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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No 1545-0047

**2009****Open to Public  
Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**THE ATLANTA WOMEN'S FOUNDATION, INC**

Doing Business As

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

**HURT BUILDING, 50 HURT PLAZA**

Room/suite

**401**

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

**ATLANTA****GA 30303****D** Employer identification number**58-2389721****E** Telephone number**404-577-5000****G** Gross receipts \$ **1,483,659****H(a)** Is this a group return for

affiliates?

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

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

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

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities		
	<b>THE ATLANTA WOMEN'S FOUNDATION IS A CATALYST FOR CHANGE IN THE LIVES OF WOMEN AND GIRLS. PLEASE SEE SCHEDULE O FOR FURTHER INFORMATION.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
Revenue	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>973,348</b>	<b>893,925</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-59,092</b>	<b>60,898</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-1,519</b>	<b>24,722</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>912,737</b>	<b>979,545</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>565,000</b>	<b>645,000</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	Expenses	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>702,105</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>10,000</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>496,346</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>574,259</b>	<b>423,485</b>
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>1,851,364</b>	<b>1,909,622</b>
<b>19</b> Revenue less expenses Subtract line 18 from line 12		<b>-938,627</b>	<b>-930,077</b>
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,374,911</b>	<b>4,266,724</b>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>1,130,240</b>	<b>725,091</b>
		<b>4,244,671</b>	<b>3,541,633</b>

**Part II Signature Block**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<b>B.J. Mosacchio</b> Signature of officer		<b>11/11/10</b> Date	
Paid Preparer's Use Only	<b>Barbara J. Mosacchio, Chief Executive Officer</b> Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	<b>Linda E. Berggren</b> FIRM'S name (or yours if self-employed), address, and ZIP + 4	<b>11/08/10</b>	<input type="checkbox"/>	<b>P00146250</b>
<b>GIFFORD, HILLEGASS &amp; INGWERSEN, LLP</b> <b>SIX CONCOURSE PARKWAY SUITE 600</b> <b>ATLANTA, GA 30328</b>		EIN ▶	<b>92-0184475</b>	
		Phone no ▶	<b>770-396-1100</b>	

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

☐ Yes ☐ NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  
DAAForm **990** (2009)

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SCANNED DEC 03 2010

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

**THE ATLANTA WOMEN'S FOUNDATION IS A CATALYST FOR CHANGE IN THE LIVES OF WOMEN AND GIRLS. PLEASE SEE SCHEDULE O FOR FURTHER INFORMATION.**

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ **1,212,330** including grants of \$ **645,000** ) (Revenue \$ )  
**GRANTS ARE AWARDED TO NON-PROFIT ORGANIZATIONS SERVING WOMEN AND GIRLS IN 5 COUNTIES OF GEORGIA. THESE GRANTS ARE DESIGNED TO ENSURE THAT HIGH IMPACT PROGRAMS AND ORGANIZATIONS ARE FOCUSED ON ELIMINATING GENERATIONAL CYCLES OF POVERTY FOR WOMEN AND GIRLS. IN 2010, THE FOUNDATION AWARDED 28 GRANTS RANGING FROM \$10K-\$60K. THE DECISIONS ON WHICH ORGANIZATIONS WOULD RECEIVE FUNDING WERE BASED ON STRINGENT AND OBJECTIVE GRANT APPLICATION CRITERIA, THOROUGH ANALYSIS, SITE VISITS, AND RECOMMENDATIONS FROM ALLOCATIONS COMMITTEE MEMBERS. WE PROVIDE ON-GOING MONITORING AND SUPPORT FOR OUR GRANTEEES, AND REQUIRE MID-YEAR AND YEAR-END PROGRAM REPORTS.**

**4b** (Code ) (Expenses \$ **22,604** including grants of \$ ) (Revenue \$ )  
**CREATED IN 2000, WOMEN ON BOARD ADDRESSES THE INCLUSION OF WOMEN AS LEADERS BY TRAINING THEM IN NONPROFIT BOARD GOVERNANCE AND CONNECTING THEM WITH NONPROFIT BOARDS THROUGHOUT ATLANTA. IN 2009-10, THE FOUNDATION TRAINED 290 WOMEN TO SERVE AS BOARD MEMBERS.**

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )

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

**4e** Total program service expenses **1,234,934**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> 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	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
<b>11</b> 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	<b>X</b>	
<ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>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</li> <li>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</li> <li>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</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>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</li> </ul>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes <b>X</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
<b>17</b> 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		<b>X</b>
<b>18</b> 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	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 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	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> 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		<b>X</b>
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
<b>1a</b>	<b>20</b>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1b</b>	<b>1</b>		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2a</b>	<b>13</b>		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>X</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		<b>X</b>
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

**Part VI Governance, Management, and Disclosure** 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.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	<b>25</b>	
<b>b</b> Enter the number of voting members that are independent	<b>25</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b> Does the organization have members or stockholders?		<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b> 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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b> Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **LINDA HALL PITTS 50 HURT PLAZA,, STE 401**

**ATLANTA****GA 30303****404-577-5000**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. 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 organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATIE BAYNE BOARD MEMBER	5.00	X						0	0	0
CINDY BRAZELL BOARD VICE CHAIR	10.00	X		X				0	0	0
BARBARA W. BROWN BOARD MEMBER	5.00	X						0	0	0
JUDI V. BRUCE BOARD MEMBER	5.00	X						0	0	0
KRISTIN CANAVAN BOARD MEMBER	5.00	X						0	0	0
SUSANA M. CHAVEZ BOARD MEMBER	5.00	X						0	0	0
REATHA CLARK BOARD MEMBER	5.00	X						0	0	0
SUZANNE C. FEESE BOARD MEMBER	5.00	X						0	0	0
MARY C. GILL BOARD MEMBER	5.00	X						0	0	0
PAULA GOODMAN BOARD MEMBER	5.00	X						0	0	0
LAUREN GRIEN BOARD MEMBER	5.00	X						0	0	0
ETTA RAYE HIRSCH BOARD MEMBER	5.00	X						0	0	0
CAMARA JONES BOARD MEMBER	5.00	X						0	0	0
DOROTHY Y. KIRKLEY BOARD MEMBER	5.00	X						0	0	0
DANITA V. KNIGHT BOARD MEMBER	5.00	X						0	0	0
DANICA KOMBOL BOARD MEMBER	5.00	X						0	0	0
MARCIA M. MAYOUE BOARD TREASURER	10.00	X		X				0	0	0



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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GLEND A. B. MINKIN BOARD MEMBER	5.00	X						0	0	0
SHIRLEY A. MITCHELL BOARD MEMBER	5.00	X						0	0	0
CAROL O. NEWMAN BOARD MEMBER	5.00	X						0	0	0
ELIZABTEH H. NOE BOARD MEMBER	5.00	X						0	0	0
EMILY-MAY RICHARDS BOARD CHAIR	20.00	X		X				0	0	0
BEVERLY D. THOMAS BOARD SECRETARY	10.00	X		X				0	0	0
LUCY C. VANCE BOARD MEMBER	5.00	X						0	0	0
LANI L. WONG BOARD MEMBER	5.00	X						0	0	0
BARBARA J. MOSACCHIO CEO	50.00			X				183,460	0	0
LINDA H. PITTS VP FINANCE	50.00			X				90,000	0	0
DEBORAH RYAN VP PHILANTHROPY	50.00			X				90,000	0	0
SHERRIE SNIPES-WILLIAMS VP COMM. INITIATIVES	50.00			X				74,219	0	0
<b>1b Total</b>								<b>437,679</b>		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	288,819			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	605,106			
	<b>g</b> Noncash contributions included in lines 1a-1f	\$	25,618			
	<b>h</b> Total. Add lines 1a-1f		893,925			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		92,834			92,834
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents					
	<b>b</b> Less rental exps					
	<b>c</b> Rental inc or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		400,000				
	<b>b</b> Less cost or other basis & sales exps					
		431,936				
	<b>c</b> Gain or (loss)					
		-31,936				
	<b>d</b> Net gain or (loss)		-31,936	-31,936		
	<b>8a</b> Gross income from fundraising events (not including \$ 288,819 of contributions reported on line 1c) See Part IV, line 18	<b>a</b>	71,900			
	<b>b</b> Less direct expenses	<b>b</b>	72,178			
	<b>c</b> Net income or (loss) from fundraising events		-278	-278		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> RECOVERY OF PRIOR YEAR GRANT		25,000	25,000			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d		25,000				
<b>12</b> Total Revenue. See instructions		979,545	-7,214	0	92,834	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	645,000	645,000		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	490,065	218,601	91,868	179,596
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	270,019	120,710	24,352	124,957
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,783	1,783		
9 Other employee benefits	26,682	14,734	1,795	10,153
10 Payroll taxes	52,588	23,664	7,889	21,035
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	25,959		19,469	6,490
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	30,313	30,313		
g Other	9,822	4,911	1,375	3,536
12 Advertising and promotion	6,411	2,244		4,167
13 Office expenses	78,424	35,942	9,809	32,673
14 Information technology	23,397	10,640	3,286	9,471
15 Royalties				
16 Occupancy	84,153	37,869	12,623	33,661
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	87,207	55,341	1,265	30,601
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,463	5,126	1,726	4,611
23 Insurance	2,341	606	1,198	537
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>DONOR DEVELOPMENT</b>	28,254	7,064		21,190
b <b>PROG. EXP. -WOMEN ON BOARD</b>	12,092	12,092		
c <b>MERCHANT &amp; STOCK FEES</b>	9,244			9,244
d <b>RECRUITING EXPENSES</b>	4,060	1,827	609	1,624
e <b>BOARD RETREAT EXPENSE</b>	3,658	1,646	549	1,463
f All other expenses	6,687	4,821	529	1,337
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,909,622	1,234,934	178,342	496,346
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	331,151	1	191,810
	2 Savings and temporary cash investments	1,229,768	2	880,110
	3 Pledges and grants receivable, net	906,284	3	500,709
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,516	9	6,550
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 146,885		
	b Less accumulated depreciation	10b 135,246	10c 20,940	11,639
	11 Investments—publicly traded securities	2,871,252	11	2,675,906
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,374,911	16	4,266,724	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	24,740	17	37,716
	18 Grants payable	1,055,500	18	617,375
	19 Deferred revenue		19	20,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	50,000	21	50,000
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,130,240	26	725,091
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,833,556	27	1,125,555
	28 Temporarily restricted net assets	508,468	28	513,431
	29 Permanently restricted net assets	1,902,647	29	1,902,647
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	4,244,671	33	3,541,633
34 <b>Total liabilities and net assets/fund balances</b>	5,374,911	34	4,266,724	

**Part XI Financial Statements and Reporting**1 Accounting method used to prepare the Form 990 ☐ Cash ☒ 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?

b Were the organization's financial statements audited by an independent accountant?

c 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

☒ 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?

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

	Yes	No
2a		<b>X</b>
2b	<b>X</b>	
2c	<b>X</b>	
3a		<b>X</b>
3b		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b> <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,267,218	2,724,194	3,032,026	973,348	893,925	8,890,711
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	242,505	359,652	194,091	65,690	96,900	958,838
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5	1,509,723	3,083,846	3,226,117	1,039,038	990,825	9,849,549
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	467,050	1,809,350	1,471,100	548,690	332,995	4,629,185
<b>b</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						
<b>c</b> Add lines 7a and 7b	467,050	1,809,350	1,471,100	548,690	332,995	4,629,185
<b>8</b> Public support (Subtract line 7c from line 6)						5,220,364

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	1,509,723	3,083,846	3,226,117	1,039,038	990,825	9,849,549
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115,154	151,640	170,683	122,422	92,834	652,733
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	115,154	151,640	170,683	122,422	92,834	652,733
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	1,624,877	3,235,486	3,396,800	1,161,460	1,083,659	10,502,282

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	49.71 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	50.31 %

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	6 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	5 %

**19a** 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☒

**b** 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; 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

**2009**

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**58-2389721**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	<b>3</b>	<b>4</b>
2 Aggregate contributions to (during year)		<b>893,925</b>
3 Aggregate grants from (during year)	<b>1,650</b>	<b>643,350</b>
4 Aggregate value at end of year	<b>70,658</b>	<b>3,485,358</b>
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_ \_ \_ \_ \_

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,125,131	2,395,077			
b Contributions					
c Net investment earnings, gains, and losses	157,463	-269,946			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,282,594	2,125,131			

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ 83.35 %  
 c Term endowment ▶ 16.65 %

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

- (i) unrelated organizations  
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		146,885	135,246	11,639
e Other				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶ **11,639**



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	979,545
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,909,622
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-930,077
4	Net unrealized gains (losses) on investments	4	227,039
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	227,039
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-703,038

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

1	Total revenue, gains, and other support per audited financial statements	1	1,151,271
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	227,039
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	227,039
3	Subtract line 2e from line 1	3	924,232
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,313
b	Other (Describe in Part XIV)	4b	25,000
c	Add lines 4a and 4b	4c	55,313
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	979,545

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

1	Total expenses and losses per audited financial statements	1	1,854,309
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,854,309
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,313
b	Other (Describe in Part XIV)	4b	25,000
c	Add lines 4a and 4b	4c	55,313
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,909,622

**Part XIV Supplemental Information**

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

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

THE FOUNDATION RECEIVED CONTRIBUTIONS ON BEHALF OF AN OUTSIDE AGENCY (THE  
WOMEN'S FUNDING NETWORK) TOTALING \$50,000 DURING 2010. THE FOUNDATION WILL  
RECEIVE AN ADDITIONAL \$100,000 OVER THE NEXT TWO YEARS ON BEHALF OF THE  
OUTSIDE AGENCY. THIS GRANT WAS AWARDED BY THE FOUNDATION TO THE GRANTEE  
FOR THE AIDING, ADVANCEMENT AND EMPOWERMENT OF GIRLS AND WOMEN, IN THE  
AMOUNT OF \$200,000, PAYABLE OVER A FOUR YEAR PERIOD, IN \$50,000 INCREMENTS.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ORIGINAL VALUE OF THE ENDOWMENT FUND IS PERMANENTLY RESTRICTED.

THE INVESTMENT AND SPENDING OF THESE FUNDS IS DIRECTED BY THE

FOUNDATION'S FINANCIAL AND INVESTMENT POLICIES. INCOME IS REINVESTED AND

THE APPRECIATION AND INCOME ARE AVAILABLE FOR SPENDING SUBJECT TO THE

SPENDING POLICY. THE BOARD CAN APPROPRIATE 5% OR MORE OF THESE FUNDS

ANNUALLY FOR SPENDING PURPOSES. AT THIS TIME THE BOARD HAS DETERMINED THAT

IT WILL NOT MAKE ANY APPROPRIATIONS FROM THE ENDOWMENT.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

RECOVERY OF PY GRANT NETTED WITH GRANT EXP ON FINANCIALS \$ -25,000

RECOVERY OF PY GRANT NETTED WITH GRANT EXP ON FINANCIALS \$ 25,000

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

RECOVERY OF PY GRANT NETTED WITH GRANT EXP ON FINANCIALS \$ 25,000

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

RECOVERY OF PY GRANT NETTED WITH GRANT EXP ON FINANCIALS \$ 25,000

Department of the Treasury  
Internal Revenue Service

## 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

2009

**Open To Public Inspection**

Name of the organization

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

Employer identification number

58-2389721

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FALL LUNCHEON</b>		<b>NONE</b>	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	360,719			360,719
	2 Less Charitable contributions	288,819			288,819
	3 Gross revenue (line 1 minus line 2)	71,900			71,900
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	47,178			47,178
	8 Entertainment	25,000			25,000
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				72,178
	11 Net income summary Combine line 3, column (d), and line 10				-278

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		



**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

- c** If "Yes," enter name and address of the third party

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer    ☐ Employee    ☐ Independent contractor
**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 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 ► \$

**17a**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

Employer identification number

**58-2389721**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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** ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	AID GWINNETT, INC. 3075 BRECKINRIDGE BLVD. #415 DULUTH GA 30096	58-1973324	3	25,000				ADVOCACY & EDUCATION
	ATLANTA LEGAL AID SOCIETY, INC. 151 SPRING STREET NW ATLANTA GA 30303	58-0568691	3	37,500				WOMEN'S CANCER PROJ.
	BUCKHEAD CHRISTIAN MINISTRY 2847 PIEDMONT ROAD NE ATLANTA GA 30305	58-1748786	3	45,000				EMERG. SUPP. & HOUS.
	CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET, SW, SUITE 309 ATLANTA GA 30312	58-2212203	3	10,000				HEALTH SERVICES
	CENTER FOR FAMILY RESOURCES 995 ROSWELL ST. NE SUITE 100 MARIETTA GA 30060	58-0876634	3	10,000				FIN. ASSIS. & HOUS.
	CENTER FOR PAN ASIAN COMMUNITY SERV 3760 PARK AVE DORAVILLE GA 30340	58-1437980	3	20,000				SOCIAL & HEALTH SERV
	COMMUNITY ADVANCED PRACTICE NURSES 176 BOULEVARD NE ATLANTA GA 30312	58-2435328	3	50,000				HEALTH SERVICES
	CONSUMER CREDIT COUNSELING SERVICE 100 EDGEWOOD AVENUE SUITE 1800 ATLANTA GA 30303	58-0942924	3	20,000				FINANCIAL EDUCATION
	DECATUR COOPERATIVE MINISTRY PO BOX 457 DECATUR GA 30031	58-1082247	3	12,500				SHORT-TERM HOUSING

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

► 26

3 Enter total number of other organizations

► 0

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

DAA

Schedule I (Form 990) 2009





**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

**Continuation Sheet for Schedule I (Form 990)**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

**58-2389721**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES FIRST, INC. 1105 W. PEACHTREE ST., NE ATLANTA GA 30357	58-1054331	3	50,000				SUPP. TO PREG. ADOL.
G-CAPP 1450 W. PEACHTREE ST., NE STE 200 ATLANTA GA 30309	31-1520709	3	20,000				ELIMINATE TEEN PREG.
GEORGIA METROS BASKETBALL CLUB 1256 PASEDENA AVE NE ATLANTA GA 30309	52-2406076	3	10,000				COACHING & MENTORING
GIRLS INCORPORATED OF GREATER ATLANTA 1100 SPRING STREET NW, SUITE 700 ATLANTA GA 30309	58-1276804	3	60,000				LIFE SKILLS PROGRAM
GLOBAL VILLAGE SCHOOL P.O. BOX 2200 DECATUR GA 30331	26-4152199	3	40,000				SCHOOLS FOR REFUGEES
HOUSE OF DAWN, INC. 298 SOUTH MAIN STREET JONESBORO GA 30236	58-2534495	3	15,000				HOME FOR TEEN MOMS
INTERNATIONAL RESCUE COMMITTEE 4151 MEMORIAL DRIVE, SUITE 201-C DECATUR GA 30032	13-5660870	3	30,000				JOB READINESS
JERUSALEM HOUSE 17 EXECUTIVE PARK DRIVE NE, SUITE 2 ATLANTA GA 30329	58-1829807	3	15,000				HOUS. FOR HOMELESS
JUVENILE JUSTICE FUND 395 PRYOR STREET SW, STE 1025 ATLANTA GA 30312	58-2556130	3	10,000				EMPOWERING WOMEN
PARTNERSHIP AGAINST DOMESTIC VIOLENCE P.O. BOX 170225 ATLANTA GA 30317	58-1314556	3	20,000				DOMESTIC VIOL. SUPP.
PREVENT BLINDNESS GEORGIA 739 WEST PEACHTREE, STE 200 ATLANTA GA 30318	36-3667121	3	10,000				EYE CARE FOR WOMEN

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Schedule I-1 (Form 990) 2009





**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open To Public  
Inspection

Name of the organization

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

Employer identification number

**58-2389721**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X





**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization

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

Employer identification number

**58-2389721**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	<b>X</b>	<b>3</b>	<b>21,797</b>	<b>FMV</b>
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <b>AIRLINE VOUCHER</b> )	<b>X</b>	<b>4</b>	<b>3,821</b>	<b>FMV</b>
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>

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

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Employer identification number  
**58-2389721**

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

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

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

**FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
**THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE. THE FINANCE COMMITTEE**  
**MAKES ADJUSTMENTS AND RECOMMENDS THE FORM TO THE EXECUTIVE COMMITTEE OF**  
**THE BOARD FOR FINAL APPROVAL.**

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

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**  
**IN 2008, THE COMPENSATION FOR THE CEO WAS ESTABLISHED AND/OR REVIEWED**  
**USING DATA FROM A CONSULTING FIRM AND APPROPRIATE OUTSIDE SOURCES. THE CEO**  
**WAS HIRED AS A RESULT OF AN EXTENSIVE SEARCH GUIDED BY A CONSULTING FIRM**  
**THAT SPECIALIZES IN THESE PLACEMENTS. FOR FISCAL YEAR 2010, THE**  
**COMPENSATION FOR THE CEO WAS REVIEWED AND DETERMINED TO BE IN LINE WITH**  
**COMPARABLE SALARIES AS PUBLISHED IN COMPENSATION STUDIES CONDUCTED BY**  
**FOUNDATIONS SPECIALIZING IN COLLECTING THIS TYPE OF DATA.**

Name of the organization

THE ATLANTA WOMEN'S FOUNDATION, INC

Employer identification number

58-2389721

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
FOR FISCAL YEAR 2010, THE COMPENSATION FOR ALL VICE PRESIDENTS WAS  
REVIEWED AND DETERMINED TO BE IN LINE WITH COMPARABLE SALARIES AS PUBLISHED  
IN COMPENSATION STUDIES CONDUCTED BY FOUNDATIONS SPECIALIZING IN COLLECTING  
THIS TYPE OF DATA.

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

#### SCHEDULE O - ADDITIONAL INFORMATION

FORM 990, PART I, LINE 1 AND PART III, LINE 1

THE FOUNDATION IS THE ONLY PUBLIC FOUNDATION IN THE STATE OF GEORGIA SOLELY  
FOCUSED ON RAISING MONEY TO FUND PROGRAMS FOR WOMEN AND GIRLS. THROUGH ITS  
STRATEGIC GRANTMAKING, THAT FOCUSES ON ELMINATING GENERATIONAL CYCLES OF  
POVERTY FOR WOMEN AND GIRLS, AWF ACHIEVES THE FOLLOWING OUTCOMES: 1) WOMEN  
AND GIRLS GAIN INCREASED KNOWLEDGE AND SKILLS TO ASSIST THEIR EFFORTS TO  
MOVE UP AND OUT OF POVERTY, 2) WOMEN AND GIRLS MODEL BEHAVIORS AND SKILLS  
THAT PROMOTE LONG-TERM FINANCIAL STABILITY AND INDEPENDENCE, 3) WOMEN AND  
GIRLS HAVE ACCESS TO BASIC SERVICES TO INCREASE THEIR ECONOMIC SECURITY AND  
STABILITY, AND 4) THE METRO-ATLANTA COMMUNITY EXPERIENCES A DECREASE IN  
SOCIAL BARRIERS IMPACTING WOMEN AND GIRLS IN POVERTY.

ADDITIONAL INFORMATION:

Name of the organization

THE ATLANTA WOMEN'S FOUNDATION, INC

Employer identification number

58-2389721

DURING THE FISCAL YEAR 2009-10, THE FOUNDATION'S EXPENSES EXCEEDED REVENUE BY \$930,138, WHICH INCLUDED EXPENSES ASSOCIATED WITH THE CORE PURPOSE OF THE FOUNDATION-GRANTMAKING.

SINCE ITS INCEPTION IN 1998, THE FOUNDATION'S REVENUES HAVE EXCEEDED EXPENSES IN TOTAL BY \$3,336,293. AS A FOUNDATION, WHOSE REVENUES ARE DERIVED FROM INDIVIDUAL AND CORPORATE DONORS, MONIES ARE OFTEN RESTRICTED BY DONOR INTENT AND THE NET LOSS/GAIN OF THE FINANCIAL STATEMENTS ARE AFFECTED BY THE TIMING OF REVENUES BEING RELEASED TO SUPPORT GRANT CYCLES. THE TIMING OF RECOGNIZING REVENUE AND EXPENDING GRANTS WILL SOMETIMES RESULT IN A NET LOSS IN A SINGLE PERIOD.

CURRENTLY THE FOUNDATION HAS A HEALTHY RESERVE AND INVESTMENT PORTFOLIO, WHICH REFLECTS POSITIVELY ON THE BALANCE SHEET. IN MID 2000, THE BOARD DESIGNATED \$1 MILLION TO ASSURE THAT THE FOUNDATION WOULD HAVE A HEALTHY RESERVE TO SUPPORT BOTH STAFF CAPACITY AND GRANT MAKING SHOULD WE EXPERIENCE AN ECONOMIC DOWNTURN. IN 2008, AT THE START OF THE ECONOMIC DOWNTURN, THE BOARD VOTED TO RELEASE THOSE FUNDS TO BE USED TO FURTHER THE ORGANIZATION'S MISSION. THESE FUNDS HAVE BEEN USED MODERATELY TO SUPPORT THE FOUNDATION IN STRENGTHENING ITS OPERATION WITHOUT DIMINISHING ITS OVERALL INVESTMENT PORTFOLIO. THE POSITIVE RESULT OF THAT DECISION IS THAT IN FISCAL YEAR 2009-10, THE FOUNDATION IS BEGINNING TO SEE THE FAVORABLE RESULTS OF STRINGENT EXPENSE CONTROLS AND CONCENTRATED FUNDRAISING.

WE ANTICIPATE THAT WITH THE CONTINUATION OF IMPROVEMENTS IN THE ECONOMY AND THE CURRENT EFFORTS TOWARD FUNDRAISING AND INCREASING OPERATIONAL CAPACITY, THE FOUNDATION WILL ENHANCE ITS IMPACT ON BREAKING THE GENERATIONAL CYCLE

Name of the organization

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

Employer identification number

**58-2389721****OF POVERTY FOR WOMEN AND GIRLS.**



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

(99)

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

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

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

Identifying number

**58-2389721**

Business or activity to which this form relates

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>11,463</b>

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

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>11,463</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**