



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



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)	OMB No 1545-0047 2011 Open to Public Inspection
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 58-2389721	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	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) Room/suite HURT BUILDING 50 HURT PLAZA ROOM/SUITE 401 City or town, state or country, and ZIP + 4 ATLANTA, GA 30303		E Telephone number (404) 577-5000
		F Name and address of principal officer DEBORAH RYAN 50 HURT PLAZA SUITE 401 ATLANTA, GA 30303	G Gross receipts \$ 1,618,334
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
J Website: WWW.ATLANTAWOMEN.ORG		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
		H(c) Group exemption number	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1988	M State of legal domicile GA

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	13
6 Total number of volunteers (estimate if necessary)	6	100	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,311,180	1,435,480
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	96,092	58,722
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,730	60,494
		1,418,002	1,554,696
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	513,412	295,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	819,249	765,450
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 371,991		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
		393,475	543,796
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,726,136	1,604,246
	19 Revenue less expenses Subtract line 18 from line 12	-308,134	-49,550
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	4,054,874	3,539,774
	21 Total liabilities (Part X, line 26)	505,116	68,171
	22 Net assets or fund balances Subtract line 21 from line 20	3,549,758	3,471,603

Part II Signature Block
 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			2012-11-15 Date	
	DEBORAH RYAN INTERIM DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	LINDA E BERGGREN	Date 2012-11-15	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	GIFFORD HILLEGASS & INGWERSEN LLP SIX CONCOURSE PARKWAY SUITE 600 ATLANTA, GA 30328			EIN
					Phone no (770) 396-1100

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 848,055 including grants of \$ 295,000) (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 2012, THE FOUNDATION AWARDED 17 GRANTS RANGING FROM 8K-25K 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 \$ 18,785 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 2011-12, THE FOUNDATION TRAINED 200 WOMEN TO SERVE AS BOARD MEMBERS

4c

(Code) (Expenses \$ 99,634 including grants of \$) (Revenue \$)

IN ORDER TO DEEPEN AWF'S UNDERSTANDING OF THE ISSUES IMPACTING WOMEN AND GIRLS, AWF COMMISSIONED A PROPRIETARY RESEARCH PROJECT TO PROVIDE INSIGHTS INTO HOW WOMEN AND GIRLS IN OUR COMMUNITY EXPERIENCE POVERTY AS THE FOUNDATION CONTINUES TO SHARPEN ITS FOCUS ON BREAKING THE GENERATIONAL CYCLE OF POVERTY, THIS IS A CRITICAL INVESTMENT THAT WILL HELP SHAPE THE STRATEGY OF OUR EFFORTS FOR THE NEXT SEVERAL YEARS, INCLUDING PROVIDING A PLATFORM FOR OUR GRANTMAKING, COMMUNITY AWARENESS, PROGRAMS AND, ULTIMATELY, FUNDRAISING

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

\$ 966,474

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9	Yes
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	No
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	Yes
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

Check if Schedule O contains a response to any question in this Part V

Form **990** (2011)

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
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

Check if Schedule O contains a response to any question in this Part VII

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DOROTHY Y KIRKLEY BOARD SECRET	10 00	X		X				0	0	0
(2) KATIE BAYNE BOARD MEMBER	5 00	X						0	0	0
(3) CINDY BRAZELL BOARD CHAIR	20 00	X		X				0	0	0
(4) JUDI V BRUCE BOARD MEMBER	5 00	X						0	0	0
(5) KRISTIN CANAVAN BOARD MEMBER	5 00	X						0	0	0
(6) SUSANA M CHAVEZ BOARD MEMBER	5 00	X						0	0	0
(7) LINDA L STANLEY BOARD TREASU	10 00	X		X				0	0	0
(8) MARY C GILL BOARD MEMBER	5 00	X						0	0	0
(9) PAULA GOODMAN BOARD MEMBER	10 00	X						0	0	0
(10) LAUREN GRIEN BOARD MEMBER	10 00	X						0	0	0
(11) ETTA RAYE HIRSCH BOARD MEMBER	5 00	X						0	0	0
(12) DANITA V KNIGHT FIRST VICE C	10 00	X		X				0	0	0
(13) DANICA KOMBOL BOARD MEMBER	5 00	X						0	0	0
(14) MARCIA M MAYOUE BOARD MEMBER	10 00	X						0	0	0
(15) ELIZABTEH H NOE BOARD MEMBER	5 00	X						0	0	0
(16) BEVERLY D THOMAS BOARD VICE C	10 00	X		X				0	0	0
(17) LANI L WONG BOARD MEMBER	5 00	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) STEPHANIE F ARON BOARD MEMBER	5 00	X						0	0	0
(19) ELIZABETH A JOHNSON BOARD MEMBER	5 00	X						0	0	0
(20) MARSHA SAMPSON JOHNSON BOARD MEMBER	10 00	X						0	0	0
(21) FRAN LEVINE BOARD MEMBER	5 00	X						0	0	0
(22) MEGHAN H MAGRUDER BOARD MEMBER	5 00	X						0	0	0
(23) MARGARET N MERMIN MD BOARD MEMBER	5 00	X						0	0	0
(24) CAROLINE E MOISE BOARD MEMBER	5 00	X						0	0	0
(25) SHIRLEY POWELL BOARD MEMBER	5 00	X						0	0	0
(26) BARBARA J MOSACCHIO CEO	50 00			X				169,258	0	7,671
(27) LINDA H PITTS VP FINANCE	50 00			X				95,660	0	6,165
(28) DEBORAH RYAN VP DEVELOPME	50 00			X				95,660	0	5,466
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								360,578		19,302

2

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶

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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	951,000			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	484,480			
	g	Noncash contributions included in lines 1a-1f \$ 66,158					
	h	Total. Add lines 1a-1f		1,435,480			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		58,013		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	1,161			
b		Less cost or other basis and sales expenses		452			
c		Gain or (loss)		709			
d		Net gain or (loss)		709	709		
8a		Gross income from fundraising events (not including \$ 951,000 of contributions reported on line 1c) See Part IV, line 18					
a			107,030				
b		Less direct expenses	b	55,689			
c		Net income or (loss) from fundraising events . .		51,341			51,341
9a		Gross income from gaming activities See Part IV, line 19					
a			16,650				
b		Less direct expenses	b	7,497			
c		Net income or (loss) from gaming activities . .		9,153			9,153
10a		Gross sales of inventory, less returns and allowances					
a							
b	Less cost of goods sold . . .	b					
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		1,554,696	709		118,507	

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)
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	295,000	295,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	410,741	188,941	106,793	115,007
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	253,875	116,783	66,007	71,085
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,325	4,289	2,425	2,611
9	Other employee benefits	42,213	19,418	10,975	11,820
10	Payroll taxes	49,296	22,676	12,817	13,803
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	26,465	1,323	19,849	5,293
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	24,861	23,277		1,584
g	Other	122,361	74,210	1,397	46,754
12	Advertising and promotion				
13	Office expenses	83,697	42,299	9,933	31,465
14	Information technology	22,073	10,672	1,321	10,080
15	Royalties				
16	Occupancy	88,657	40,756	23,093	24,808
17	Travel	10,326	2,764	3,294	4,268
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,662	3,651	2,604	5,407
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,171	4,218	2,384	2,569
23	Insurance	2,440	1,122	635	683
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	RESEARCH PROJECT	99,634	99,634		
b	OTHER EVENT EXPENSE	18,434			18,434
c	DUES AND SUBSCRIPTIONS	8,838	5,897	1,416	1,525
d	PROG EXP -WOMEN ON BOARD	8,060	8,060		
e					
f	All other expenses	7,117	1,484	838	4,795
25	Total functional expenses. Add lines 1 through 24f	1,604,246	966,474	265,781	371,991
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) 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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				422,150	1	108,986
	2	Savings and temporary cash investments				655,339	2	283,344
	3	Pledges and grants receivable, net				432,963	3	657,120
	4	Accounts receivable, net				1,096	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				114	9	5,700
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	160,611				
	b	Less accumulated depreciation	10b	153,755	14,295	10c	6,856	
	11	Investments—publicly traded securities				2,528,917	11	2,477,768
	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	Total assets. Add lines 1 through 15 (must equal line 34)				4,054,874	16	3,539,774
Liabilities	17	Accounts payable and accrued expenses				35,029	17	18,171
	18	Grants payable				403,587	18	
	19	Deferred revenue				16,500	19	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				505,116	26	68,171
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				963,121	27	1,204,983
	28	Temporarily restricted net assets				683,990	28	363,973
	29	Permanently restricted net assets				1,902,647	29	1,902,647
	Organizations that do not follow SFAS 117, check here ☐ 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	Total net assets or fund balances				3,549,758	33	3,471,603
	34	Total liabilities and net assets/fund balances				4,054,874	34	3,539,774

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,554,696
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,604,246
3	Revenue less expenses Subtract line 2 from line 1	3	-49,550
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,549,758
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-28,605
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,471,603

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization THE ATLANTA WOMEN'S FOUNDATION INC	Employer identification number 58-2389721
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. 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						
b 33 1/3% support test—2010. If the organization did not check the 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						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,032,026	973,348	893,925	1,311,180	1,435,480	7,645,959
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513	194,091	65,690	96,900	71,240	123,680	551,601
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,226,117	1,039,038	990,825	1,382,420	1,559,160	8,197,560
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,471,100	548,690	332,995	470,550	914,194	3,737,529
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				3,334		3,334
c Add lines 7a and 7b	1,471,100	548,690	332,995	473,884	914,194	3,740,863
8 Public Support (Subtract line 7c from line 6)						4,456,697

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	3,226,117	1,039,038	990,825	1,382,420	1,559,160	8,197,560
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	170,683	122,422	92,834	64,783	58,013	508,735
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	170,683	122,422	92,834	64,783	58,013	508,735
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)	3,396,800	1,161,460	1,083,659	1,447,203	1,617,173	8,706,295
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	51.190 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	48.850 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	6.000 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	6.000 %
19a 33 1/3% support tests—2011. 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—2010. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

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	1	3
2 Aggregate contributions to (during year)	3	1,444,055
3 Aggregate grants from (during year)		295,000
4 Aggregate value at end of year	11,475	2,749,637
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	☒ Yes ☐ No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)? ☐ Yes ☒ No

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

Part III

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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 the 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	2,487,089	2,282,594	2,125,131	2,395,077	
b Contributions					
c Investment earnings or losses	3,211	304,495	157,463	-269,946	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	278,400	100,000			
g End of year balance	2,211,900	2,487,089	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 ▶ 86 000 %

c

Term endowment ▶ 14 000 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

No

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(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		160,611	153,755	6,856
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				6,856

Schedule D (Form 990) 2011

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,554,696
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,604,246
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-49,550
4	Net unrealized gains (losses) on investments	4	-27,896
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-709
9	Total adjustments (net) Add lines 4 - 8	9	-28,605
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-78,155

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	1,508,727
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-27,896
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	7,497
e	Add lines 2a through 2d	2e	-20,399
3	Subtract line 2e from line 1	3	1,529,126
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	24,861
b	Other (Describe in Part XIV)	4b	709
c	Add lines 4a and 4b	4c	25,570
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,554,696

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,586,882
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	7,497
e	Add lines 2a through 2d	2e	7,497
3	Subtract line 2e from line 1	3	1,579,385
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	24,861
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	24,861
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,604,246

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
ESCROW LIABILITY ARRANGEMENT EXPLANATION	SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE FOUNDATION RECEIVED CONTRIBUTIONS ON BEHALF OF AN OUTSIDE AGENCY (THE WOMEN'S FUNDING NETWORK) TOTALING 50,000 DURING 2012. THE FOUNDATION WILL RECEIVE AN ADDITIONAL 50,000 OVER THE NEXT YEAR 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.
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	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.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	GAMING EXPENSES 7,497. GAIN ON DISPOSAL OF ASSET DISALLOWED FOR BOOK PURPOSES -709. GAMING EXPENSES -7,497.
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	GAMING EXPENSES 7,497.
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	GAIN ON DISPOSAL OF ASSET DISALLOWED FOR BOOK PURPOSES 709.
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	GAMING EXPENSES 7,497.

OMB No 1545-0047

Open to Public Inspection

58-2389721

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. Form 990-EZ filers are not required to complete this table.

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
		FALL LUNCHEON (event type)	WOMEN IN LAW LU (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	1,021,980	36,050	1,058,030
	2	Less Charitable contributions	924,030	26,970	951,000
	3	Gross income (line 1 minus line 2)	97,950	9,080	107,030
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	49,308	6,381	55,689
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					(55,689)
					51,341

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		16,650	16,650
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		7,497	7,497
	6	Volunteer labor	☐ Yes ☒ No	☒ Yes 64.290 % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			
					(7,497)
					9,153

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

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

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☒ No
- 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

13	Indicate the percentage of gaming activity operated in	
a	The organization's facility	13a100.000%
b	An outside facility	13b

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

Name ▶ LINDA HALL PITTS

Address ▶ 50 HURT PLAZA STE 401
ATLANTA, GA 30303

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ DEBORAH RYAN

Gaming manager compensation \$ 957

Description of services provided ▶ SUPERVISING & MONEY HANDLING

☒ 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 \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ATLANTA WOMEN'S FOUNDATION INC

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
58-2389721

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

(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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

16

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	AWF HAS A STRINGENT GRANTMAKING SELECTION PROCESS TO MAKE SURE THAT ALLOCATED FUNDS ARE USED BY ORGANIZATIONS THAT ARE ACCOUNTABLE AND WELL MANAGED A SIGNED GRANT CONTRACT REQUIRES GRANTEES TO PROVIDE SIX MONTH AND YEAR END REPORTS ADDITIONALLY, A MEETING IS CONVENED TO PROVIDE AN OPPORTUNITY FOR FEEDBACK AND PROACTIVE PLANNING

Software ID:
Software Version:
EIN: 58-2389721
Name: THE ATLANTA WOMEN'S FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AGAPE COMMUNITY CENTER2353 BOLTON ROAD SUITE 100 ATLANTA,GA 30318	58-2372950	3	20,000				SUMMER ENRICH PROG
ALL GROWN UP INC 3588 HWY 138 STOCKBRIDGE,GA 30281	01-0727680	3	12,000				AFTERSCHOOL MENTOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ANIZ INC233 MITCHELL ST SW SUITE 200 ATLANTA, GA 30303	58-2272426	3	20,000				HIV/AIDS PREVENTION
ATLANTA GIRLS' SCHOOL3254 NORTHSIDE PARKWAY NW ATLANTA, GA 30327	58-2408353	3	8,000				FINANCIAL AID PROG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTER FOR CHILDREN & YOUNG ADULTS 2221 AUSTELL ROADBLDG 1 STE 100 MARIETTA, GA 30008	58-1451180	3	20,000				LIFE SKILLS EDUC
COOL GIRLS INC 621 NORTH AVENUE NW ATLANTA, GA 30308	58-1958246	3	10,000				AFTERSCHOOL EDUC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CREATE YOUR DREAMS887 WEST MARIETTA STREET STUDIO T1 ATLANTA,GA 30318	58-2133252	3	20,000				GIRLS BOOK CLUB PROG
FUGEES FAMILY 1019 ROWLAND STREET CLARKSON,GA 30021	20-5771149	3	20,000				ACADEMIC SUMMER CAMP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GEORGIA CAMPAIGN FOR ADOLESCENT PRE 1450 WEST PEACHTREE ST SUITE 200 ATLANTA,GA 30309	31-1520709	3	20,000				PREGNANCY PREVENTION
GIRLS ON THE RUN 5696 PEACHTREE PARKWAY SUITE A NORCROSS,GA 30092	58-2568271	3	20,000				HEALTH EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOUSE OF DAWN PO BOX 1222 JONESBORO, GA 30237	58- 2534495	3	20,000				CASE MANAGEMENT
MOVING IN THE SPIRIT750 GLENWOOD AVENUE ATLANTA, GA 30316	58- 2207431	3	20,000				DANCE TRAINING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
REFUGEE FAMILY SERVICES5561-H MEMORIAL DRIVE STONE MOUNTAIN,GA 30083	58-2242031	3	20,000				WOMEN'S LEADERSHIP
SISTERLOVE INC PO BOX 10558 ATLANTA,GA 30310	58-2016070	3	20,000				HIV/AIDS PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
VOX TEEN COMMUNICATIONS 229 PEACHTREE ST SUITE 725 ATLANTA,GA 30303	58-2107143	3	20,000				CAREER DEVELOPMENT
YOUTHSPARK395 PRYOR STREET SW SUITE 2117 ATLANTA,GA 30312	58-2556130	3	25,000				PREVENTION/INTERV

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE ATLANTA WOMEN'S FOUNDATION INC

Employer identification number
58-2389721

Part I

Questions Regarding Compensation

	Yes	No
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 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
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 ☐ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only 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?	5a	No
b Any related organization?	5b	No
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?	6a	No
b Any related organization?	6b	No
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	7	No
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	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

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.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE ATLANTA WOMEN'S FOUNDATION INC

Employer identification number
58-2389721

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
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	X	7	56,229	FAIR MARKET VALUE
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				
AIRLINE				
25 Other ► (<u>VOUCHER</u>)	X	7	5,030	FAIR MARKET VALUE
26 Other ► (<u>CATERING</u>)	X	2	4,719	FAIR MARKET VALUE
MUSEUM				
27 Other ► (<u>FEE</u>)	X	1	180	FAIR MARKET VALUE
28 Other ► (<u> </u>)				

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

30a

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

b

If "Yes," describe the arrangement in Part II

31

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

32a

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

b

If "Yes," describe in Part II

33

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

Yes

No

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

Cat No 51227J

Schedule M (Form 990) 2011

Part III

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.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization THE ATLANTA WOMEN'S FOUNDATION INC	Employer identification number 58-2389721
--	--

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	FORM 990, PART I, LINE 1 AND PART III, LINE 1 THE FOUNDATION (AWF) IS DEDICATED TO BREAKING THE GENERATIONAL CYCLE OF POVERTY FOR WOMEN AND GIRLS AWF RAISES FUNDS FROM CORPORATIONS, FOUNDATIONS, AND INDIVIDUALS IN ORDER TO MAKE GRANTS IN THE FIVE-COUNTY ATLANTA AREA (COBB, CLAYTON, DEKALB, FULTON, GWINNETT) TO ORGANIZATIONS THAT 1) REDUCE THE GENERAL CYCLE OF POVERTY BY REDUCING AT RISK BEHAVIORS, 2) PROMOTE SELF-SUFFICIENCY FOR WOMEN AND GIRLS BY INCREASING THEIR ACCESS TO SERVICES AND OPPORTUNITIES FOR ADVANCEMENT, 3) INCREASE THEIR ABILITY TO BE ECONOMICALLY SECURE AND SELF-RESPONSIBLE FOR THEIR FUTURE AND POSITIVELY CONTRIBUTE TO THE OVERALL ECONOMIC DEVELOPMENT AND WELL BEING OF OUR COMMUNITIES FUNDED PROGRAMS ARE CAREFULLY SELECTED FOR THEIR SUSTAINABLE AND MEASURABLE IMPACT ON BREAKING THE GENERATIONAL CYCLE OF POVERTY IN HEALTHCARE, JOB SKILLS, DOMESTIC VIOLENCE, EDUCATION, TEEN PREGNANCY, HOMELESSNESS AND AFFORDABLE HOUSING, AFFORDABLE CHILD CARE, FINANCIAL LITERACY AND ASSET DEVELOPMENT FORM 990, SUPPLEMENTAL INFORMATION DURING THE FISCAL YEAR 2011-12, THE FOUNDATION'S EXPENSES EXCEEDED REVENUE BY 49,550, 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 2,890,470 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 AND EXPENDING REVENUES WILL SOMETIMES REFLECT A NET LOSS, HOWEVER THE NET LOSS IS ACTUALLY DUE TO TEMPORARILY RESTRICTED FUNDS BEING RELEASED RATHER THAN BEING A TRUE LOSS 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 ASURE 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 FOR THEIR ORIGINAL PURPOSE 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 THE FOUNDATION CONTINUES 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 OF POVERTY FOR WOMEN AND GIRLS
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, 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
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	IN 2009, THE BOARD OF DIRECTORS APPROVED THE FOLLOWING PROCESS THE FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE AND UPON CONSENSUS WILL RECOMMEND IT TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR FINAL APPROVAL
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	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
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	IN 2008, THE COMPENSATION FOR THE CEO WAS ESTABLISHED OR REVIEWED USING DATA FROM A CONSULTING FIRM AND APPROPRIATE OUTSIDE SOURCES THE CEO WAS HIRED AS A RESULT OF AN EXTENSIVE PROCESS GUIDED BY A CONSULTING FIRM THAT SPECIALIZES IN THESE PLACEMENTS THE COMPENSATION AMOUNT WAS REVIEWED AND DETERMINED TO BE IN LINE WITH COMPARABLE SALARIES AS PUBLISHED IN COMPENSATION STUDIES CONDUCTED BY A FOUNDATIONS SPECIALIZING IN COLLECTING THIS TYPE OF DATA
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	IN 2008, THE COMPENSATION FOR ALL VICE PRESIDENTS WAS ESTABLISHED OR REVIEWED USING DATA FROM A CONSULTING FIRM AND APPROPRIATE OUTSIDE SOURCES THE VP OF PHILANTHROPY WAS HIRED AS A RESULT OF AN EXTENSIVE PROCESS GUIDED BY A CONSULTING FIRM THAT SPECIALIZES IN THESE PLACEMENTS THE COMPENSATION AMOUNTS WERE REVIEWED AND DETERMINED TO BE IN LINE WITH COMPARABLE SALARIES AS PUBLISHED IN COMPENSATION STUDIES CONDUCTED BY A FOUNDATION SPECIALIZING IN COLLECTING THIS TYPE OF DATA
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	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
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	THE OTHER CHANGE IN NET ASSETS OR FUND BALANCES OF -28,605 CONSISTS OF UNREALIZED LOSSES OF 27,896 AND A GAIN ON DISPOSAL OF FIXED ASSETS OF 709

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return THE ATLANTA WOMEN'S FOUNDATION INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 58-2389721
---	--	----------------------------------

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 instructions)	1	500,000
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	2,000,000
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 2010 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 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	9,171

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 2011	17	
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		

Section B—Assets Placed in Service During 2011 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 2011 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	9,171
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	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:
Software Version:
EIN: 58-2389721
Name: THE ATLANTA WOMEN'S FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description
