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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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of Alta Birdsong Telephone no. 770-394-2681 Located at 5241 Manhasset Cove, Atlanta, GA ZIP + 4 30338-3431
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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 Yes No 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 . . . . .

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."

Table with 5 columns: (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 "

Table with 3 columns: (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 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: Dr. Myra Carmon, President Date: 8-8-15 Type or print name and title: Dr. Myra Carmon, President

Paid Preparer Use Only Pnnt/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, 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

Department of the Treasury  
Internal Revenue Service

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

**2014**

**Open to Public Inspection**

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

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						
<b>Total</b> .....						

**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
		Book Sale (event type)	(event type)	None (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	92,207		92,207
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	92,207		92,207
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	40,155		40,155
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			40,155
11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			52,052	

**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 conducts gaming activities \_\_\_\_\_  
 a Is the organization licensed to conduct 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

American Assn. University Women - Atlanta Branch

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** 9,976

**Activity** Local Nonprofit - Scholarships - Projects  
**Grantee** North Fulton Branch AAUW  
**Street** 205 Glen Holly Drive  
**City, State, Zip** Roswell, GA 30076  
**Relationship** None  
**Amount** 8,411

**Activity** National Nonprofit - Scholarships and Research  
**Grantee** AAUW  
**Street** 1111 Sixteenth Street  
**City, State, Zip** Washington, DC 20036  
**Relationship** under group exemption 5649  
**Amount** 11,274

**Grantee** GA Women for a Change  
**Street** PO Box 55553  
**City, State, Zip** Atlanta, GA 30308

Name of the organization

Employer identification number

American Assn. University Women - Atlanta Branch

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Relationship None

Amount 250

Activity Support disadvantaged young girls

Grantee Cool Girls

Street 621 North Ave. A220

City, State, Zip Atlanta, GA 30332-0460

Relationship None

Amount 2,870

Activity Internship to College Student

Grantee Amira Saleh

Street 600 Garnet Court

City, State, Zip Canton, GA 30114

Relationship None

Amount 1,027

Activity Internship to College Student

Grantee Ayesha Kirk

Street 50 peachtree St. NW 322

City, State, Zip Atlanta, GA 30303

Relationship None

Amount 1,113

Activity Scholarship to College Student

Grantee Diana Dey

Street 1651 Brandon Glen Way

Name of the organization

Employer identification number

American Assn. University Women - Atlanta Branch

58-6043240

City, State, Zip Conyers, GA 30012

Relationship Branch Member

Amount 1,500

Activity Local Scholarship for GSU Student

Grantee Amanda E. Constantinides

Street 704 Mohawk Drive

City, State, Zip Marietta, GA 30060-1000

Relationship None

Amount 1,000

Activity Local Scholarship for GSU Student

Grantee Brittany E. Duggan

Street 3269 Hunter Crossing Point

City, State, Zip Lithonia, GA 30038

Relationship none

Amount 3,000

Activity Local Scholarship for GSU Student

Grantee Lucille R. McGee

Street 2826 Dodson Lee Drive

City, State, Zip Atlanta, GA 30344

Relationship none

Amount 3,000

Activity Local Scholarship for GSU student

Grantee Melissa A. Lawrence

Name of the organization

Employer identification number

American Assn. University Women - Atlanta Branch

58-6043240

Street 317 Hilltop Circle Ext SW

City, State, Zip Mableton, GA 30126

Relationship None

Amount 3,000

Activity Donation to non-profit fundraising

Grantee Annandale Village

Street 3500 Annandale Lane

City, State, Zip Suwanee, GA 30024

Relationship None

Amount 250

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

Description	Amount
Dues to National and State Organ.	3,182
Meeting Expenses	669
College Students - Nat'l Conference	1,792
College/University Workshop	793
Miscellaneous	239
Nat'l Convention Expense	1,857

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

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

Name of the organization

Employer identification number

American Assn. University Women - Atlanta Branch

58-6043240

- Payment of dues to national and state organization - sending delegate to national convention - Sending college students to National Conference in Washington, DC.

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