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Short Form Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07-01, 2013, and ending 06-30, 2014

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: American Assn. University Women - Atlanta Branch
Number and street (or P O box, if mail is not delivered to street address): 4320 Quail Ridge Way
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Norcross, GA 30092-1304

D Employer identification number: 58-6043240
E Telephone number: (404) 275-8221
F Group Exemption Number: 5649

G Accounting Method: [X] Cash [] Accrual Other (specify) >

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

I Website: www.aauwatlanta.org

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

K Form of organization: [X] Corporation [] Trust [] Association [] Other

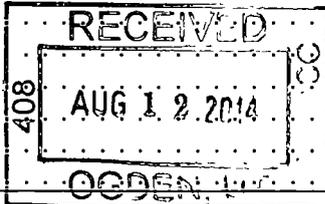
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 97,310

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for gaming and fundraising events (6a-6c) and inventory sales (7a-7c). Total revenue is 66,990 and total expenses is 56,764.



SCANNED AUG 25 2014 revenue

Handwritten mark resembling a stylized 'P' or '9'.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	93,138	103,364
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	93,138	103,364
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	93,138	103,364

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Intellectual growth of college-educated

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>Enrich educational goals of women through local and national scholarships/fellowships - support women in academia & workplace</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28,117
29 <u>Contribute to local nonprofits working with young girls at risk in Atlanta and to local women's organizations seeking to help women</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,568
30 <u>Bookfair produced by 3 local branches - Funds are allocated from proceeds to each: Atlanta, Cobb Co. and N. Fulton AAUWs</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	20,535
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	See SERVICES 5,544
32 Total program service expenses (add lines 28a through 31a)	32	56,764

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sharon Bevis-Hoover President	8	0	0	0
Dr Myra Carmon Incoming President	2	0	0	0
Betty Arden Program Vice President	2	0	0	0
Billie Collier Membership Vice President	3	0	0	0
Marcy Nader Secretary	1	0	0	0
Huiping Du Finance Officer	5	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, Yes, and No. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

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

Sign Here

Signature of officer: *Sharon Bevis-Hoover* Date: 8-7-2014

Type or print name and title: Sharon Bevis-Hoover, President

Paid Preparer Use Only

Preparer's name: _____ Preparer's signature: _____ Date: _____

Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____

Firm's address: _____ Phone no: _____

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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

2013

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

American Assn. University Women - Atlanta Branch

58-6043240

Part I

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

Georgia

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Book Sales</u> (event type)	(event type)	<u>None</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	88,564		88,564
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	88,564		88,564
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	30,320		30,320
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				58,244

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

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

9 Enter the state(s) in which the organization operates gaming activities. _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

American Assn. University Women - Atlanta Branch

Employer identification number

58-6043240

01. List of grants and similar amounts paid (Part I, line 10)

Activity	Local Nonprofit - Scholarships - projects
Grantee	Cobb County Branch AAUW
Street	4569 River Parkway Apt. E
City, State, Zip	Atlanta, GA 30339-3853
Relationship	None
Amount	11,348

Activity	Local Nonprofit - Scholarships - Projects
Grantee	North Fulton Branch AAUW
Street	205 Glen Holly Drive
City, State, Zip	Roswell, GA 30076
Relationship	None
Amount	9,187

Activity	National Nonprofit - Scholarships and Research
Grantee	AAUW
Street	1111 Sixteenth Street
City, State, Zip	Washington, DC 20036
Amount	15,217

Activity	Event for Women
Grantee	Georgia Women for a Change
Street	PO 55553
City, State, Zip	Atlanta, GA 30308

Name of the organization

Employer identification number

American Assn. University Women - Atlanta Branch

58-6043240

Relationship NoneAmount 1,000Activity Support disadvantaged young girlsGrantee Cool GirlsStreet 621 North Ave. A220City, State, Zip Atlanta, GA 30332-0460Relationship NoneAmount 1,568Activity Internship to College StudentGrantee Amira SalehStreet 525 Randolph Street NWCity, State, Zip Washington, DC 20011Relationship NoneAmount 2,900Activity Local Scholarship to GSU studentGrantee Lucille McGeeStreet 2512 Hogan RoadCity, State, Zip Atlanta, GA 30344Relationship NoneAmount 1,500Activity Local Scholarship to GSU StudentGrantee Diana DeyStreet 1651 Brandon Glen Way

Name of the organization

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American Assn. University Women - Atlanta Branch

58-6043240

Street 141 E. College Avenue

City, State, Zip Decatur, GA 30030

Relationship None

Amount 2,000

Activity Scholarship for SCAD student

Grantee SCADD Financial Aid

Street 1600 Peachtree Street NW

City, State, Zip Atlanta, GA 30309-2403

Relationship None

Amount 1,500

Activity Scholarship for Agnes Scott student

Grantee Alisha Williams

Street 2854 Vining Ridge Terrace

City, State, Zip Decatur, GA 30034

Relationship None

Amount 1,500

02. Description of other expenses (Part I, line 16)

Description	Amount
Dues to National and State Organ.	3,191
Meeting Expenses	864
Insurance - bonding and other	470

Name of the organization

Employer identification number

American Assn. University Women - Atlanta Branch

58-6043240

Website

90

Miscellaneous

98

03. Other program services (Part III, line 31)

Expenses to operate the organization and provide programs and other information to members

- Payment of dues to national and state organization

The Atlanta Branch American Association of University Women (AAUW) is committed to advancing the mission of its parent organization, the national AAUW, to benefit women and girls in today's society primarily through education and research.