

2013

Open to Public  
InspectionDepartment 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 private foundations)

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

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## A For the 2013 calendar year, or tax year beginning

, 2013, and ending

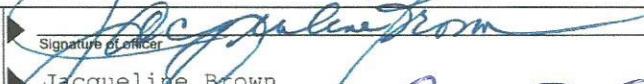
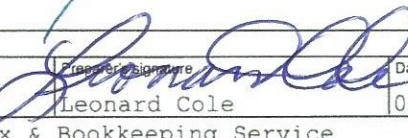
|  |  |  |                              |                               |   |
|--|--|--|------------------------------|-------------------------------|---|
| B Check if applicable:                       | C Name of organization   | HIV/AIDS Empowerment Resource Center for Young Women, Inc. |                              |                               | D Employer identification number  |
| <input type="checkbox"/> Address change      | Doing business as  | Empowerment Resource Center Inc.                           |                              |                               | 56-2587827  |
| <input type="checkbox"/> Name change         | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite   | E Telephone number           |                               |   |
| <input type="checkbox"/> Initial return      | 100 Edgewood Avenue  | Suite 1020   | (404) 526-1145               |                               |   |
| <input type="checkbox"/> Terminated          | City or town, state or province, country, and ZIP or foreign postal code   |  |                              |                               |   |
| <input type="checkbox"/> Amended return      | Atlanta  | GA 30303   | G Gross receipts \$ 482,549. |                               |   |
| <input type="checkbox"/> Application pending | Jacqueline Brown 100 Edgewood Avenue STE 1020 Atlanta GA 30303             |  |                              |                               | H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                     |
| I Tax-exempt status                          | X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527                      |  |                              |                               | H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'No,' attach a list. (see instructions) |
| J Website:                                   | ► <a href="http://www.EmpowerYoungWomen.org">www.EmpowerYoungWomen.org</a> |  |                              | H(c) Group exemption number ► |   |
| K Form of organization:                      | X Corporation  | Trust  | Association                  | Other ►                       | L Year of formation: 2003 M State of legal domicile: GA   |

## Part I Summary

|  |   |             |              |
|--|---|-------------|--------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities: Empowerment Resource Center (ERC) provides HIV and STD prevention education programs; HIV counseling, testing, and referral services; and support services for individuals infected with HIV. |             |              |
|  | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |             |              |
| Revenue  | 3 Number of voting members of the governing body (Part VI, line 1a)   | 3           | 10           |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | 4           | 10           |
|  | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)  | 5           | 10           |
|  | 6 Total number of volunteers (estimate if necessary)  | 6           | 80           |
|  | 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          |              |
| Expenses   | 8 Contributions and grants (Part VIII, line 1h)   | Prior Year  | Current Year |
|  | 9 Program service revenue (Part VIII, line 2g)  | 348,881.    | 482,549.     |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 0.          | 0.           |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |             |              |
|  | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 348,881.    | 482,549.     |
|  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |             |              |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)  |             |              |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 142,528.    | 212,142.     |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)   |             |              |
|  | b Total fundraising expenses (Part IX, column (D), line 25) ► 61,308.   |             |              |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)              | 199,613.  | 228,214.    |              |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 342,141.  | 440,356.    |              |
| 19 Revenue less expenses. Subtract line 18 from line 12                      | 6,740.  | 42,193.     |              |
| Net Assets of Fund Balances  | Beginning of Current Year   | End of Year |              |
|  | 20 Total assets (Part X, line 16)   | 49,368.     | 92,668.      |
|  | 21 Total liabilities (Part X, line 26)  | 14,661.     | 19,260.      |
| 22 Net assets or fund balances. Subtract line 21 from line 20                | 34,707.   | 73,408.     |              |

## 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              | ►  | 08/11/14  |                  |  |                   |
|                        | Signature of officer<br>Jacqueline Brown<br>Type or print name and title.             | Date  |                  |  |                   |
| Paid Preparer Use Only | Print/Type preparer's name<br>Leonard Cole  | Preparer signature<br><br>Leonard Cole | Date<br>08/11/14 | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br>P00648169 |
|                        | Firm's name<br>Cole's Tax & Bookkeeping Service                                       | Firm's EIN ► 20-8096438   |                  |  |                   |
|                        | Firm's address<br>1535 Mountain Shadow Trail<br>Stone Mountain GA 30087               | Phone no. (678) 480-1810  |                  |  |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/08/13

Form 990 (2013)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

- 1** Briefly describe the organization's mission:

The mission of Empowerment Resource Center is to directly deliver health-related programs and services and generate solutions to community issues that impact the transmission of HIV and other sexually transmitted infections (STI).

- 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.

**4 a** (Code: \_\_\_\_\_) (Expenses \$ 79,368. including grants of \$ 0.) (Revenue \$ 0.)

Under its Health Education program component, Empowerment Resource Center offers evidence-based health education programs to members of its target population to prevent the transmission of diseases and infections and enhance community health literacy. Individual and group level interventions are facilitated by trained Health Educators in community settings. Workshops are offered routinely on-site and at collaborator facilities. ERC uses evidence-based behavioral interventions, such as Be Proud!Be Responsible!, Healthy Relationships, SIHLE, VOICES, and WILLOW. A total of 150 unduplicated participants attended these sessions. In addition, ERC also offers supportive services through its peer-led, gender-specific social networks and monthly support groups for people living with HIV and AIDS (PLWHA). ERC's monthly support groups provide resources to assist PLWHA in improving their health literacy and developing skills in order to regain control of their lives. During 2013, ERC offered monthly gender-specific support group meetings through its A Dose of Hope (Women) and Enrichment! Responsibilities! Choices! For Men (E.R.C. 4 Men) for 25 participants per gender-group each month.

**4 b** (Code: \_\_\_\_\_) (Expenses \$ 241,410. including grants of \$ 0.) (Revenue \$ 0.)

Under its Counseling, Testing, Treatment, and Care Linkage (CTTL) Services component, Empowerment Resource Center provides free and low cost HIV and STI risk-reduction counseling, testing and treatment services, and primary care linkages to increase the accessibility and availability of testing services. CTTL services are offered on-site at the Comprehensive Intervention Clinic, at satellite locations, and through the ERC on the MOVE mobile outreach testing program. Additionally, ERC uses behavioral and structural interventions, such as Ask, Screen, Intervene, Comprehensive Risk Counseling & Services, Partner Services, and Condom Distribution to enhance risk reduction counseling services. During 2013, ERC administered Bacterial Vaginosis, Chlamydia, Candidiasis, Gonorrhea, Hepatitis B, Hepatitis C, Herpes, HIV, Syphilis, and Trichomonas testing services to 1,198 high-risk clients. Furthermore, 980 safer sex kits were directly distributed at homeless shelters, transitional housing programs, mental health and substance abuse outpatient facilities, job readiness programs. See Form 990, Page 2, Part III, Line 4b (continued)

**4 c** (Code: \_\_\_\_\_) (Expenses \$ 9,920. including grants of \$ 0.) (Revenue \$ 0.)

Under its Capacity Building Programs, ERC provides training courses and capacity building seminars for community-based providers and affiliates that enhance the breadth of knowledge, improve community health literacy, and address systemic issues and economic, social policies, and circumstances of vulnerable individuals. The capacity building programs and best practices are shared through eHAN (ERC HIV Advocacy Network). During 2013, ERC conducted five capacity building sessions which covered Enhancing Health Literacy through Social Media, Certified Peer Educator Program, and Volunteer Orientation/HIV Rapid Test Administration.

**4 d** Other program services. (Describe in Schedule O.)

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

**4 e Total program service expenses ► 330,698.**

**Part IV Checklist of Required Schedules**

|   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A . . . . .   | 1 X        |           |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | 2 X        |           |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I . . . . .  | 3 X        |           |
| 4 <b>Section 501(c)(3) organizations.</b> 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 . . . . .   | 4 X        |           |
| 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? If 'Yes,' complete Schedule C, Part III . . . . .   | 5 X        |           |
| 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? If 'Yes,' complete Schedule D, Part I . . . . .  | 6 X        |           |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II . . . . .  | 7 X        |           |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III . . . . .   | 8 X        |           |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV . . . . .            | 9 X        |           |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V . . . . .   | 10 X       |           |
| 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? If 'Yes,' complete Schedule D, Part VI . . . . .  | 11 a X     |           |
| 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? If 'Yes,' complete Schedule D, Part VII . . . . .   | 11 b X     |           |
| 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? If 'Yes,' complete Schedule D, Part VIII . . . . .   | 11 c X     |           |
| 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? If 'Yes,' complete Schedule D, Part IX . . . . .  | 11 d X     |           |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . .   | 11 e X     |           |
| 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)? If 'Yes,' complete Schedule D, Part X . . . . .  | 11 f X     |           |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII . . . . .  | 12 a X     |           |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   | 12 b X     |           |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .  | 13 X       |           |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  | 14 a X     |           |
| 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? If 'Yes,' complete Schedule F, Parts I and IV . . . . . | 14 b X     |           |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV . . . . .   | 15 X       |           |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV . . . . .   | 16 X       |           |
| 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? If 'Yes,' complete Schedule G, Part I (see instructions) . . . . .  | 17 X       |           |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . .   | 18 X       |           |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III . . . . .   | 19 X       |           |
| 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . .  | 20 X       |           |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | 20 b       |           |

**Part IV Checklist of Required Schedules (continued)**

|   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . .   | <b>21</b>  | X         |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . . . . .  | <b>22</b>  | X         |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J . . . . .  | <b>23</b>  | X         |
| <b>24a</b> 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a . . . . .                           | <b>24a</b> | X         |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |           |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |           |
| <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |           |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I . . . . .   | <b>25a</b> | X         |
| <b>b</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? If 'Yes,' complete Schedule L, Part I . . . . .  | <b>25b</b> | X         |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .                                    | <b>26</b>  | X         |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III . . . . . | <b>27</b>  | X         |
| <b>28</b> 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):   |            |           |
| <b>a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . .  | <b>28a</b> | X         |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. . . . .  | <b>28b</b> | X         |
| <b>c</b> 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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV . . . . .   | <b>28c</b> | X         |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . .  | <b>29</b>  | X         |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M . . . . .  | <b>30</b>  | X         |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . .  | <b>31</b>  | X         |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II . . . . .  | <b>32</b>  | X         |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I . . . . .  | <b>33</b>  | X         |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .   | <b>34</b>  | X         |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  | <b>35a</b> | X         |
| <b>b</b> If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2 . . . . .  | <b>35b</b> | X         |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 . . . . .   | <b>36</b>  | X         |
| <b>37</b> 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? If 'Yes,' complete Schedule R, Part VI . . . . .   | <b>37</b>  | X         |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | X         |

BAA

Form 990 (2013)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . 

|  |             | <b>Yes</b> | <b>No</b> |
|--|-------------|------------|-----------|
| <b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .  | <b>1 a</b>  | 2          |           |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .   | <b>1 b</b>  | 0          |           |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .  | <b>1 c</b>  | X          |           |
| <b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .   | <b>2 a</b>  | 10         |           |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .  | <b>2 b</b>  | X          |           |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |             |            |           |
| <b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .   | <b>3 a</b>  | X          |           |
| <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . .  | <b>3 b</b>  |            |           |
| <b>4 a</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)? . . . . .                          | <b>4 a</b>  | X          |           |
| <b>b</b> If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |             |            |           |
| <b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .   | <b>5 a</b>  | X          |           |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .  | <b>5 b</b>  | X          |           |
| <b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <b>5 c</b>  |            |           |
| <b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .   | <b>6 a</b>  | X          |           |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   | <b>6 b</b>  |            |           |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   | <b>7 a</b>  | X          |           |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .   | <b>7 b</b>  |            |           |
| <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .   | <b>7 c</b>  | X          |           |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  | <b>7 d</b>  |            |           |
| <b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . .   | <b>7 e</b>  | X          |           |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .   | <b>7 f</b>  | X          |           |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  | <b>7 g</b>  |            |           |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .  | <b>7 h</b>  |            |           |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  | <b>8</b>    | X          |           |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | <b>9 a</b>  | X          |           |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   | <b>9 b</b>  | X          |           |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  | <b>10 a</b> |            |           |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. . . . .   | <b>10 b</b> |            |           |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .   |             |            |           |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   | <b>11 a</b> |            |           |
| <b>a</b> Gross income from members or shareholders. . . . .  | <b>11 b</b> |            |           |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .  |             |            |           |
| <b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .   | <b>12 a</b> |            |           |
| <b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . .   | <b>12 b</b> |            |           |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   | <b>13 a</b> |            |           |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .  |             |            |           |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |             |            |           |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .   | <b>13 b</b> |            |           |
| <b>c</b> Enter the amount of reserves on hand . . . . .  | <b>13 c</b> |            |           |
| <b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | <b>14 a</b> | X          |           |
| <b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .   | <b>14 b</b> |            |           |

|                |  |
|----------------|--|
| <b>Part VI</b> | <b>Governance, Management and Disclosure</b> For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. |
|                | Check if Schedule O contains a response or note to any line in this Part VI. . . . . <input checked="" type="checkbox"/>   |

### Section A. Governing Body and Management

|     |   | Yes | No |
|-----|---|-----|----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year. . . . .  | 10  |    |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.             |     |    |
| 1 b | Enter the number of voting members included in line 1a, above, who are independent . . . . .  | 10  |    |
| 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? . . . . .  |     | X  |
| 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? . . . . . |     | X  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |     | X  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | X  |
| 6   | Did the organization have members or stockholders? . . . . .  |     | X  |
| 7 a | 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? . . . . .  |     | X  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .   |     |    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| a   | The governing body? . . . . .   |     |    |
| b   | Each committee with authority to act on behalf of the governing body? . . . . .   |     |    |
| 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 . . . . .        |     | X  |
| 9   |   |     | X  |

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

|      |   | Yes | No |
|------|---|-----|----|
| 10 a | Did the organization have local chapters, branches, or affiliates? . . . . .  |     | X  |
| b    | 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? . . . . .  |     |    |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .   |     |    |
| b    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |     |    |
| 12 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .  |     |    |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .   |     |    |
| c    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . .  |     |    |
| 13   | Did the organization have a written whistleblower policy? . . . . .   |     |    |
| 14   | Did the organization have a written document retention and destruction policy? . . . . .  |     |    |
| 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?  |     |    |
| a    | The organization's CEO, Executive Director, or top management official . . . . .  |     |    |
| b    | Other officers of key employees of the organization . . . . .   |     |    |
|      | If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  |     |    |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .   |     |    |
| b    | 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |
| 16 b |   |     | X  |

### Section C. Disclosure

|    |  |
|----|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed ► <u>Georgia</u>  |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.   |
|    | <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)   |
| 19 | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.   |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization:<br>► <u>Jacqueline Brown</u> _____ <u>100 Edgewood Avenue STE 1020</u> _____ <u>Atlanta</u> _____ <u>GA</u> <u>30303</u> _____ <u>(404) 526-1145</u> |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** 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. 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, and 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 organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)         |                    |                       |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|-------------|--------------------|-----------------------|---------|--|---|---|
|  |  | or director | Individual trustee | Institutional trustee | Officer | Key employee   | Highest compensated   |   |
| (1) Jacqueline Brown<br>Vice Chairman    | 40.00  | X           |                    | X                     |         |  | 93,077.   | 0.<br>0.  |
| (2) April Rollins Kyle<br>Board Member   | 12.00  | X           |                    |                       |         |  | 0.  | 0.<br>0.  |
| (3) Dr. Helen Jackson<br>Board Member    | 12.00  | X           |                    |                       |         |  | 0.  | 0.<br>0.  |
| (4) Celeste Williams<br>Board Chairman   | 40.00  | X           |                    | X                     |         |  | 0.  | 0.<br>0.  |
| (5) Rana Chakraborty<br>Board Member     | 12.00  | X           |                    |                       |         |  | 0.  | 0.<br>0.  |
| (6) Mary Watson<br>Board Member          | 3.00   | X           |                    | X                     |         |  | 0.  | 0.<br>0.  |
| (7) Travan K Jasper<br>Policy Com Chair  | 12.00  |             |                    | X                     |         |  | 0.  | 0.<br>0.  |
| (8) Marilyn Davis<br>Financial Secretary | 15.00  | X           |                    | X                     |         |  | 0.  | 0.<br>0.  |
| (9) Yaslyn Moore<br>Fund Rasing Chair    | 25.00  | X           |                    | X                     |         |  | 0.  | 0.<br>0.  |
| (10) Lisa Johnson<br>Secretary           | 50.00  | X           |                    | X                     |         |  | 0.  | 0.<br>0.  |
| (11) Dr. Paul Donnan<br>Treasurer        | 25.00  | X           |                    | X                     |         |  | 0.  | 0.<br>0.  |
| (12) -----                               |  |             |                    |                       |         |  |   |   |
| (13) -----                               |  |             |                    |                       |         |  |   |   |
| (14) -----                               |  |             |                    |                       |         |  |   |   |

**Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title  | (B)<br>Average<br>hours<br>per<br>week<br>(list any<br>hours<br>for<br>related<br>orga-<br>niza-<br>tions<br>below<br>dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              | (D)<br>Reportable<br>compensation from<br>the organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization<br>and related<br>organizations |    |
|--|---|--|-----------------------|---------|--------------|---|--|---|----|
|  |   | Individual trustee<br>or director  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee   | Former   |   |    |
| (15)   |   |  |                       |         |              |   |  |   |    |
| (16)   |   |  |                       |         |              |   |  |   |    |
| (17)   |   |  |                       |         |              |   |  |   |    |
| (18)   |   |  |                       |         |              |   |  |   |    |
| (19)   |   |  |                       |         |              |   |  |   |    |
| (20)   |   |  |                       |         |              |   |  |   |    |
| (21)   |   |  |                       |         |              |   |  |   |    |
| (22)   |   |  |                       |         |              |   |  |   |    |
| (23)   |   |  |                       |         |              |   |  |   |    |
| (24)   |   |  |                       |         |              |   |  |   |    |
| (25)   |   |  |                       |         |              |   |  |   |    |
| <b>1 b Sub-total . . . . .</b>   |   |  |                       |         |              |   | <b>93,077.</b>   | 0.  | 0. |
| <b>c Total from continuation sheets to Part VII, Section A . . . . .</b> |   |  |                       |         |              |   |  |   |    |
| <b>d Total (add lines 1b and 1c) . . . . .</b>                           |   |  |                       |         |              |   | <b>93,077.</b>   | 0.  | 0. |

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 ►

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual . . . . .                                      | 3   | X  |
| 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? If 'Yes' complete Schedule J for such individual . . . . . | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person . . . . .                      | 5   | X  |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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**Check if Schedule O contains a response or note to any line in this Part VIII . . . . . 

|  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |    |
|--|---|----------------------|--|---|--|----|
| <b>CONTRIBUTIONS, GIFTS, GRANTS<br/>AND OTHER SIMILAR AMOUNTS</b>  | <b>1 a</b> Federated campaigns . . . . .  | <b>1 a</b>           |  |   |  |    |
|  | <b>b</b> Membership dues . . . . .  | <b>1 b</b>           |  |   |  |    |
|  | <b>c</b> Fundraising events . . . . .   | <b>1 c</b>           |  |   |  |    |
|  | <b>d</b> Related organizations . . . . .  | <b>1 d</b>           |  |   |  |    |
|  | <b>e</b> Government grants (contributions) . . . . .  | <b>1 e</b> 307,330.  |  |   |  |    |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . | <b>1 f</b> 175,219.  |  |   |  |    |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |                      |  |   |  |    |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ►   |                      | 482,549.   |   |  |    |
| <b>PROGRAM SERVICE REVENUE</b>   |   | <b>Business Code</b> |  |   |  |    |
|  | <b>2 a</b> - - - - -  |                      |  |   |  |    |
|  | <b>b</b> - - - - -  |                      |  |   |  |    |
|  | <b>c</b> - - - - -  |                      |  |   |  |    |
|  | <b>d</b> - - - - -  |                      |  |   |  |    |
|  | <b>e</b> - - - - -  |                      |  |   |  |    |
|  | <b>f</b> All other program service revenue . . . . .  |                      | 0.   | 0.                                      | 0.   | 0. |
|  | <b>g Total.</b> Add lines 2a-2f . . . . . ►   |                      | 0.   |   |  |    |
| <b>OTHER REVENUE</b>   | <b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ►  |                      |  |   |  |    |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ►                           |                      |  |   |  |    |
|  | <b>5</b> Royalties . . . . . ►  |                      |  |   |  |    |
|  | <b>6 a</b> Gross rents . . . . .  | (i) Real             | (ii) Personal                                      |   |  |    |
|  | <b>b</b> Less: rental expenses  |                      |  |   |  |    |
|  | <b>c</b> Rental income or (loss) . . . . .  |                      |  |   |  |    |
|  | <b>d</b> Net rental income or (loss) . . . . . ►  |                      |  |   |  |    |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory . . . . .                       | (i) Securities       | (ii) Other   |   |  |    |
| <b>b</b> Less: cost or other basis and sales expenses . . . . .  |   |                      |  |   |  |    |
| <b>c</b> Gain or (loss) . . . . .  |   |                      |  |   |  |    |
| <b>d</b> Net gain or (loss) . . . . . ►  |   |                      |  |   |  |    |
| <b>8 a</b> Gross income from fundraising events (not including - \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . . a |   |                      |  |   |  |    |
| <b>b</b> Less: direct expenses . . . . . b   |   |                      |  |   |  |    |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ►  |   |                      |  |   |  |    |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19. . . . . a  |   |                      |  |   |  |    |
| <b>b</b> Less: direct expenses . . . . . b   |   |                      |  |   |  |    |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ►   |   |                      |  |   |  |    |
| <b>10 a</b> Gross sales of inventory, less returns and allowances . . . . . a  |   |                      |  |   |  |    |
| <b>b</b> Less: cost of goods sold . . . . . b  |   |                      |  |   |  |    |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . ►  |   |                      |  |   |  |    |
| Miscellaneous Revenue  | <b>Business Code</b>  |                      |  |   |  |    |
| <b>11 a</b> - - - - -  |   |                      |  |   |  |    |
| <b>b</b> - - - - -   |   |                      |  |   |  |    |
| <b>c</b> - - - - -   |   |                      |  |   |  |    |
| <b>d</b> All other revenue . . . . .   |   |                      |  |   |  |    |
| <b>e Total.</b> Add lines 11a-11d . . . . . ►  |   |                      |  |   |  |    |
| <b>12 Total revenue.</b> See instructions . . . . . ►  | 482,549.  | 0.                   | 0.   | 0.                                      |  |    |

**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).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . 

| <b>Do not include amounts reported on lines<br/>6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)<br/>Total expenses</b> | <b>(B)<br/>Program service<br/>expenses</b> | <b>(C)<br/>Management and<br/>general expenses</b> | <b>(D)<br/>Fundraising<br/>expenses</b> |
|---|-------------------------------|---|--|---|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .   |                               |   |  |   |
| 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 . . . . .  | 93,077.                       | 67,015.                                     | 9,308.   | 16,754.                                 |
| 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. . . . .   | 102,342.                      | 73,686.                                     | 10,234.  | 18,422.                                 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  |                               |   |  |   |
| 9 Other employee benefits . . . . .   |                               |   |  |   |
| 10 Payroll taxes . . . . .  | 16,723.                       | 12,041.                                     | 1,672.   | 3,010.                                  |
| 11 Fees for services (non-employees):   |                               |   |  |   |
| a Management . . . . .  |                               |   |  |   |
| b Legal . . . . .   |                               |   |  |   |
| c Accounting . . . . .  | 7,885.                        | 5,677.                                      | 789.   | 1,419.                                  |
| d Lobbying . . . . .  |                               |   |  |   |
| e Professional fundraising services. See Part IV, line 17 . . . . .   |                               |   |  |   |
| f Investment management fees . . . . .  |                               |   |  |   |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 106,504.                      | 76,683.                                     | 10,650.  | 19,171.                                 |
| 12 Advertising and promotion . . . . .  |                               |   |  |   |
| 13 Office expenses . . . . .  |                               |   |  |   |
| 14 Information technology . . . . .   |                               |   |  |   |
| 15 Royalties . . . . .  |                               |   |  |   |
| 16 Occupancy . . . . .  |                               |   |  |   |
| 17 Travel . . . . .   |                               |   |  |   |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                               |   |  |   |
| 19 Conferences, conventions, and meetings . . . . .   |                               |   |  |   |
| 20 Interest . . . . .   |                               |   |  |   |
| 21 Payments to affiliates. . . . .  |                               |   |  |   |
| 22 Depreciation, depletion, and amortization . . . . .  | 5,816.                        | 5,468.                                      | 348.   | 0.                                      |
| 23 Insurance . . . . .  |                               |   |  |   |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .  |                               |   |  |   |
| a <u>Other Personnel Expenses</u> . . . . .   | 2,630.                        | 1,992.                                      | 263.   | 375.                                    |
| b <u>Facilities</u> . . . . .   | 50,823.                       | 48,339.                                     | 2,484.   | 0.                                      |
| c <u>Supplies</u> . . . . .   | 46,603.                       | 39,797.                                     | 4,649.   | 2,157.                                  |
| d <u>Professional Fees</u> . . . . .  | 7,953.                        | 0.  | 7,953.   | 0.                                      |
| e All other expenses . . . . .  |                               |   |  |   |
| 25 Total functional expenses. Add lines 1 through 24e. . . . .  | 440,356.                      | 330,698.                                    | 48,350.  | 61,308.                                 |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here ► <input type="checkbox"/> if following<br>SOP 98-2 (ASC 958-720). . . . . |                               |   |  |   |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X . . . . . 

|             |   | (A)<br>Beginning of year |           | (B)<br>End of year |
|-------------|---|--------------------------|-----------|--------------------|
| ASSETS      | 1 Cash – non-interest-bearing . . . . .   | 962.                     | 1         | 63 , 284.          |
|             | 2 Savings and temporary cash investments . . . . .  | 0.                       | 2         |                    |
|             | 3 Pledges and grants receivable, net . . . . .  | 27 , 234.                | 3         | 10 , 373.          |
|             | 4 Accounts receivable, net . . . . .  |                          | 4         |                    |
|             | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                          |           | 5                  |
|             | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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 . . . . .   | 3 , 512.                 | 9         |                    |
|             | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | 32 , 683.                |           |                    |
|             | b Less: accumulated depreciation . . . . .  | 10b 17 , 168.            | 14 , 164. | 10c 15 , 515.      |
|             | 11 Investments – publicly traded securities . . . . .   |                          |           | 11                 |
|             | 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 . . . . .   | 3 , 496.                 | 15        | 3 , 496.           |
|             | <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   | 49 , 368.                | 16        | 92 , 668.          |
| LIABILITIES | 17 Accounts payable and accrued expenses . . . . .  | 2 , 661.                 | 17        | 2 , 238.           |
|             | 18 Grants payable . . . . .   |                          | 18        |                    |
|             | 19 Deferred revenue . . . . .   |                          | 19        |                    |
|             | 20 Tax-exempt bond liabilities . . . . .  |                          | 20        |                    |
|             | 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | 21        |                    |
|             | 22 Loans and other 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 . . . . .   | 12 , 000.                | 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        | 17 , 022.          |
|             | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 14 , 661.                | 26        | 19 , 260.          |
|             | <b>NET ASSETS OR FUND BALANCE</b> <i>Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</i>   |                          |           |                    |
|             | 27 Unrestricted net assets . . . . .  |                          | 27        |                    |
|             | 28 Temporarily restricted net assets . . . . .  |                          | 28        |                    |
|             | 29 Permanently restricted net assets . . . . .  |                          | 29        |                    |
|             | <i>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.</i>  |                          |           |                    |
|             | 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 . . . . .   | 34 , 707.                | 32        | 73 , 408.          |
|             | 33 Total net assets or fund balances . . . . .  | 34 , 707.                | 33        | 73 , 408.          |
|             | <b>34 Total liabilities and net assets/fund balances . . . . .</b>  | 49 , 368.                | 34        | 92 , 668.          |

BAA

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. . . . . 

|   |           |          |
|---|-----------|----------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .   | <b>1</b>  | 482,549. |
| 2 Total expenses (must equal Part IX, column (A), line 25) . . . . .  | <b>2</b>  | 440,356. |
| 3 Revenue less expenses. Subtract line 2 from line 1 . . . . .  | <b>3</b>  | 42,193.  |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                       | <b>4</b>  | 34,707.  |
| 5 Net unrealized gains (losses) on investments . . . . .  | <b>5</b>  |          |
| 6 Donated services and use of facilities . . . . .  | <b>6</b>  |          |
| 7 Investment expenses . . . . .   | <b>7</b>  |          |
| 8 Prior period adjustments . . . . .  | <b>8</b>  | -3,492.  |
| 9 Other changes in net assets or fund balances (explain in Schedule O) . . . . .  | <b>9</b>  |          |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . . | <b>10</b> | 73,408.  |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. . . . . 

|   | Yes        | No |
|---|------------|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____  |            |    |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |            |    |
| <b>2 a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  | <b>2 a</b> | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   |            |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |            |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .   | <b>2 b</b> | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  |            |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |            |    |
| <b>c</b> If 'Yes' to line 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? . . . . . | <b>2 c</b> | X  |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |            |    |
| <b>3 a</b> 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? . . . . .   | <b>3 a</b> | X  |
| <b>b</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 . . . . .     | <b>3 b</b> |    |

BAA

Form 990 (2013)

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

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.

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

HIV/AIDS Empowerment Resource Center for Young Women, Inc.

Employer identification number

56-2587827

**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 described in **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 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 – Non-functionally integrated
- 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 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?

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

**h** Provide the following information about the supported organization(s).

| (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 column (i) listed in your governing document? |    | (v) Did you notify the organization in column (i) of your support? |    | (vi) Is the organization in column (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 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 (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total  |
|---|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) . . . . .  | 217,885. | 218,863. | 285,767. | 348,880. | 482,549. | 1,553,944. |
| 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 <b>Total.</b> Add lines 1 through 3 . . . . .   | 217,885. | 218,863. | 285,767. | 348,880. | 482,549. | 1,553,944. |
| 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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .  |          |          |          |          |          | 1,553,944. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total  |
|---|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4 . . . . .   | 217,885. | 218,863. | 285,767. | 348,880. | 482,549. | 1,553,944. |
| 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  |          |          |          |          |          |            |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .   |          |          |          |          |          | 1,553,944. |
| 12 Gross receipts from related activities, etc (see instructions) . . . . .   |          |          |          |          | 12       |            |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |            |

**Section C. Computation of Public Support Percentage**

|  |    |          |
|--|----|----------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .  | 14 | 100.00 % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .  | 15 | 100.00 % |
| 16a <b>33-1/3% support test – 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>  |    |          |
| b <b>33-1/3% support test – 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>  |    |          |
| 17a <b>10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>    |    |          |
| b <b>10%-facts-and-circumstances test – 2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/> |    |          |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>  |    |          |

**Part III Support Schedule for Organizations Described in Section 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 yr beginning in) ►  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') . . . . .  |          |          |          |          |          |           |
| 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 . . . . .   |          |          |          |          |          |           |
| 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. . . . .   |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .   |          |          |          |          |          |           |
| <b>b</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 . . . . .    |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .   |          |          |          |          |          |           |
| <b>13 Total Support.</b> (Add Ins 9,10c, 11 and 12.)  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|   |    |   |
|---|----|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .  | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .   | 18 | % |
| <b>19a 33-1/3% support tests – 2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>         |    |   |
| <b>b 33-1/3% support tests – 2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/> |    |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>   |    |   |

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

---

BAA

Schedule A (Form 990 or 990-EZ) 2013

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Supplemental Financial Statements**► Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

HIV/AIDS Empowerment Resource Center for Young Women, Inc.

56-2587827

**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 . . . . .              |                         |                              |
| 2 Aggregate contributions to (during year) . . . . . |                         |                              |
| 3 Aggregate grants from (during year) . . . . .      |                         |                              |
| 4 Aggregate value at end of year . . . . .           |                         |                              |

- 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 can 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).

- |  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |

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

|     | Held at the End of the Tax Year |
|-----|---------------------------------|
| 2 a |                                 |
| 2 b |                                 |
| 2 c |                                 |
| 2 d |                                 |

- 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, and not on a historic structure listed in the National Register . . . . .
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9 In Part XIII, 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.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

- b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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
- b  Scholarly research
- c  Preservation for future generations

- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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.

1 a 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 XIII and complete the following table:

|     | Amount |
|-----|--------|
| 1 c |        |
| 1 d |        |
| 1 e |        |
| 1 f |        |

2 a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance . . . . .                    |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 |
|------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land . . . . .                 |                                      |                                 |                              |                |
| b Buildings . . . . .              |                                      |                                 |                              |                |
| c Leasehold improvements . . . . . |                                      |                                 |                              |                |
| d Equipment . . . . .              | 13,778.                              |                                 | 8,683.                       | 5,095.         |
| e Other . . . . .                  | 18,905.1                             |                                 | 8,485.                       | 10,420.        |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ► 15,515.

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)          | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .   |                |   |
| (2) Closely-held equity interests . . . . .                                   |                |   |
| (3) Other _____   |                |   |
| (A) _____   |                |   |
| (B) _____   |                |   |
| (C) _____   |                |   |
| (D) _____   |                |   |
| (E) _____   |                |   |
| (F) _____   |                |   |
| (G) _____   |                |   |
| (H) _____   |                |   |
| (I) _____   |                |   |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►</b> |                |   |

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</b> |                |   |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) Deposits   | 3,496.         |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) . . . . . ►</b> | 3,496.         |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability  | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) Accrued Liabilities   | 17,022.        |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| (11)  |                |  |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . . . ►</b> | 17,022.        |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |     |  |
|---|-----|--|
| 1 Total revenue, gains, and other support per audited financial statements . . . . .        | 1   |  |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |     |  |
| a Net unrealized gains on investments . . . . .   | 2 a |  |
| b Donated services and use of facilities . . . . .  | 2 b |  |
| c Recoveries of prior year grants . . . . .   | 2 c |  |
| d Other (Describe in Part XIII.) . . . . .  | 2 d |  |
| e Add lines 2a through 2d . . . . .   | 2 e |  |
| 3 Subtract line 2e from line 1 . . . . .  | 3   |  |
| 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 . . . . .                | 4 a |  |
| b Other (Describe in Part XIII.) . . . . .  | 4 b |  |
| c Add lines 4a and 4b . . . . .   | 4 c |  |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . | 5   |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|  |     |  |
|--|-----|--|
| 1 Total expenses and losses per audited financial statements . . . . .                       | 1   |  |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |     |  |
| a Donated services and use of facilities . . . . .   | 2 a |  |
| b Prior year adjustments . . . . .   | 2 b |  |
| c Other losses . . . . .   | 2 c |  |
| d Other (Describe in Part XIII.) . . . . .   | 2 d |  |
| e Add lines 2a through 2d . . . . .  | 2 e |  |
| 3 Subtract line 2e from line 1 . . . . .   | 3   |  |
| 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 . . . . .                 | 4 a |  |
| b Other (Describe in Part XIII.) . . . . .   | 4 b |  |
| c Add lines 4a and 4b . . . . .  | 4 c |  |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . | 5   |  |

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

-----

-----

-----

-----

-----

-----

-----

-----

-----

**Part XIII | Supplemental Information (continued)**

---



# Depreciation and Amortization (Including Information on Listed Property)

2013

Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Attachment  
Sequence No. 179

Name(s) shown on return

HIV/AIDS Empowerment Resource Center for Young Women, Inc.

Identifying number

Business or activity to which this form relates

56-2587827

Form 990 / Form 990EZ

**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                                  |                                     |                         |  |
| 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                                  |                                     |                         |  |
| 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                                  |                                     |                         |  |
| <b>6</b>  | <b>(a)</b> Description of property | <b>(b)</b> Cost (business use only) | <b>(c)</b> Elected cost |  |
|   |                                    |                                     |                         |  |
|   |                                    |                                     |                         |  |
| <b>7</b> Listed property. Enter the amount from line 29 . . . . .   | <b>7</b>                           |                                     |                         |  |
| <b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .   | <b>8</b>                           |                                     |                         |  |
| <b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .  | <b>9</b>                           |                                     |                         |  |
| <b>10</b> Carryover of disallowed deduction from line 13 of your 2012 Form 4562 . . . . .   | <b>10</b>                          |                                     |                         |  |
| <b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .                    | <b>11</b>                          |                                     |                         |  |
| <b>12</b> Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .   | <b>12</b>                          |                                     |                         |  |
| <b>13</b> Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 . . . . . ► <b>13</b>   |                                    |                                     |                         |  |

*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 |  |

**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 2013. . . . .  | 17 | 3 , 604 . |
| 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 . . . . . ► <input type="checkbox"/> |    |           |

**Section B – Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

| <b>(a)</b><br>Classification of property           | <b>(b)</b><br>Month and<br>year placed<br>in service | <b>(c)</b><br>Basis for depreciation<br>(business/investment use<br>only — see instructions) | <b>(d)</b><br>Recovery period | <b>(e)</b><br>Convention | <b>(f)</b><br>Method | <b>(g)</b><br>Depreciation<br>deduction |
|--|--|--|-------------------------------|--------------------------|----------------------|---|
| <b>19 a</b> 3-year property . . . . .              |  |  |                               |                          |                      |   |
| <b>b</b> 5-year property . . . . .                 |  | 3 , 168 .  | 5 . 0 yrs                     | MQ                       | S/L                  | 634 .                                   |
| <b>c</b> 7-year property . . . . .                 |  |  |                               |                          |                      |   |
| <b>d</b> 10-year property . . . . .                |  |  |                               |                          |                      |   |
| <b>e</b> 15-year property . . . . .                |  |  |                               |                          |                      |   |
| <b>f</b> 20-year property . . . . .                |  |  |                               |                          |                      |   |
| <b>g</b> 25-year property . . . . .                |  |  | 25 yrs                        |                          | S/L                  |   |
| <b>h</b> Residential rental<br>property . . . . .  |  |  | 27 . 5 yrs                    | MM                       | S/L                  |   |
|  |  |  | 27 . 5 yrs                    | MM                       | S/L                  |   |
| <b>i</b> Nonresidential real<br>property . . . . . |  |  | 39 yrs                        | MM                       | S/L                  |   |
|  |  |  |                               | MM                       | S/L                  |   |

**Section C – Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

|                                  |  |  |        |    |     |  |
|----------------------------------|--|--|--------|----|-----|--|
| <b>20 a</b> Class life . . . . . |  |  |        |    | S/L |  |
| <b>b</b> 12-year. . . . .        |  |  | 12 yrs |    | S/L |  |
| <b>c</b> 40-year. . . . .        |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions.)**

|   |    |           |
|---|----|-----------|
| 21 Listed property. Enter amount from line 28 . . . . .   | 21 | 1 , 578 . |
| 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 | 5 , 816 . |
| 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.)**

**24 a** Do you have evidence to support the business/investment use claimed? . . . . .  Yes  No **24b** If 'Yes,' is the evidence written? . . .  Yes  No

| (a)<br>Type of property<br>(list vehicles first)  | (b)<br>Date placed<br>in service | (c)<br>Business/<br>investment<br>use<br>percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |
|---|----------------------------------|---|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| 25 Special 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:

|                    |          |        |        |        |      |       |      |  |
|--------------------|----------|--------|--------|--------|------|-------|------|--|
| 28 Van             | 08/02/12 | 100.00 | 3,888. | 3,888. | 5.00 | SL-HY | 778. |  |
| 30 2006 Goshen Bus | 11/15/13 | 100.00 | 4,000. | 4,000. | 5.00 | SL-HY | 800. |  |

**27** Property used 50% or less in a qualified business use:

|  |  |  |  |  |  |    |        |  |
|--|--|--|--|--|--|----|--------|--|
|  |  |  |  |  |  |    |        |  |
|  |  |  |  |  |  |    |        |  |
|  |  |  |  |  |  |    |        |  |
|  |  |  |  |  |  |    |        |  |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 |  |  |  |  |  | 28 | 1,578. |  |

**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 ( <b>do not</b> include commuting miles). | (a) Vehicle 1 |    | (b) Vehicle 2 |    | (c) Vehicle 3 |    | (d) Vehicle 4 |    | (e) Vehicle 5 |    | (f) Vehicle 6 |    |
|---|---------------|----|---------------|----|---------------|----|---------------|----|---------------|----|---------------|----|
|   | Yes           | No |
| 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?                                |               |    |               |    |               |    |               |    |               |    |               |    |
| 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.)<br><b>Note:</b> 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)<br>Description of costs  | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2013 tax year (see instructions): |                                 |                           |                     |  |                                   |

|   |  |    |
|---|--|----|
| 43 Amortization of costs that began before your 2013 tax year.                |  | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report |  | 44 |

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extention on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only . . . . . ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

|  |  |  |
|--|--|--|
| Type or print  | Name of exempt organization or other filer, see instructions.<br><br><b>HIV/AIDS Empowerment Resource Center for Young Women, Inc.</b> | Employer identification number (EIN) or<br><br><b>56-2587827</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions.<br><br><b>100 Edgewood Avenue, Suite 1020</b>               | Social security number (SSN)                                     |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><br><b>Atlanta</b>                         | GA      30303  |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ►  **01**

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |

- The books are in the care of ► Jacqueline Brown -----

Telephone No. ► (404) 526-1145 ----- Fax No. ► (404) 526-1146 -----

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . ►  . If it is for part of the group, check this box . . . ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15 , 20 14 , to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 13 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |          |
|---|----------|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . .                                   | 3a \$ 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . | 3b \$ 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . .              | 3c \$ 0. |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box . . . . .

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

|   |  |  |
|---|--|--|
| <b>Type or print</b><br><br>File by the extended due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><br><u>HIV/AIDS Empowerment Resource Center for Young Women, Inc.</u> | Employer identification number (EIN) or<br><br><u>56-2587827</u> |
|   | Number, street, and room or suite number. If a P.O. box, see instructions.<br><br><u>100 Edgewood Avenue, Suite 1020</u>               | Social security number (SSN)                                     |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><br><u>Atlanta GA 30303</u>                |  |
|   |  |  |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 01

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          |                                   |             |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► Jacqueline Brown -----  
Telephone No. ► (404) 526-1145 ----- Fax No. ► (404) 526-1146 -----
- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until Nov 17, 20 14.
- 5 For calendar year 2013, or other tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending \_\_\_\_\_, 20 \_\_\_.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension . . . We are waiting for the completion of the external auditor's report for the year 2013. The auditor said they will try to complete by August 15 but could not guarantee. We need the audit to complete sections X1 & X11.
- 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . **8a** \$ 0.
- b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . . **8b** \$ 0.
- c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . **8c** \$ 0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

Date ►

**BAA**

FIFZ0502 12/31/13

Form 8868 (Rev 1-2014)

# 990-EZ, 990, 990-T and 990-PF Information Worksheet

2013

## Part I – Identifying Information

Employer Identification Number . . . 56-2587827

Name . . . . . HIV/AIDS Empowerment Resource Center for Young Women, Inc.

Doing Business As . . . . . Empowerment Resource Center Inc.

Address . . . . . 100 Edgewood Avenue Room/Suite. . . Suite 1020

City. . . . . Atlanta State . GA ZIP Code. . . 30303

Province/State . . . . . Foreign Postal Code . . .

Foreign Code . . . . . Foreign Country. . .

Telephone Number . . . . . (404) 526-1145 Extension . . . . .

Fax. . . . . (404) 526-1146 E-Mail Address . . .

**Eligible for hurricane tax relief legislation benefits, check here**

## Part II – Type of Return

- |                                     |                         |                          |  |
|-------------------------------------|-------------------------|--------------------------|--|
| <input type="checkbox"/>            | Form 990-EZ <b>only</b> | <input type="checkbox"/> | Form 990-EZ <b>with</b> Form 990-T   |
| <input checked="" type="checkbox"/> | Form 990 <b>only</b>    | <input type="checkbox"/> | Form 990 <b>with</b> Form 990-T  |
| <input type="checkbox"/>            | Form 990-PF <b>only</b> | <input type="checkbox"/> | Form 990-PF <b>with</b> Form 990-T   |
| <input type="checkbox"/>            | Form 990-T <b>only</b>  | <input type="checkbox"/> | Form 990-N (gross receipts \$50,000 or less) <b>for Electronic Filing only</b> |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

### IMPORTANT

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

## Part III – Type of Organization

- |                          |  |                                   |                          |                    |
|--------------------------|--|-----------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | 501(c) Corporation/Association           | <u>3</u> (subsection number)      | <input type="checkbox"/> | 220(e) Trust       |
| <input type="checkbox"/> | 501(c) Trust                             | <u>      </u> (subsection number) | <input type="checkbox"/> | 408A Trust         |
| <input type="checkbox"/> | 4947(a)(1) Trust                         |                                   | <input type="checkbox"/> | 529(a) Corporation |
| <input type="checkbox"/> | 408(e) Trust                             |                                   | <input type="checkbox"/> | 529(a) Trust       |
| <input type="checkbox"/> | 401(a) Trust                             |                                   | <input type="checkbox"/> | 530(a) Trust       |
| <input type="checkbox"/> | Other <u>                </u> (describe) |                                   | <input type="checkbox"/> | 527 Organization   |
|                          |  |                                   | <input type="checkbox"/> | 501(c) Association |

## Part IV – Tax Year and Filing Information

- Calendar year  
 Fiscal year — Ending month . . .  
 Short year — Beginning date . . .                      Ending date . . .

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2013 Estimated Taxes Paid**

Check this box if the organization is a private foundation

Form 990-T      Form 990-PF

Amount of 2012 overpayment credited to 2013 estimated tax . . . . .

|                      |          | Form 990-T |             | Form 990-PF |             |
|----------------------|----------|------------|-------------|-------------|-------------|
| Payment Quarters     | Due Date | Date Paid  | Amount Paid | Date Paid   | Amount Paid |
| 1st Quarter Payment  | 04/15/13 |            |             |             |             |
| 2nd Quarter Payment  | 06/17/13 |            |             |             |             |
| 3rd Quarter Payment  | 09/16/13 |            |             |             |             |
| 4th Quarter Payment  | 12/16/13 |            |             |             |             |
| Additional Payment 1 |          |            |             |             |             |
| Additional Payment 2 |          |            |             |             |             |
| Additional Payment 3 |          |            |             |             |             |
| Additional Payment 4 |          |            |             |             |             |

**Part VI – Electronic Filing Information**

**IMPORTANT:** Do not use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will not be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**Electronic Filing:**

- File the federal return electronically  
 File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- Sign this return electronically using the Practitioner PIN  
 ERO entered PIN

Officer's PIN (enter any 5 numbers) . . 44744Date PIN entered . . . . . 05/08/2014**Electronic Filing of Extensions:**

- Check this box to file **Form 8868** (application for extension of time to file return) electronically

**Electronic Filing of Amended Return:**

- File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Information required for Electronic Filing:**Officer's Name . Jacqueline Brown**Electronic Filing of Amended Return:**

- Check this box to file **amended return** electronically

**Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)****Yes      No**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

- Use **electronic funds withdrawal of federal balance due** (EF only)?  
 Use **electronic funds withdrawal of Form 8868 balance due** (EF only)?  
 Use **electronic funds withdrawal of amended return balance due** (EF only)?

If any options selected above, enter information below, (**Review transferred information for accuracy**)**Bank Information**

Name of Financial Institution (optional) . . .

Check the appropriate box . . . . .  Checking  Savings  
Routing number . . . . . \_\_\_\_\_  
Account number . . . . . \_\_\_\_\_

HIV/AIDS Empowerment Resource Center for Young Women, Inc.

56-2587827 Page 3

#### Payment Information

Enter the payment date to withdraw tax payment . . . . . \_\_\_\_\_  
Balance due amount from this return . . . . . \_\_\_\_\_  
Enter an amount to withdraw tax payment . . . . . \_\_\_\_\_  
If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_  
Payment date for amended returns . . . . . \_\_\_\_\_  
Balance due amount for amended returns . . . . . \_\_\_\_\_

#### Part VIII – Information for Client Letter

|                             | Form 990-EZ or<br>Form 990 | Form 990-PF | Form 990-T |
|-----------------------------|----------------------------|-------------|------------|
| Extended Due Date . . . . . | 11/17/14                   |             |            |

Letter Salutation. . Jacqueline Brown

#### Part IX – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . 1  
**QuickZoom** to Firm/Preparer Info . . . . . ► \_\_\_\_\_  
  
**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 990, Page 1 . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 990-PF, Page 1 . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 990-T, Page 1 . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 990-N, e-PostCard . . . . . ► \_\_\_\_\_  
  
**QuickZoom** to Client Status . . . . . ► \_\_\_\_\_

## Form 4562

## Depreciation and Amortization Report

2013

HIV/AIDS Empowerment Resource Center for Young Women, Inc.  
Form 990 - / Form 990EZTax Year 2013  
► Keep for your records

56-2587827

| Asset Description                | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation |
|----------------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|------|-------------------|--------------------|----------------------|
| <b>DEPRECIATION</b>              |      |                 |                    |      |                |             |                                |                   |      |                   |                    |                      |
| 29 Portable Sinks                |      | 02/27/13        | 1,305              |      | 100.00         |             |                                | 1,305             | 5.00 | SL/HY             |                    | 261                  |
| 31 Portable sinks                |      | 11/14/13        | 1,863              |      | 100.00         |             |                                | 1,863             | 5.00 | SL/HY             |                    | 373                  |
| 30 2006 Goshen Bus               | A    | 11/15/13        | 4,000              |      | 100.00         |             |                                | 4,000             | 5.00 | SL/HY             |                    | 800                  |
| SUBTOTAL CURRENT YEAR            |      |                 | 7,168              | 0    |                | 0           | 0                              | 7,168             |      |                   | 0                  | 1,434                |
| 15 Mouse                         |      | 01/31/08        | 43                 |      | 100.00         |             |                                | 43                | 5.00 | 200DB/HY          | 43                 | 0                    |
| 18 Phone                         |      | 01/31/08        | 32                 |      | 100.00         |             |                                | 32                | 5.00 | 200DB/HY          | 32                 | 0                    |
| 05 Books                         |      | 03/31/08        | 35                 |      | 100.00         |             |                                | 35                | 5.00 | 200DB/HY          | 35                 | 0                    |
| 20 Software 1                    |      | 05/31/08        | 60                 |      | 100.00         |             |                                | 60                | 3.00 | SL/HY             | 60                 | 0                    |
| 11 Hard Drive                    |      | 05/31/08        | 107                |      | 100.00         |             |                                | 107               | 5.00 | 200DB/HY          | 107                | 0                    |
| 21 Software 2                    |      | 05/31/08        | 45                 |      | 100.00         |             |                                | 45                | 3.00 | SL/HY             | 45                 | 0                    |
| 06 Chairs                        |      | 07/31/08        | 50                 |      | 100.00         |             |                                | 50                | 7.00 | 200DB/HY          | 43                 | 4                    |
| 22 Software 3                    |      | 08/31/08        | 53                 |      | 100.00         |             |                                | 53                | 3.00 | SL/HY             | 53                 | 0                    |
| 07 Computer                      |      | 09/30/08        | 1,250              |      | 100.00         |             |                                | 1,250             | 5.00 | 200DB/HY          | 1,250              | 0                    |
| 23 Software 4                    |      | 11/30/08        | 156                |      | 100.00         |             |                                | 156               | 3.00 | SL/HY             | 156                | 0                    |
| 24 Table                         |      | 12/31/08        | 70                 |      | 100.00         |             |                                | 70                | 7.00 | 200DB/HY          | 60                 | 6                    |
| 09 File Cabinets                 |      | 12/31/08        | 26                 |      | 100.00         |             |                                | 26                | 7.00 | 200DB/HY          | 22                 | 2                    |
| 02 4 Books                       |      | 04/18/09        | 120                |      | 100.00         |             |                                | 120               | 5.00 | 200DB/HY          | 113                | 7                    |
| 12 Hewlett Printers              |      | 05/20/09        | 819                |      | 100.00         |             |                                | 819               | 5.00 | 200DB/HY          | 771                | 47                   |
| 08 Copier- Xerox                 |      | 07/01/09        | 108                |      | 100.00         |             |                                | 108               | 5.00 | 200DB/HY          | 102                | 6                    |
| 01 20 chairs -4 storage cabinets |      | 11/13/09        | 205                |      | 100.00         |             |                                | 205               | 7.00 | 200DB/HY          | 159                | 18                   |
| 19 Refrigerator                  |      | 11/27/09        | 149                |      | 100.00         |             |                                | 149               | 5.00 | 200DB/HY          | 140                | 9                    |
| 14 Microsoft Software            |      | 12/14/09        | 1,854              |      | 100.00         |             |                                | 1,854             | 3.00 | SL/HY             | 1,854              | 0                    |
| 16 OB/GYN table                  |      | 05/15/10        | 1,000              |      | 100.00         |             |                                | 1,000             | 5.00 | 200DB/HY          | 827                | 115                  |
| 10 Furniture - Ga State          |      | 09/13/10        | 550                |      | 100.00         |             |                                | 550               | 5.00 | 200DB/HY          | 455                | 63                   |
| 03 6 clinic chairs               |      | 05/26/11        | 180                |      | 100.00         |             |                                | 180               | 7.00 | 200DB/HY          | 101                | 22                   |
| 04 8 waiting room chairs         |      | 05/26/11        | 400                |      | 100.00         |             |                                | 400               | 7.00 | 200DB/HY          | 225                | 50                   |
| 13 Laserjet Printer              |      | 05/26/11        | 947                |      | 100.00         |             |                                | 947               | 5.00 | 200DB/HY          | 674                | 109                  |
| 17 OB/GYN Table                  |      | 05/26/11        | 1,500              |      | 100.00         |             |                                | 1,500             | 5.00 | 200DB/HY          | 1,068              | 173                  |
| 27 Video Conference System       |      | 05/26/11        | 4,500              |      | 100.00         |             |                                | 4,500             | 5.00 | 200DB/HY          | 3,204              | 518                  |
| 26 Techsoup software1            |      | 06/14/12        | 5,275              |      | 100.00         |             |                                | 5,275             | 3.00 | SL/HY             | 2,638              | 1,758                |
| 25 Tech soup 2                   |      | 06/25/12        | 2,092              |      | 100.00         |             |                                | 2,092             | 3.00 | SL/HY             | 1,046              | 697                  |
| 28 Van                           | A    | 08/02/12        | 3,888              |      | 100.00         |             |                                | 3,888             | 5.00 | SL/HY             | 1,166              | 778                  |
| SUBTOTAL PRIOR YEAR              |      |                 | 25,514             | 0    |                | 0           | 0                              | 25,514            |      |                   | 16,449             | 4,382                |
| TOTALS                           |      |                 | 32,682             | 0    |                | 0           | 0                              | 32,682            |      |                   | 16,449             | 5,816                |

Code: S = Sold, A = Auto, L = Listed, C = COGS

FDIV3601 10/23/13

Page 1 of 1

**Form 4562****Alternative Minimum Tax Depreciation Report**

2013

HIV/AIDS Empowerment Resource Center for Young Women, Inc.

Form 990 - / Form 990EZ

Tax Year 2013  
► Keep for your records

56-2587827

| <b>Asset Description</b>         | <b>Code</b> | <b>Date in Service</b> | <b>Cost (net of land)</b> | <b>Land</b> | <b>Business Use %</b> | <b>Section 179</b> | <b>Special Depreciation Allowance</b> | <b>Depreciable Basis</b> | <b>Life</b> | <b>Method/Convention</b> | <b>Prior Depreciation</b> | <b>Current Depreciation</b> | <b>Adjustment/Preference</b> |
|----------------------------------|-------------|------------------------|---------------------------|-------------|-----------------------|--------------------|---------------------------------------|--------------------------|-------------|--------------------------|---------------------------|-----------------------------|------------------------------|
| <b>DEPRECIATION</b>              |             |                        |                           |             |                       |                    |                                       |                          |             |                          |                           |                             |                              |
| 29 Portable Sinks                |             | 02/27/13               | 1,305                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 31 Portable sinks                |             | 11/14/13               | 1,863                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 30 2006 Goshen Bus               | A           | 11/15/13               | 4,000                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| SUBTOTAL CURRENT YEAR            |             |                        | 7,168                     | 0           |                       | 0                  | 0                                     | 0                        |             |                          | 0                         | 0                           | 0.                           |
| 15 Mouse                         |             | 01/31/08               | 43                        |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 18 Phone                         |             | 01/31/08               | 32                        |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 05 Books                         |             | 03/31/08               | 35                        |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 20 Software 1                    |             | 05/31/08               | 60                        |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 11 Hard Drive                    |             | 05/31/08               | 107                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 21 Software 2                    |             | 05/31/08               | 45                        |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 06 Chairs                        |             | 07/31/08               | 50                        |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 22 Software 3                    |             | 08/31/08               | 53                        |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 07 Computer                      |             | 09/30/08               | 1,250                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 23 Software 4                    |             | 11/30/08               | 156                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 24 Table                         |             | 12/31/08               | 70                        |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 09 File Cabinets                 |             | 12/31/08               | 26                        |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 02 4 Books                       |             | 04/18/09               | 120                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 12 Hewlett Printers              |             | 05/20/09               | 819                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 08 Copier- Xerox                 |             | 07/01/09               | 108                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 01 20 chairs -4 storage cabinets |             | 11/13/09               | 205                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 19 Refrigerator                  |             | 11/27/09               | 149                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 14 Microsoft Software            |             | 12/14/09               | 1,854                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 16 OB/GYN table                  |             | 05/15/10               | 1,000                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 10 Furniture - Ga State          |             | 09/13/10               | 550                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 03 6 clinic chairs               |             | 05/26/11               | 180                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 04 8 waiting room chairs         |             | 05/26/11               | 400                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 13 Laserjet Printer              |             | 05/26/11               | 947                       |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 17 OB/GYN Table                  |             | 05/26/11               | 1,500                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 27 Video Conference System       |             | 05/26/11               | 4,500                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 26 Techsoup software1            |             | 06/14/12               | 5,275                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 25 Tech soup 2                   |             | 06/25/12               | 2,092                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| 28 Van                           | A           | 08/02/12               | 3,888                     |             | 100.00                |                    |                                       |                          |             |                          |                           |                             |                              |
| SUBTOTAL PRIOR YEAR              |             |                        | 25,514                    | 0           |                       | 0                  | 0                                     | 0                        |             |                          | 0                         | 0                           | 0.                           |
| TOTALS                           |             |                        | 32,682                    | 0           |                       | 0                  | 0                                     | 0                        |             |                          | 0                         | 0                           | 0.                           |

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

FDIV3701 10/23/13

Page 1 of 1

Form 8879-EO

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2013, or fiscal year beginning

, 2013, and ending

- Do not send to the IRS. Keep for your records.  
► Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

2013

Name of exempt organization

HIV/AIDS Empowerment Resource Center for Young Women, Inc.

Employer identification number  
56-2587827

Name and title of officer

Jacqueline Brown

Vice Chairman

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|                              |  |                    |
|------------------------------|--|--------------------|
| 1 a Form 990 check here      | ► <input checked="" type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1 b _____ 482,549. |
| 2 a Form 990-EZ check here   | ► <input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)                                 | 2 b _____          |
| 3 a Form 1120-POL check here | ► <input type="checkbox"/> b Total tax (Form 1120-POL, line 22)  | 3 b _____          |
| 4 a Form 990-PF check here   | ► <input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part VI, line 5)               | 4 b _____          |
| 5 a Form 8868 check here     | ► <input type="checkbox"/> b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)                | 5 b _____          |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

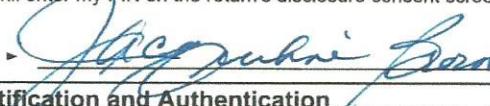
Officer's PIN: check one box only

I authorize Leonard E. Cole to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature



Date ► 08/11/2014

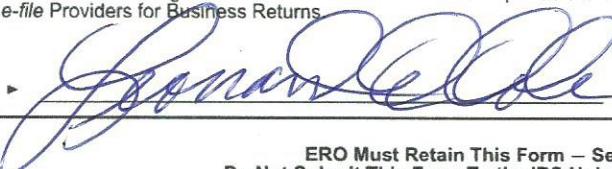
**Part III Certification and Authentication**

ERO's EFIN/PIN: Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

58666944744  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature



Date ► 08/11/2014

ERO Must Retain This Form – See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

**IRS e-file Authentication Statement**

2013

► Keep for your records

Name(s) Shown on Return

HIV/AIDS Empowerment Resource Center for Young Women, Inc.

Employer ID Number

56-2587827

**A – Practitioner PIN Authorization**

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer(s) entered PIN(s) . . . . . ► ERO entered Officer's PIN . . . . . ► **B – Signature of Electronic Return Originator****ERO Declaration:**

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**I am signing this Tax Return by entering my PIN below.**

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 586669 Self-Select PIN 44744

**C – Signature of Officer****Perjury Statement:**

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2013 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure:**

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Electronic Funds Withdrawal Consent (if applicable):**

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.**

Officer's PIN . . . . . 44744

Date . . . . . 05/08/2014

# Electronic Filing Information Worksheet

► Keep for your records

2013

|  |   |
|--|---|
| Name(s) shown on return<br><u>HIV/AIDS Empowerment Resource Center for Young Women, Inc.</u> | Identifying number<br><u>56-2587827</u> |
|--|---|

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)  
enter the EFIN for the ERO that is responsible for this return . . . . . ► 586669

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)  
enter a PIN for the ERO that is responsible for filing return . . . . . ► \_\_\_\_\_

|  |   |                                    |
|--|---|------------------------------------|
| ERO Name<br><u>Leonard E. Cole</u>               | ERO Electronic Filers Identification Number (EFIN)<br><u>586669</u> |                                    |
| ERO Address<br><u>1535 Mountain Shadow Trail</u> | ERO Employer Identification Number<br><u>20-8096438</u>             |                                    |
| City<br><u>Stone Mountain</u>                    | State ZIP Code<br><u>GA 30087</u>                                   | ERO Social Security Number or PTIN |
| Country<br>_____                                 | _____   | _____                              |

|  |   |  |
|--|---|--|
| Firm Name<br><u>Cole's Tax &amp; Bookkeeping Service</u> | Preparer Social Security Number or PTIN<br><u>P00648169</u> |  |
| Preparer Name<br><u>Leonard Cole</u>                     | Employer Identification Number<br><u>20-8096438</u>         |  |
| Address<br><u>1535 Mountain Shadow Trail</u>             | Phone Number<br><u>(678) 480-1810</u>                       | Fax Number<br><u>(678) 922-7182</u>                  |
| City<br><u>Stone Mountain</u>                            | State ZIP Code<br><u>GA 30087</u>                           | Preparer E-mail Address<br><u>colesplace@msn.com</u> |
| Country<br>_____   | _____   | _____  |

## Part IV – Amended Returns

Enter the payment date to withdraw tax payment . . . . . ► \_\_\_\_\_

Amount you are paying with the amended return . . . . . ► \_\_\_\_\_

Check this box to file another **amended return** electronically

\* Select the LA Partnership, MI, NY State or NY City Amended return to file electronically.

File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

## Part V – Name Control

Name Control, enter here to override default . . . . . HIVA

cpcv1701.SCR 10/06/10

# Form 8868 Electronic Filing Information Worksheet

2013

|  |                                      |
|--|--------------------------------------|
| Name<br>HIV/AIDS Empowerment Resource Center for Young Women, Inc. | Social Security Number<br>56-2587827 |
|--|--------------------------------------|

## Prepare Form 8868 for Electronic Filing

Extension accepted (will be blanked if extension not previously transmitted) . . . . . ►

## Signature of Officer

Officer's Name . . . . . ►  
Officer's Title . . . . . ►  
Signature Date . . . . . ►

## Electronic Funds Withdrawal - Amount paid with Form 8868

**NOTE** - A practitioner PIN or Form 8453 is required for Form 8868 efile if using electronic funds withdrawal

Enter the payment date to withdraw tax payment . . . . . ►

## Practitioner PIN information for Form 8868

Sign Form 8868 electronically using the Practitioner PIN

**NOTE** - A practitioner PIN or Form 8453 is required for Form 8868 efile if using electronic funds withdrawal

Please indicate how the Officer PIN is entered into the program.

Officer entered PIN . . . . . ►   
ERO entered Officer's PIN . . . . . ►

ERO's Practitioner PIN (EFIN followed by any 5 numbers) . . . . . EFIN \_\_\_\_\_ Self-Select PIN \_\_\_\_\_

**ERO Declaration:** I certify that the above numeric entry is my PIN, which is my signature to authorize submission of the electronic application for extension and electronic funds withdrawal for the corporation indicated above. I confirm that I am submitting application for extension in accordance with the requirements of the Practitioner PIN method and Publications 4163, *Modernized e-File Information for Authorized IRS e-file Providers*, and 3112, *IRS e-file Application and Participation*.

**Perjury Statement:** Under penalties of perjury, I declare that I have been authorized by the above taxpayer to make this authorization and that I have examined a copy of the taxpayer's electronic extension (Form 7004) for the tax period indicated above and to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to disclosure:** I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Electronic Funds Withdrawal Consent (if applicable):** I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's Federal taxes owed on Form 8868, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I certify that I have the authority to execute this consent on behalf of the organization. I am signing this Disclosure Consent by entering my self-selected PIN below.

Date . . . . .  
Officer's PIN (enter any 5 numbers) . . . . .

---

Schedule O (Form 990), Supplemental Information to Form 990**Form 990, Page 2, Part III, Line 4b (continued)**

---

correctional facilities, foster homes, alternative schools, recreational centers, and at health fairs events and street outreach efforts. Through the EmpowerLink Linkage to Care Program, ERC Linkage Coordinators utilize the ARTAS intervention and other biomedical interventions to link/re-link HIV positive individuals to care, assist clients with navigating the health care system, provide advocacy services to retain clients in care, and achieve self-managed care and long-term sustainability. During 2013, 25 HIV infected clients were served through the EmpowerLink program.

---

---

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ**Form 990, Page 10, Line 11g Other Service Fees (continued)**

---

| Description                      | (A)<br>Total | (B)<br>Program<br>services | (C)<br>Management<br>and general | (D)<br>Fundraising |
|----------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| Services in Kind from volunteers | 106,504.     |                            |                                  |                    |

**Supporting Statement of:**

Form 990 p 11/Line 17, column (A)

| Description  | Amount        |
|--------------|---------------|
| Acct Payable | 1,533.        |
| Payroll      | 1,128.        |
| Total        | <u>2,661.</u> |

---

**Supporting Statement of:**

Form 990 p 12/Part XI, Line 8

| Description                             | Amount         |
|---|----------------|
| Net assets previously reported in error | -34,707.       |
| Should have been per current audit      | 31,215.        |
| Total                                   | <u>-3,492.</u> |

## Form 990 p 7: Part VII Compensation of Officers etc.

**Smart Worksheet for Officers, Directors, Trustees, Key Employees and  
Highest Compensated Employees**

**Note:** Enter all the information below for Part VII, Section A. The first 14 entries will be placed on the appropriate lines on page 7. , The next 10 entries will be placed on the appropriate lines on page 8 If more than 25 items are entered, the remainder will be placed on continuation sheets for Part VII.

| <b>(A)</b><br>Name and Title                    | Ck if<br>B<br>u<br>s<br>i<br>n<br>e<br>s<br>s | <b>(B)</b><br>Avg<br>hrs/wk<br>(list<br>hrs for<br>related<br>orgs<br>below<br>dotted<br>line) | <b>(C)</b><br>Position<br>(do not check more than<br>one box, unless person is<br>both an officer and a<br>director/trustee) |    |    |    |    |    | <b>(D)</b><br>Reportable<br>compn from<br>the organi-<br>zation (W-2/<br>1099-MISC) | <b>(E)</b> | <b>(F)</b><br>Est amt of<br>oth compn<br>from org and<br>related orgs |    |
|---|---|--|--|----|----|----|----|----|---|------------|---|----|
|   |   |  | C1   | C2 | C3 | C4 | C5 | C6 |   |            |   |    |
| <b>(1)</b> Jacqueline Brown<br>Vice Chairman    | <input type="checkbox"/>                      | 40.00  | X  |    | X  |    |    |    |   | 93,077.    | 0.  | 0. |
| <b>(2)</b> April Rollins Kyle<br>Board Member   | <input type="checkbox"/>                      | 12.00  | X  |    |    |    |    |    |   | 0.         | 0.  | 0. |
| <b>(3)</b> Dr. Helen Jackson<br>Board Member    | <input type="checkbox"/>                      | 12.00  | X  |    |    |    |    |    |   | 0.         | 0.  | 0. |
| <b>(4)</b> Celeste Williams<br>Board Chairman   | <input type="checkbox"/>                      | 40.00  | X  |    | X  |    |    |    |   | 0.         | 0.  | 0. |
| <b>(5)</b> Rana Chakraborty<br>Board Member     | <input type="checkbox"/>                      | 12.00  | X  |    |    |    |    |    |   | 0.         | 0.  | 0. |
| <b>(6)</b> Mary Watson<br>Board Member          | <input type="checkbox"/>                      | 3.00   | X  |    | X  |    |    |    |   | 0.         | 0.  | 0. |
| <b>(7)</b> Travan K Jasper<br>Policy Com Chair  | <input type="checkbox"/>                      | 12.00  |  |    | X  |    |    |    |   | 0.         | 0.  | 0. |
| <b>(8)</b> Marilyn Davis<br>Financial Secretary | <input type="checkbox"/>                      | 15.00  | X  |    | X  |    |    |    |   | 0.         | 0.  | 0. |
| <b>(9)</b> Yaslyn Moore<br>Fund Rasing Chair    | <input type="checkbox"/>                      | 25.00  | X  |    |    |    |    |    |   | 0.         | 0.  | 0. |
| <b>(10)</b> See COMPSW                          | <input type="checkbox"/>                      | -----  |  |    |    |    |    |    |   |            |   |    |

Reportable compn  
from related orgs  
(W-2/1099-MISC)

## Form 990 p 10: Part IX Statement of Functional Expenses

**Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet**To enter assets, **QuickZoom** to Asset Entry Worksheet . . . . . →

To view a calculated report of all depreciation information for Form 990,

**QuickZoom** to the Depreciation/Amortization Report . . . . . →**QuickZoom** to Form 4562 for Form 990 . . . . . →

The following items carry to line 22 below:

| Description              | (A)<br>Total | (B)<br>Program<br>services | (C)<br>Management<br>and general | (D)<br>Fundraising |
|--------------------------|--------------|----------------------------|----------------------------------|--------------------|
| A Depreciation . . . . . | 5 , 816 .    | 5 , 468 .                  | 348 .                            | 0 .                |
| B Depletion . . . . .    |              |                            |                                  |                    |
| C Amortization . . . . . |              |                            |                                  |                    |

## Sch D, page 5 (Copy No. 1): Part XIII Supplemental Information

**Supplemental Information Smart Worksheet**Description of this copy of Schedule D, page 5. . . . Copy No. 1**QuickZoom** here to another copy of Schedule D, page 5. . . . . →

## Schedule O: Supplemental Information to Form 990

## **Supplemental Information Smart Worksheet**

**QuickZoom** here to Schedule O, page 2 . . . . . ➤

## **Specific Information for Form 990-EZ, Parts I, II, III and V**

**Note:** The following lines for 990-EZ have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:

|                               |   |
|-------------------------------|---|
| Form 990-EZ, Part I, Line 8   | QuickZoom to Part I, Line 8 . . . . . ►   |
| Form 990-EZ, Part I, Line 10  | QuickZoom to Part I, Line 10 . . . . . ►  |
| Form 990-EZ, Part I, Line 16  | QuickZoom to Part I, Line 16 . . . . . ►  |
| Form 990-EZ, Part I, Line 20  | QuickZoom to Part I, Line 20 . . . . . ►  |
| Form 990-EZ, Part II, Line 24 | QuickZoom to Part II, Line 24 . . . . . ► |
| Form 990-EZ, Part II, Line 26 | QuickZoom to Part II, Line 26 . . . . . ► |

**Note:** Enter information specific to any of the following lines below:

- Form 990-EZ, Part III, Line 31 (Description of other program services)
  - Form 990-EZ, Part IV (Officer, Directors, Trustees, Key Employees additional information)
  - Form 990-EZ, Part V, Personal Benefit Contract(s)
  - Form 990-EZ, Part V, Line 33 (Response to Yes for Question 33)
  - Form 990-EZ, Part V, Line 34 (Response to Yes for Question 34)
  - Form 990-EZ, Part V, Line 35b (Why organization did not report unrelated business income)
  - Form 990-EZ, Part V, Line 44d (Response to No for Question 44d)
  - Form 990-EZ, Part VI, Line 50 or Line 51 (HCE and Independent Contractors)

## **Specific Information for Form 990, Parts III, V, VI, VII, IX, XI and XII**

**Note:** The following lines for 990 have their own supplemental overflow statement.  
If information is required for these lines, enter the information on the appropriate line.

| <b>supplemental overflow statement:</b>       |                                      |
|---|--------------------------------------|
| Form 990, Page 2, Part III, Line 4d           | QuickZoom to Part III, Line 4d . . ► |
| Form 990, Page 6, Part VI, Section A, Line 9  | QuickZoom to Part VI, Line 9 . . ►   |
| Form 990, Page 6, Part VI, Section C, Line 17 | QuickZoom to Part VI, Line 17 . . ►  |
| Form 990, Page 10, Part IX, Line 11g          | QuickZoom to Line 11g Stmt . . ►     |
| Form 990, Page 10, Part IX, Line 24e          | QuickZoom to Line 24e Stmt . . ►     |

**Note:** Enter information specific to any of the following below:

- Enter information, if any, of the following below:

  - Form 990, Page 2, Part III, Line 2, or Line 3.
  - Form 990, Page 5, Part V, Line 3b, 13a or 14b
  - Form 990, Page 6, Part VI, Section A, Lines 1a, 2-7b, 8a, or 8b.
  - Form 990, Page 6, Part VI, Section B, Lines 10b, 11b, 12c, 15a, or 15b
  - Form 990, Page 6, Part VI, Section C, Line 18, or 19
  - Form 990, Page 7, Part VII, Column (E) or Column (F)
  - Form 990, Page 9, Part VIII
  - Form 990, Page 11, Part X
  - Form 990, Page 12, Part XI
  - Form 990, Page 12, Part XII, Line 1, 2c or 3b

Choose a specific line number from the Line Number picklist and enter an explanation. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O page 2 if needed.

| <b>Line Number</b> | <b>Explanation</b>   |
|--------------------|--|
| Pt VI, Line 12c    | Each Board Member is required to complete annually a conflict of interest form where they disclose all information requested . The forms are then reviewed by the policy committee for compliance. |
| Pt VI, Line 12c    | ERC's Finance Committee reviews financial statements on a monthly basis.   |
| Pt VI, Line 12c    | Upon acceptance of the annual financial audit and comparison with year end financial documents, form 990 is prepared and reviewed by the Board prior to filing.                                    |
| Pt VI, Line 11b    | ERC's governing documents, conflict of interest policy, and financial statements are maintained in its offices, and are made available upon request.   |
| Pt VI, Line 11b    | Compensation of officers and others is determined through salary survey reviews that are submitted to the Board of directors for final independent review and approval.                            |
| Pt VI, Line 11b    | Compensation of officers and others is determined through salary survey reviews that   |
| Pt VI, Line 19     |  |
| Pt VI, Line 19     |  |
| Pt VI, Line 15a    |  |
| Pt VI, Line 15a    |  |
| Pt VI, Line 15b    |  |

Note: Enter the line number and explanation for lines **not** mentioned above here. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O, page 2 if needed.

| Line Number | Explanation |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |

8868 p1- 990: Application for Extension of Time to File (1st Ext) -990/990-EZ

**Filing Address Smart Worksheet**

Send Form 8868 to: Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0045

8868 p2- 990: Application for Extension of Time to File (2nd Ext) - 990/990-EZ

**Filing Address Smart Worksheet**

Send Form 8868 to: Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0045

**COMPSW**

| (A)<br>Name and Title                   | Ck if<br>B<br>u<br>s<br>i<br>n<br>e<br>s<br>s | (B)<br>Avg<br>hrs/wk<br>(list<br>hrs for<br>related<br>orgs<br>below<br>dotted<br>line) | (C)<br>Position<br>(do not check more than<br>one box, unless person is<br>both an officer and a<br>director/trustee) |                          |                                     |                          |                          |                          | (D)<br>Reportable<br>compn from<br>the organi-<br>zation (W-2/<br>1099-MISC) | (E) | (F)<br>Est amt of<br>oth compn<br>from org and<br>related orgs |    |
|---|---|---|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|-----|--|----|
|   |   |   | C1  | C2                       | C3                                  | C4                       | C5                       | C6                       |  |     |  |    |
| (1) <u>Lisa Johnson</u><br>Secretary    |   | 50.00   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 0.  | 0.   | 0. |
| (1) <u>Dr. Paul Donnan</u><br>Treasurer |   | 25.00   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 0.  | 0.   | 0. |

Reportable compn  
from related orgs  
(W-2/1099-MISC)