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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning July 1, 2016, and ending June 30, 2017

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

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

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

City or town, state or province, country, and ZIP or foreign postal code
Dunwoody, Georgia 30338-3413

D Employer identification number
58-6043240

E Telephone number
770/394-2681

F Group Exemption Number ▶ **5649**

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

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

I Website: ▶ **www.aauwatlanta.org**

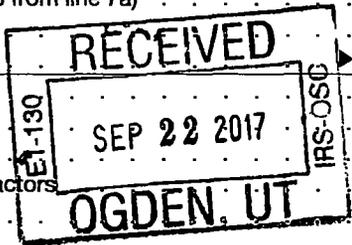
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **96520**

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

SCANNED OCT 11 2017	1	Contributions, gifts, grants, and similar amounts received	1	510
	2	Program service revenue including government fees and contracts	2	2,895
	3	Membership dues and assessments	3	33
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 93,082 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c	44,613	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	48,469	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	51,907	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	49,228
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	209
	16	Other expenses (describe in Schedule O)	16	5,210
	17	Total expenses. Add lines 10 through 16	17	54,647
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,740
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	110,269
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	107,529



12
GG

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	110,269	107,529
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	110,269	107,529
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	110,269	107,529

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 women

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; optional for others)

28 <u>Enrich educational goals of women through local and national scholarships/fellowships - support women in academia and workplace litigations - support women in equity issues</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	31,099
29 <u>Contribute to local nonprofits working with education of elementary-age students at high risk - Project in Nepal sponsored by BlinkNow Foundation to improve life in a poverty country</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,000
30 <u>Bookfair produced by 3 local AAUW branches - Funds are allocated from proceeds to each - Atlanta Branch AAUW - Cobb Branch AAUW - North Fulton Branch AAUW</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	14,129
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	5,419
32 Total program service expenses (add lines 28a through 31a)	32	54,647

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 (Forms 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
Mary Lynn Merkle - Co-President 1651 Executive Park Lane - Atlanta, GA 30328	8	0	0	0
Chitunya-Wilson - Co-President 1399 Red Cedar Trail - Stone Mountain, GA 30083	2	0	0	0
Betty Arden - Co-Program Vice President 3213 Powers Ford SE - Marietta, GA 30067	2	0	0	0
Amira Saleh - Co-Program Vice President 600 Garnet Court - Canton, GA 30114	2	0	0	0
Marcy Nader - Co-Secretary 105 Garden Court NE - Sandy Springs, GA 30328	1	0	0	0
Susan Diffenderfer - Co-Secretary 1228 Weatherstone Drive - Atlanta, GA 30324	1	0	0	0
Alta Birdsong - Co-Treasurer 5241 Manhasset Cove - Dunwoody, GA 30338	2	0	0	0
Phyllis Miller - Co-Treasurer 2394 Leafgate Road - Decatur, GA 30033	2	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.

		Yes	No
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)	✓	
35a	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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3), 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 ▶ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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 ▶		
42a	The organization's books are in care of ▶ <u>Alta M. Birdsong</u> Telephone no. ▶ <u>770/394-2681</u> Located at ▶ <u>5241 Manhasset Cove - Dunwoody, GA</u> ZIP + 4 ▶ <u>30338-3413</u>		
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).	42b	✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		✓
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	44b	
c	Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	44d	✓
45a	Did the organization have a controlled entry within the meaning of section 512(b)(13)?	45a	✓
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)	45b	✓

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

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** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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
NONE				

f Total number of other employees paid over \$100,000 **0**

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
NONE		

d Total number of other independent contractors each receiving over \$100,000 **0**

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 *Mary Lynn merkle* Signature of officer Date Sept 10, 2017

Mary Lynn Merkle - Co-President Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))
		Book Sale (event type)	None (event type)	None (total number)	
Revenue	1 Gross receipts	93,082			93,082
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,170			14,170
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	30,443			30,443
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				44,613
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				48,469

Part III Gaming. Complete if the organization answered "Yes" on 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))
		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
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

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

2016

**Open to Public
Inspection**

Name of the organization American Association of University Women - Atlanta Branch	Employer identification number 58-6043240
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Part I - Line 10 - Grants and Similar Amounts Paid

Activity - Local Nonprofit-Scholarships-projects

Grantee: Cobb County Branch AAUW - 5112 Olde Mill Dr. NE - Woodstock, GA 30188	8,896
Grantee: North Fulton Branch AAUW - 732 Thornington Dr. Roswell, GA30075	5,233
Grantee: Riana Smith - 42531 Adams Court - Canton, MI 48187	1,407
Grantee: AAUW Funds - 1310 L Street - Washington, DC 20005	14,992
Grantee: BlinkNow Foundation - P.O. Box 453 - Mendham, NJ 07945-0453	2,000
Grantee: Atlanta Women for Equity - P.O. Box 33521 - Decatur, GA 30033	1,000
Grantee: Dresden Elementary School Educational Foundation - 2449 Dresden Dr. Chamblee, GA 30341	2,000
Grantee: Women's Global Empowerment - 2000 Riveredge Parkway Ste 885 - Atlanta, GA 30328	1,000
Grantee: Trees Atlanta	200
Grantee: Talia Craig - 13085 Morris Road #7202 - Alpharetta, GA 30004	3,000
Grantee: Stephani Townes - 2161 Glenwood Downs Dr. - Decatur, GA 30035	3,000
Grantee: Kidest Adane - 3374 Lansbury Village Dr. #2 - Atlanta, GA 30341	1,500
Grantee: Brittany Duggan - 3269 Hunters Crossing Pt. - Lithonia, GA 30038	1,500
Grantee: Sana Malik - 1398 Buckingham Dr. - Hampton, GA 30229	1500
Grantee: Cheryl Birt-Pillai - 15217 Skyline Lane NE - Atlanta, GA 30345	1000
Grantee: Nicole Ogbomoh - 709 Bronze Court - Acworth, GA 30102	1000

Part I - Line 16

Liability Insurance	464
Expense for Grantees	45
Dues to AAUW (national) and State AAUW	2,350
Program Expenses for Branch	551
Meeting Expenses for Branch	1,674
Newsletter Expense	27
Treasurer's Expense	99

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2016)

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 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

2016

**Open to Public
Inspection**

Name of the organization

American Association of University Women - Atlanta Branch

Employer identification number

58-6043240

Part III - Statement of Program Service Accomplishments - Line 31

**Expenses to operate the organization and provide programs and other information to members - Payment of dues to national
and state organization - liability insurance**

**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 in girls in today's society primarily through education and research.**