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Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning 7/1/2010, and ending 6/30/2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
American Association of University Women - Atlanta Branch

Number and street (or P O box, if mail is not delivered to street address) Room/suite
5241 Manhasset Cove

City or town state or country ZIP + 4
Dunwoody GA 30338-3413

D Employer identification number
58-6043240

E Telephone number
770/394-2681

F Group Exemption Number ▶ 5649

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.aauwatlanta.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

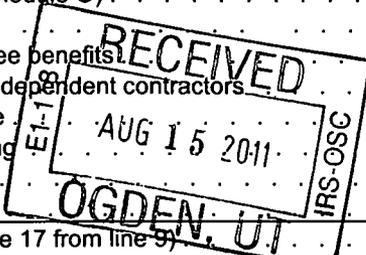
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000.
 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 99,690

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

SCANNED AUG 29 2011 Revenue

	1 Contributions, gifts, grants, and similar amounts received				1	
	2 Program service revenue including government fees and contracts				2	
	3 Membership dues and assessments				3	4,717
	4 Investment income				4	329
	5a Gross amount from sale of assets other than inventory	5a				
	b Less: cost or other basis and sales expenses	5b				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c		0
	6 Gaming and fundraising events					
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	94,644			
	c Less: direct expenses from gaming and fundraising events	6c	37,297			
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d		57,347
	7a Gross sales of inventory, less returns and allowances	7a				
	b Less: cost of goods sold	7b				
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		0
	8 Other revenue (describe in Schedule O)			8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶			9		62,393
	10 Grants and similar amounts paid (list in Schedule O)			10		52,054
	11 Benefits paid to or for members			11		
	12 Salaries, other compensation, and employee benefits			12		
	13 Professional fees and other payments to independent contractors			13		
	14 Occupancy, rent, utilities, and maintenance			14		191
	15 Printing, publications, postage, and shipping			15		593
	16 Other expenses (describe in Schedule O)			16		10,382
	17 Total expenses. Add lines 10 through 16. ▶			17		63,220
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18		-827
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19		87,801
	20 Other changes in net assets or fund balances (explain in Schedule O)			20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶			21		86,974



(HTA) *b. Ote*

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V. []

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities. ▶ 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41	List the states with which a copy of this return is filed. ▶ GA		
42a	The organization's books are in care of ▶ Alta Birdsong Telephone no. ▶ 770/394-2681 Located at ▶ 5241 Manhasset Cove City Dunwoody ST GA ZIP + 4 ▶ 30338-3413		
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)? 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.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ [] and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	X	

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
 - a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
 - b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City Str ZIP	Title Hr/WK	.00		
Name City Str ZIP	Title Hr/WK	.00		
Name City Str ZIP	Title Hr/WK	.00		
Name City Str ZIP	Title Hr/WK	.00		
Name City Str ZIP	Title Hr/WK	.00		

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here
 Signature of officer: Alta M. Birdsong Date: 8-8-2011
 Treasurer: ALTA M. BIRDSONG
 Type or print name and title

Paid Preparer's Use Only	Pnnr/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Bookfair (event type)	Internet Sales (event type)	1 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	60,685	33,075	884	94,644
	2	Less: Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	60,685	33,075	884	94,644
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	0	0	0	0
	8	Entertainment	0	0	0	0
	9	Other direct expenses	29,877	7,420	0	37,297
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Combine line 3, column (d), and line 10 ▶					57,347

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	0	0	0	0	
Direct Expenses	2	Cash prizes				0	
	3	Noncash prizes				0	
	4	Rent/facility costs				0	
	5	Other direct expenses				0	
	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) ▶					(0)
	8	Net gaming income summary. Combine line 1, column d, and line 7 ▶					0

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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

American Association of University Women - Atlanta Branch

58-6043240

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Local nonprofit, Grantee: N. Fulton

Branch AAUW 205 Glen Holly Drive Roswell GA 30076, Cash Grant: 10,070, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Local nonprofit, Grantee: Cobb Co. Branch

AAUW 4282 Presswyck Ct. Marietta GA 30062, Cash Grant: 15,572, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: National nonprofit, Grantee: AAUW Fund

1111 Sixteenth Street Washington DC 20036, Cash Grant: 14,050, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: National nonprofit, Grantee: AAUW College

Women Conf 1111 Sixteenth Street Washington DC 20036, Cash Grant: 2,128, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Local nonprofit, Grantee: Refugee Family

Services 5561-H Memorial Drive Stone Mountain GA 30083, Cash Grant: 1,984, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Educational Institution, Grantee: Georgia

State University P.O. Box 4040 Atlanta GA 30303, Cash Grant: 2,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grant to college student, Grantee:

Veronic Clemons 214 Collier Barnesville GA 30204, Cash Grant: 1,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grant to college student, Grantee: Shawna

Floyd 1315 Kenridge Parkway Decatur GA 30032, Cash Grant: 1,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grant to college student, Grantee: Judy

Khan 1169 Parkwood Trace Stone Mountain GA 30083, Cash Grant: 1,250, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grant to college student, Grantee: Amy

Rocamora 1981 Two Springs Way Lawrenceville GA 30043, Cash Grant: 1,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grant to college student, Grantee:

Jennifer Sisson 186 Ericson Street SE Atlanta GA 30317, Cash Grant: 1,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grant to college student, Grantee:

Kathleen Thompson 932 Zion Circle Roswell GA 30075, Cash Grant: 1,000, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Dues to AAUW - national organization: 2,993

Form 990-EZ, Part I, Line 16, Other Expenses: Duest to AAUW - GA: 1,240

Name of the organization

Employer identification number

American Association of University Women - Atlanta Branch

58-6043240

Form 990-EZ, Part I, Line 16, Other Expenses: Expenses for CARE conference: 2,314

Form 990-EZ, Part I, Line 16, Other Expenses: Convention Expense - national and state: 2,199

Form 990-EZ, Part I, Line 16, Other Expenses: Membership Tea and Hospitality: 442

Form 990-EZ, Part I, Line 16, Other Expenses: Website Maintenance: 664

Form 990-EZ, Part I, Line 16, Other Expenses: Presidents' Expense: 76

Form 990-EZ, Part I, Line 16, Other Expenses: Treasurer's Expense: 77

Form 990-EZ, Part I, Line 16, Other Expenses: Branch Retreat: 279

Form 990-EZ, Part I, Line 16, Other Expenses: Financial Service Costs and Bank Charge: 98

Form 990-EZ, Part III, Line 31: The organization provides stimulating programs to enhance the mission/purpose of the organization and communications to keep the membership informed regarding activities in which to be involved. Pays dues to national and state organization.