above, to disqualified		201,210	00/123	
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	716,900	699,812	10,376	6,712
8 Pension plan contributions (include section 401(k)		000,000	20,0.0	
and section 403(b) employer contributions)	27,661	26,732	667	262
9 Other employee benefits	65,162	63,016	1,541	605
10 Payroll taxes	66,670	60,274	5,887	509
11 Fees for services (non-employees)		00/2/-	3/55.	
a Management		İ		
b Legal			_	
c Accounting	24,805	23,035	1,770	
d Lobbying				-
e Professional fundraising services See Part IV, line 17				
f Investment management fees	-			
g Other	1,000		800	200
12 Advertising and promotion	369		369	
13 Office expenses	91,052	81,695	5,695	3,662
14 Information technology	8,780	8,780	3,000	3,002
15 Royalties		57.00		
16 Occupancy	170,286	169,266	1,020	
17 Travel	36,065	19,039	16,543	483
18 Payments of travel or entertainment expenses	30,000	23/033		400
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,672	1,451	3,221	-
20 Interest	1,339	1,101	1,339	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,168	40,744	15,424	
23 Insurance	13,471	12,548	923	
20 modranos	23/2/2	12/340	723	
24 Other expenses Itemize expenses not				
covered above (Expenses grouped together				
and labeled miscellaneous may not exceed				
5% of total expenses shown on line 25 below)				
a DUES & SUBSCRIPTIONS	15,249	1,321	12,978	950
b OTHER EXPENSES	7,601	1,885	5,585	131
c NEWSLETTER	1,328	712	594	22
d				
e				
f All other expenses				-
25 Total functional expenses. Add lines 1 through 24f	2,325,391	2,191,399	120,456	13,536
26 Joint costs. Check here ▶ If following				_10,000
SOP 98-2 Complete this line only if the				
organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation				
DAA				Form 990 (200

F	art)	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			3,526	1	2,687
	2	Savings and temporary cash investments		į		2	
	3	Pledges and grants receivable, net			134,069	3	263,448
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors,	trustees, key				
		employees, and highest compensated employees Comp					
o	1	Schedule L	L		5		
	6	Receivables from other disqualified persons (as defined	under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net			7		
SS	8	Inventories for sale or use	[8		
⋖	9	Prepaid expenses and deferred charges		44,801	9	19,735	
	10a	Land, buildings, and equipment, cost or					
	Ì	other basis Complete Part VI of Schedule D	10a	439,905			
	b	Less accumulated depreciation	10b	288,205	163,620	10c	151,700
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets		Ī		14	
	15	Other assets See Part IV, line 11		Ī	2,000	15	2,000
	16	Total assets. Add lines 1 through 15 (must equal line 34	·)	Γ	348,016		439,570
	17	Accounts payable and accrued expenses			94,477	17	123,959
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
es.	21	Escrow or custodial account liability Complete Part IV of	f Schedule D	ſ		21	
Liabilities	22	Payables to current and former officers, directors, trustee	es, key				
Ē		employees, highest compensated employees, and disqu	alıfied				
Ë		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	parties		40,000	23	29,957
	24	Unsecured notes and loans payable to unrelated third pa	ırtıes			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			134,477	26	153,916
es	İ	Organizations that follow SFAS 117, check here ▶ X	and				
2		complete lines 27 through 29, and lines 33 and 34.					
ᆵ	27	Unrestricted net assets			192,600	27	184,959
ä	28	Temporarily restricted net assets			20,939	28	184,959 100,695
p	29	Permanently restricted net assets			29		
亞		Organizations that do not follow SFAS 117, check her	e ▶ 🗌				
ō	1	and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds	L		30		
Se	31	Paid-in or capital surplus, or land, building, or equipment			31		
As	32	Retained earnings, endowment, accumulated income, or			32		
Net Assets or Fund Balances	33	Total net assets or fund balances			213,539		285,654
<u>z</u>	34	Total liabilities and net assets/fund balances			348,016	34	439,570

Form **990** (2009)

Pa	art XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X			
b	Were the organization's financial statements audited by an independent accountant?	2b	X				
С	If "Yes" to line 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?						
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X				
		Form	990	(2009)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AID GWINNETT, INC.

Employer identification number 58-1973324

Pa	art I	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this	part.) :	See in	struct	tions.		
The •	orgai	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check only	one box)						
1	П	A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1)(A)(ı).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(iii).						
4	П	A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	n 170(b)(1)(A)(ii	ii). Ente	r the ho	ospital's name	€,	
		city, and state	e	•									
5		•		of a college or university owned	or operate	ed by a g	overnme	ental uni	t descri	bed in			
	لـــا	-	b)(1)(A)(iv). (Complete Part		•	, ,							
6	\Box			overnmental unit described in s	ection 17	0(b)(1)(A)(v).						
7	X		•	substantial part of its support fro				from the	aenera	ıl public	;		
	ت	=	section 170(b)(1)(A)(vi). (Co						9				
8				70(b)(1)(A)(vi). (Complete Part	11.)								
9	H			I) more than 33 1/3 % of its sup		contribut	ions me	mbersh	in fees.	and on	oss		
•	ш	-		npt functions—subject to certain									
				nd unrelated business taxable in									
				0, 1975 See section 509(a)(2).				.,					
10			J	exclusively to test for public safe			•						
11	H	-	=	exclusively for the benefit of, to					out the	9			
•		•		ed organizations described in se	•			-			1		
				he type of supporting organization									
		a Type I b Type II c Type III-Functionally integrated d Type III-Other											
е	\Box	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
_	persons other than foundation managers and other than one or more publicly supported organizations described in section												
		•	section 509(a)(2)	•		Ī							
f				rmination from the IRS that it is	a Type I,	Type II, o	or Type	III suppo	orting				
·		•	check this box			,	7.	• •	Ů				
g				tion accepted any gift or contribi	ution from	any of th	ne						_
3		following per				•							
		• .		ontrols, either alone or together	with perso	ons descr	ibed in (н)				Yes	No
				f the supported organization?	•		`	,			11g(i)		
			member of a person describ								11g(II)		<u> </u>
		• •	·	described in (i) or (ii) above?							11g(III		
h				he supported organization(s)									
(1)	Name	e of supported	(II) EIN	(III) Type of organization	(rv) is the o	organization	(v) Did y	ou notify	(vi)	s the	(viı) Am	ount of	
	org	anization		(described on lines 1–9	, , ,	sted in your			organizat		sup	port	
				above or IRC section (see instructions))	governing	document?	col (i) sup	or your	(i) organi U :				
				(000 111011 20110110),	Yes	No	Yes	No	Yes	No			
											_		
-													
													
								L					

Schedule A (Form 990 or 990-EZ) 2009 AID GWINNETT, INC. 58-1973324 Page 2 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 1,545,646 1,758,524 1,589,623 2,095,176 2,365,830 9,354,799 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,545,646 1,758,524 1,589,623 2,095,176 2,365,830 9,354,799 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) Public support. Subtract line 5 from line 4 9,354,799 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 1,545,646 1,758,524 1,589,623 2,095,176 2,365,830 9,354,799 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on O Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 9,354,799 Gross receipts from related activities, etc. (see instructions) 12 12 218,045 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here **▶** [Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 100.00% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 100.00% 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 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

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

(e) 2009

(d) 2008

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(f) Total

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2005

(b) 2006

(c) 2007

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 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								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)								
	tion B. Total Support		,	,					
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(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								
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12)	l	<u> </u>	<u> </u>					
14	First five years. If the Form 990 is for the	•	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)			_
800	organization, check this box and stop her tion C. Computation of Public St		tago					<u> </u>	
				(5)			45		0/
15 16	Public support percentage for 2009 (line 8 Public support percentage from 2008 Sch		· ·	iii (1))		-	15 16		<u>%</u> %
	tion D. Computation of Investme						16	_	/0
<u>360</u> 17	Investment income percentage for 2009 (I			3 column (fi)		- 1	17		%
18	Investment income percentage for 2008 (investment income percentage from 2008		· ·	, widilii (i <i>))</i>		-	18		%
19a	33 1/3 % support tests—2009. If the orga			e 14, and line 15 is	s more than 33 1/3	%, and line			
u	17 is not more than 33 1/3 %, check this t							>	
b	33 1/3 % support tests—2008. If the orga		_				and	•	_
-	line 18 is not more than 33 1/3 %, check t							>	Γ
20	Private foundation. If the organization did	-	_			_			
DAA						edule A (For	m 990	or 990-EZ) 2	2009

Page 4

Schedule A (Form 990 or 990-EZ) 2009 AID GWINNETT, INC.

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and 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

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number AID GWINNETT, INC. 58-1973324 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ ___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? Yes 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 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 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 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 Assets included in Form 990, Part X

	•					•	
Sche	dule D (Form 990) 2009 AID GWINNE	ETT, INC.		58-19	73324	Page	2
Pa	et III Organizations Maintaining	Collections of Art,	Historical Trea	sures, or Other	Similar Assets		
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, che	ck any of the follow	ng that are a signific	ant use of its		
а	Public exhibition	d Loan	or exchange prograi	ms			
b	Scholarly research	e Other	3.1.3.				
С	Preservation for future generations						
4	Provide a description of the organization's coll- Part XIV	ections and explain how	they further the orga	anization's exempt p	urpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					Yes No	<u>, </u>
Pa	rt IV Escrow and Custodial Arra	ngements. Comple	te if the organiz	ation answered	"Yes" to Form 9	990, Part	
	IV, line 9, or reported an am	ount on Form 990,	Part X, line 21.				
1a	Is the organization an agent, trustee, custodian	n or other intermediary for	r contributions or ot	her assets not	•		
	included on Form 990, Part X?					Yes No)
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	g table				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on For	m 990, Part X, line 21?				Yes No	•
b	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Comple	ete if organization a	nswered "Yes"	<u>to Form 990, Pa</u>	art 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						
þ	Contributions						_
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	Other expenditures for facilities	İ					
	and programs						
f	Administrative expenses						
g	End of year balance						_
2	Provide the estimated percentage of the year	end balance held as					
	Board designated or quasi-endowment	%					
	Permanent endowment ▶ %						
	Term endowment ▶ %						
3a	Are there endowment funds not in the possess	sion of the organization the	nat are held and adn	ninistered for the		[_
	organization by					Yes No	_
	(i) unrelated organizations					3a(i)	_
	(ii) related organizations					3a(ii)	_
b	If "Yes" to 3a(II), are the related organizations I					3b	_
4	Describe in Part XIV the intended uses of the			0 D-+ V l' 4			_
ra	rt VI Investments—Land, Buildir					(d) Dealer of	_
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or ot basis (other	1 ''	cumulated reciation	(d) Book value	
	Lond	/mvesument)	Dasis (Other	, dep	Colation		_
	Land						_
b	Buildings		 	- = 0	F 707	14 70	_

(investment) basis (other) depreciation

1a Land
b Buildings
c Leasehold improvements 20,508 5,727 14,781
d Equipment 384,327 273,710 110,617
e Other 35,070 8,768 26,302

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 151,700

Schedule D (Form 990) 2009

1 (a) Description of liability (b) Amount

Federal income taxes

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote 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

ightharpoons

Sche	edule D (Form 990) 2009 AID GWINNETT, INC.	58-1973	324	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,397,506
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2,325,391
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	72,115
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	_
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	10	72,115
_Pa	art XII Reconciliation of Revenue per Audited Financial State	ments With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	-	1	2,397,506
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,397,506
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIV)	4b	_	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	2,397,506
Pa	art XIII Reconciliation of Expenses per Audited Financial Stat	<u>ements With Expenses pe</u>	r Return	
1	Total expenses and losses per audited financial statements		1	2,325,391
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
С	Other losses	2c	_	
d	Other (Describe in Part XIV)	2d	⊣ ∣	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	2,325,391
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
	Other (Describe in Part XIV)	4b	_	
_	Add lines 4a and 4b		4c	0.005.001
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,325,391
	art XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I			
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XI	II, lines 2d and 4b Also complete		
this p	part to provide any additional information			
			 -	·
				·
		- 	- -	
	- 			
				
				·

Schedule D (Form 990) 2009

Sc	hed	ule l	D (F	orm	990) 200	09	A	ID	G	WI	NN ion	ΕT	T,	I	NC	:.									5	8-	19	73	32	24						Pa	ge 5
F	ar	t XI	IV	Sı	upp	len	nen	ital	Inf	orn	nat	ion	(cc	nti	nue	d)																						
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_					_													_		_			
								_					_				_			_			_	_				_	_	_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_
-	_	_	-	_	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		—	_	_	_	_	-	_	_	
_	_	_		_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_		_	_	_	_	_
_	_	-	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_	_	-	_	_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_
_	_	-	_	_	_	_	_		_	-	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_	_	_	_	-	_	_	_
_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	_	_			_	_	_	_
_	_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_	_	_	_	_	_	_
_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_		_	_	_		_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
_	_	_	_	_		_	=		_	_	_			_		_	_					- - -																
_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_								_	_
	-	-	_	_		_	_	_	_			_	_	_	_	_	_	_	_	_		_	_	_	_	_	_			_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	-	_	_	_	_	_	_	-	-	_	_	_	_	_	_	-	-	_	_	_		_	-	-	_	_	_	_	_	_

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
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. See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection

Employer identification number

AID GWINNETT, INC.	324				
Part I Fundraising Activities. Complete Form 990-EZ filers are not require			vered "Yes" to For	m 990, Part IV, li	ne 17.
1 Indicate whether the organization raised funds through	any of the followin	g activities	Check all that apply		
a Mail solicitations	e Solicitation	of non-go	vernment grants		
b Internet and email solicitations	f Solicitation	of governi	ment grants		
c Phone solicitations	g Special fur	ndraising e	vents		
d In-person solicitations					
2a Did the organization have a written or oral agreement v or key employees listed in Form 990, Part VII) or entity	wth any individual (in connection with	ıncludıng o profession	fficers, directors, truste al fundraising services	ees ?	Yes No
b If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization		ant to agree	ements under which th	e fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(III) Did fund- raiser have custody or control of contributions'	from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
		 			
		 			
					
		<u> </u>			
Total					
List all states in which the organization is registered or	licensed to solicit f	unds or has	I s been notified it is exe	empt from	<u> </u>
registration or licensing				•	

Schedule G (Form 990 or 990-EZ) 2009 AID GWINNETT, INC. 58-1973324 Page 2 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 AIDS WALK NONE (add col (a) through col (c)) (event type) (event type) (total number) Revenue 16,119 Gross receipts 16,119 Less Charitable 16,119 16,119 contributions Gross revenue (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 11 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?

Sche	edule G (Form 990 or 990-EZ) 2009 AID GWINNETT, INC.	58-197332	4	Р	age 3
	•]	Yes	No
13	Indicate the percentage of gaming activity operated in				
а	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 ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name ►				
	Address ►				
16	Gaming manager information:		1		
10	Calling manager information.				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions.				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		. 1		
	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 G (Form 990) or 99	0-EZ)	2009

Open to Public Inspection OMB No 1545-0047 Employer identification number 58-1973324 Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. INC AID GWINNETT, SCHEDULE I (Form 990)

2009

운 [조] Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 (h) Purpose of grant or assistance ☐ Yes non-cash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (c) IRC (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, if applicable other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part II Part

Schedule I (Form 990) 2009

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

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

Enter total number of other organizations

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 58-1973324 Schedule I (Form 990) 2009 AID GWINNETT, INC. Part III Grants and Other Assistance to Individual

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
MEDICAL SERVICES	536		713,132	FMV	SEE PART IV
CLIENT SERVICES	618		140,714	FMV	SEE PART IV
HIV PREVENTION SERVICES	3737		20,070	FMV	SEE PART IV
Part IV Supplemental Information	tion. Complete this part to	provide the informati	on required in Part I,	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	onal information.

PART IV - ADDITIONAL INFORMATION

DESCRIPTIONS FOR TYPES OF NON-CASH ASSISTANCE PROVIDED CAN BE FOUND ON P.2

OF THE 990 UNDER PART III- STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

AID GWINNETT, INC.

Employer identification number 58-1973324

FORM 990, PART I, LINE 6

VOLUNTEERS ARE USED FOR OUR CLIENT NAVIGATOR PROGRAM, INTAKE ASSESSMENT PROGRAM, OFFICE SUPPORT, SPECIAL EVENTS, MEAL DELIVERY PROGRAM, CLIENT TRANSPORTATION, TEEN PREVENTION PROGRAM, HIV TESTING, OUTREACH PROGRAM AND OUR BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FROM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. ACCOUNTANTS DISTRIBUTED SURVEYS TO ALL BOARD MEMBERS AND KEY STAFF PRIOR TO PREPARING THE 990. IT IS THEN REVIEWED BY THE INTAKE/GRANTS MANAGER AND THE EXECUTIVE DIRECTOR. FORM 990 WAS PRESENTED TO BOARD MEMBERS AT A BOARD MEETING FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
POLICY IS DISTRIBUTED TO EACH BOARD MEMBER, COMPLETED AND SIGNED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANNUAL WRITTEN REVIEW/EVALUATION CONDUCTED BY BOARD OF DIRECTORS. REVIEWS ARE CONDUCTED IN AUGUST OF EACH YEAR. THE BOARD OF DIRECTORS COMPARES EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE TO COMPARABLE ORGANIZATIONS AND REVIEWS AND APPROVES COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ANNUAL WRITTEN REVIEW/EVALUATION CONDUCTED BY BOARD OF DIRECTORS. REVIEWS

ARE CONDUCTED IN AUGUST OF EACH YEAR.

AID GWINNETT, INC.

Employer identification number 58-1973324

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE AGENCY PROVIDES FINANCIAL STATEMENTS AT EACH BOARD MEETING FOR
DISTRIBUTION ALONG WITH PRESENTING PROGRAM FINANCIAL UPDATES AT OUR
CONSORTIUM, CLIENT ADVISORY AND OTHER ROUTINE MEETINGS. ALL OF OUR
MEETINGS ARE OPEN TO THE PUBLIC AND WE MAKE THE STATEMENT THAT OUR
FINANCIAL RECORDS ARE OPEN TO THE PUBLIC AT ANYTIME FOR REVIEW. ALONG WITH
THIS DISCLOSURE, OUR ANNUAL REPORT IS POSTED ON OUR WEB SITE.

		•			•
Forms 990 / 990-PF	Mor	tgages and Ot	her Notes Payable		2009
Nama	For calendar year 2009,	or tax year beginning	, and ending	- Employee Ide	- N N
Name				Employer Ide	entification Number
AID GWINNETT	, INC.			58-197	3324
FORM 990, PAI	RT X, LINE 23 -	- ADDITIONAL	L INFORMATION		
	Name of lender		Relationship to	disqualified perso	n
(1) THE BRAND I	BANKING COMPANY	<u> </u>	NONE	aloqualities police	
(2)					
(3)			 		
(4) (5)	<u> </u>	<u> </u>			
(6)	-				
(7)					· · · · · · · · · · · · · · · · · · ·
(8)					
(9)					· -
(10)					·····
Original amount borrowed	Date of loan	Maturity date	Repayment terms		Interest rate
(1) 60,0		08/20/10	LINE OF CREDIT -		
(2)					
(3)		-			
(4)					
(5)		·			
(6)					
(7) (8)					
(9)		-			-
(10)					
		··· <u>-</u>			
	ecunty provided by borrower BY BOARD MEMBE	ER .	WORKING CAPITAL	e of loan	
(2)					·
(3)		_			
<u>(4)</u>				<u> </u>	
(5) (6)		· · · · · · · · · · · · · · · · · · ·	•		
(7)					
(8)					
(9)					
(10)		······································			······································
Carrida	pration furnished by lands-		Balance due at		lance due at
(1)	eration furnished by lender		beginning of year 40,000		end of year 29,957
(2)					
(3)					
(4)					
(5)			ļ	-	
(6)			 		
(7) (8)			 		
(9)					
(10)					
Totals			40.000		29.957

58-1973324

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	<u>Prior</u>	Current
	IACRS: HOPWA 1999 FORD E350 VAN Sold/Scrapped 11/01/09	11/01/98	29,174	-	29,174	5 HY 200DB	29,174	0
		=	29,174	=	29,174	:	29,174	0
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs - =	29,174 29,174 0 0	-	29,174 29,174 0		29,174 29,174 0	0 0 0 0

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the		► File a separate application for each return.		İ	
Internal Revenue		tomatic 2 Month Estanging, complete only Part I and shock this how			▶ X
_ ′	•	comatic 3-Month Extension, complete only Part I and check this box			
•	•	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)			
Part I		ss you have already been granted an automatic 3-month extension on a previously filed Form 3-Month Extension of Time. Only submit original (no copies needed)	0000		
		, , ,			
A corporation re Part I only	equired to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete			▶ 🗌
All other corpor time to file inco		ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extens	sion of		
Electronic Fili	na (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of tim	e to file		
		v (6 months for a corporation required to file Form 990-T) However, you cannot file Form 886			
electronically if	(1) you want t	ne additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,	group		
		solidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part		m	
8868 For more	details on the	electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits	S		
Type or	Name of Exe	mpt Organization	Employe	er identific	ation number
print File by the	AID GW	INNETT, INC.	58-1	973324	4
due date for		et, and room or suite no. If a P.O. box, see instructions			
filing your return See	3075 E	RECKINRIDGE BLVD 415			
instructions	City, town or DULUTH	post office, state, and ZIP code. For a foreign address, see instructions GA 30096			
Check type of	return to be f	iled (file a separate application for each return)	-		
X Form 99	0	Form 990-T (corporation)		Fo	orm 4720
Form 990	O-BL	Form 990-T (sec 401(a) or 408(a) trust)		∐ Fo	om 5227
Form 996)-EZ	Form 990-T (trust other than above)		Fo	rm 6069
Form 996	0-PF	Form 1041-A		☐ Fo	orm 8870
 					
The books	are in the care	of ▶ BRACE J. ARNETTE			
Telephone	No ▶ 67	8-990-6455 FAX No ►			
 If the organ 	nization does n	ot have an office or place of business in the United States, check this box			▶ ∐
 If this is for 	a Group Retu	m, enter the organization's four digit Group Exemption Number (GEN)	If this is		
for the whole g	roup, check th	s box If it is for part of the group, check this box and a	ittach		
		s of all members the extension will cover			
		3-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above. The extension is			
	rganization's re				
▶ X	calendar year	2009 or			
_	tax year begini				
2 If this tax	year is for les	s than 12 months, check reason	n account	ing period	
				i	
-	-	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	3a	\$	
		credits See instructions Form 990-PF or 990-T, enter any refundable credits and estimated tax	1 30		
•	-		3b	\$	
		e any prior year overpayment allowed as a credit Tine 3b from line 3a Include your payment with this form, or, if required,	=	<u> </u>	
		on or, if required, by using EFTPS (Electronic Federal Tax Payment			
	See instructio		3с	S	
		make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E			
for payment in					
For Privacy A	ct and Paper	vork Reduction Act Notice, see Instructions.		Form	n 8868 (Rev 4-2009)

Form 8868 (R	ev 4-2009)		P	age 2
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			× X
•	mplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 886	88		_
O 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).	
Туре ог			r identification numbe	ır
print				
File by the	AID GWINNETT, INC.	58-1	973324	
extended	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS	ise only	
due date for	3075 BRECKINRIDGE BLVD 415			
filing the return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	_		
instructions	DULUTH GA 30096			
Check type of	return to be filed (File a separate application for each return)			
X Form 99	· -		Form 6069	
Form 99			Form 8870	
Form 99			_	
	complete Part II if you were not already granted an automatic 3-month extension on a previously filed	Form 8	868.	
	are in the care of > BRACE J. ARNETTE			
Telephone	No ▷ 678-990-6455 FAX No ▷			
	nization does not have an office or place of business in the United States, check this box		Þ	→ □
	r a Group Return, enter the organization's four digit Group Exemption Number (GEN)	ıs		ب
		d attach	а	
_	mes and EINs of all members the extension is for		_	
	t an additional 3-month extension of time until 11/15/10		· · · · · · · · · · · · · · · · · · ·	
	ndar year 2009 , or other tax year beginning , and ending			
_	x year is for less than 12 months, check reason Initial return Final return Change in	account	na penod	
	detail why you need the extension			
וו שומו ל		EPAR	E A COMPLETE	ε
	ACCURATE RETURN.			
AND	noover miore.			
9a If this as	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	\Box		
	nonrefundable credits. See instructions	8a	\$	
	oplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	+		
	ed tax payments made. Include any prior year overpayment allowed as a credit and any	1		
		8b	\$	
	paid previously with Form 8868 Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	1 30	<u> </u>	
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	. \$	
With Fi	Signature and Verification	1 00	•	
Hadas v alter -	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my li	nowledos	and belief	
it is true, correct	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the dest of my F , and complete, and that I am authorized to prepare this form	· · · · · · · · · · · · · · · · · · ·	and polici,	
	Linda & Busera Title & CPA		Date > 08/10	0/10
Signature >	THE P CER		Form 8868 (Rev	
	77 11		I ANNI AAAA ILIAA .	