	EXTENDED TO MA							
Form 990-T	Exempt Organization Bus	sines	ss Income T		,	OMB No 1545-0687		
5 100	(and proxy tax und		• • • • • • • • • • • • • • • • • • • •	190) (0)	0047		
	For calendar year 2017 or other tax year beginning JUL 1,				<u> </u>	ZU 1/		
Department of the Treasury Internal Revenue Service	■ Go to www.irs.gov/Form990T for in ■ Do not enter SSN numbers on this form as it may				1	Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if	Name of organization (Check box if name c				D Emplo	oyer identification number		
address changed	[oyees' trust, see ctions)					
B Exempt under section	Print THE ATLANTA WOMEN'S FOR	UNDA	TION, INC		5	58-2389721		
X 501(c _03)	Number, street, and room or suite no. If a P.O. box	Unrela (See in	ited business activity codes					
408(e) 220(e)	Time I (000 mod domons)							
408A530(a)	City or town, state or province, country, and ZIP o	r foreigi	postal code		000	000		
529(a) C Book value of all assets	ATLANTA, GA 30326				900	099		
at end of year	F Group exemption number (See instructions.) O2. G Check organization type ► X 501(c) corp	noration	501(c) trust	401(a)	truet	Other trust		
	n's primary unrelated business activity.	Joration	301(0) (143)	401(a)	liust	Other trust		
	the corporation a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?		Ye	s X No		
	and identifying number of the parent corporation.		siary bornioned group					
	► KARI B. LOVE		Telepho	one number 🕨 4 (04-	577-5000		
Part I Unrelate	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sale	es					1		
b Less returns and allo		10			\dashv			
2 Cost of goods sold (S	•	2						
3 Gross profit. Subtract		3						
· ·	ne (attach Schedule D) 4797, Part II, line 17) (attach Form 4797)	4a 4b						
c Capital loss deduction		4c			-			
•	artnerships and S corporations (attach statement)	5						
6 Rent income (Schedu		6			j			
7 Unrelated debt-finance	red income (Schedule E)	7			j			
8 Interest, annuities, ro	yalties, and rents from controlled organizations (Sch. F)	8						
9 Investment income of	f a section 501(c)(7), (9), or (17) organization (Schedule G)	9						
•	vity income (Schedule I)	10		·				
11 Advertising income (S	·	11	3 000					
12 Other income (See in13 Total. Combine lines	structions; attach schedule) STATEMENT 1	12	3,000. 3,000.			3,000.		
	ons Not Taken Elsewhere (See instructions fo			 -		3,000.		
	contributions, deductions must be directly connected			income)				
14 Compensation of off	ficers, directors, and trustees (Schedule K)				14			
15 Salaries and wages					15			
16 Repairs and mainter	nance				16			
17 Bad debts								
18 Interest (attach schedule)								
19 Taxes and licenses 20 Charatable contributions (See instructions for limitation rules)								
	20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 21 21							
	aimed on Schedule A and elsewhere on return		22a		22b			
23 Depletion					23			
24 Contributions to def	erred compensation plans RECEIVE	ËD	1		24			
25 Employee benefit pro	ograms		13		25			
26 Excess exempt expe	nses (Schedule I) MAY 1 4 2	0119	Õ]	26			
27 Excess readership of	osts (Schedule J)	-		1	27			
28 Other deductions (at	itach schedule)	11 11 11	"=	-	28			
	dd lines 14 through 28 OGDEN,	ا لي	# 12 to 12	-	29	3,000.		
	taxable income before net operating loss deduction. Subtract	ı iine 29	nom line 13	ŀ	30 31	3,000.		
	eduction (limited to the amount on line 30) axable income before specific deduction. Subtract line 31 fr	om line	30	}	32	3,000.		
	Generally \$1,000, but see line 33 instructions for exceptions			ł	33	1,000.		
	taxable income. Subtract line 33 from line 32. If line 33 is		than line 32, enter the sm	aller of zero or _				
Iine 32			<u></u>	38	34	2,000.		
723701 01-22-18 LHA F	or Paperwork Reduction Act Notice, see instructions.					Form 990-T (2017)		

Form 990-1	(2017) THE ATLANTA WOMEN	S FOUNDATION, INC		<u> 58-238</u>	9721	Page 2
Part I	I Tax Computation					
35	Organizations Taxable as Corporations. See insti	uctions for tax computation.				
	Controlled group members (sections 1561 and 156	·—	s and.			
а	Enter your share of the \$50,000, \$25,000, and \$9,9					
_	(1) \$ (2) \$	(3) \$	1			
	Enter organization's share of: (1) Additional 5% ta					
	(2) Additional 3% tax (not more than \$100,000)	\$ [\$				
	Income tax on the amount on line 34		PATEMENT 5		35c	359.
					330	337.
36	Trusts Taxable at Trust Rates. See instructions fo	•	ium on line 34 from,	_		
	Tax rate schedule or Schedule D (Fo	rm 1041)			36	
37	Proxy tax. See instructions				37	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income. See Instru			UL	39	250
40	Total. Add lines 37, 38 and 39 to line 35c or 36, w	hichever applies	<u></u>	47	40	359.
Part I			·			
41a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	4fa			
b	Other credits (see instructions)		4 b			
C	General business credit. Attach Form 3800		41c			
d	Credit for prior year minimum tax (attach Form 880	01 or 8827)	4 d			
е	Total credits. Add lines 41a through 41d		· ·		41e	
42	Subtract line 41e from line 40				42	359.
43	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43			44	44	359.
45 a	Payments: A 2016 overpayment credited to 2017		45a	Ť	i i	
	2017 estimated tax payments		45b			
	Tax deposited with Form 8868		45c			
	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	45d			
	Backup withholding (see instructions)	co (see mandenons)	45e			
4	Credit for small employer health insurance premiui	me (Attach Form 9041)	45f			
			451			
g		orm 2439				
		Other Total	► [45g]			
46	Total payments. Add lines 45a through 45g		•		46 47	
47	Estimated tax penalty (see instructions). Check if F			S3 D		250
48	Tax due. If line 46 is less than the total of lines 44	'	ratement 2	25▶	48	359.
49	Overpayment. If line 46 is larger than the total of I	• • • • • • • • • • • • • • • • • • • •	n		49	
50	Enter the amount of line 49 you want: Credited to			runded 🕨	50	
Part \	Statements Regarding Certain	Activities and Other Informa	ition (see instruc	ctions)	· · · · · · · · · · · · · · · · · · ·	,
51	At any time during the 2017 calendar year, did the	•		У		Yes No
	over a financial account (bank, securities, or other)	in a foreign country? If YES, the organiza	tion may have to file			
	FINCEN Form 114, Report of Foreign Bank and Fina	incial Accounts. If YES, enter the name of	the foreign country			
	here >					X_
52	During the tax year, did the organization receive a	distribution from, or was it the grantor of,	or transferor to, a for	eign trust?		X
	If YES, see instructions for other forms the organiz	ation may have to file.				
53	Enter the amount of tax-exempt interest received o	adcrued during the tax year >\$				
	Under penalties of perjury, I declare the I have examined correct, end complete Declaration of preparer (other than	this return, including accompanying schedules an	d statements, and to the	best of my knowled	lge and belref, it is t	rue,
Sign	correct, and complete Declaration of preparer (other than		parer nasany knowledge	_		
Here /	1 XIII TZ	~4-5/3/19 ≥ execu	TIVE DIRE		ly the IRS discuss to preparer shown be	
_	Signature of officer	Date Title				Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check If	1	
De: d	1 7 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		1	self- employed	1	
Paid	rer M. SUSAN HILL	M. SUSAN HILL	05/03/19	oon omployed	P0084	6200
Prepa	NUNDERN AUTON	•	[,,]	Firm's EIN ▶	45-40	
Use C	1117	RSE PARKWAY, SUITE	600	I II III S LIN	10 10	
	Firm's address ATLANTA, G		300	Phone no. 7	70-396-	1100
	THIN S GOODS P ATEMIA, C			1 110116 110. 7		990-T (2017)
					⊢orm	201/)

FORM 990-T	TO	HER INCOME	<u> </u>		STA	TEMENT 1
DESCRIPTION					j	AMOUNT
DISALLOWED TRANSPORTA	3,000					
TOTAL TO FORM 990-T,	PAGE 1, LINE	12				3,000
•						
FORM 990-T	INTEREST	AND PENALT	IES		STA	TEMENT 2
TAX FROM FORM 990-T, LATE PAYMENT INTER LATE PAYMENT PENAL	EST					359 10 11
TOTAL AMOUNT DUE						380
FORM 990-T	LATE	PAYMENT IN	rerest		STA	TEMENT 3
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
PAX DUE INTEREST RATE CHANGE DATE FILED	11/15/18 12/31/18 05/15/19	359. 0.	359. 361. 369.			2
	TEREST					10
POTAL LATE PAYMENT IN						
	LATE	PAYMENT PENA	ALTY		STA	TEMENT 4
FORM 990-T	LATE	PAYMENT PENA	ALTY BALANCE	E MO	STA NTHS	TEMENT 4
FORM 990-T DESCRIPTION TAX DUE DATE FILED		AMOUNT 35	BALANCE	59.		

$\xrightarrow{\mathtt{THE} \ \mathtt{ATLANTA} \ \mathtt{WOMEN'S} \ \mathtt{FOUNDATION}, \ \mathtt{INC} }$

FÖRM	990-T LINE 35C TAX COMPUTATION	ON		STATEMENT	5
1.	TAXABLE INCOME		2,000		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		2,000		
3.	LINE 1 LESS LINE 2		. 0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT		. 0		
5.	LINE 3 LESS LINE 4		. 0		
6.	INCOME SUBJECT TO 34% TAX RATE		. 0		
7.	INCOME SUBJECT TO 35% TAX RATE		. 0		
8.	15 PERCENT OF LINE 2		300		
9.	25 PERCENT OF LINE 4		. 0		
10.	34 PERCENT OF LINE 6		. 0		
11.	35 PERCENT OF LINE 7		, 0		
12.	ADDITIONAL 5% SURTAX		. 0		
13.	ADDITIONAL 3% SURTAX		. 0		
14.	TOTAL INCOME TAX			:	300
			=	•	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	,	420		
	D <i>I</i>	AYS			
16. 17.		L84 L81	151 208		· · · .
18.	TOTAL TAX PRORATED	365			359