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Form	-		L.

** PUBLIC DISCLOSURE COPY **

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.



Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning and ending

B	Check if applicabl	e: C Name of organization		D Employer identifie	cation number
Г	Addre	Be HOMEAID ATLANTA, INC.			
	Name chang			58-0	024106
	Initial return		Room/suite	E Telephone number	r
	Final return	1484 BROCKETT ROAD		678-	775-1401
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,044,189.
	Amen	10CKER, GA 50084		H(a) Is this a group re	
	Applic	F Name and address of principal officer: APIANDA I. CRAIER		for subordinates	? 🖸 Yes I No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates ir	Icluded? Yes No
		empt status: 🚺 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 📃 527	lf "No," attach a	list. (see instructions)
		te: • WWW.HOMEAIDATLANTA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year (of formation: 2001 N	State of legal domicile: GA
Pá		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: HOME2	AID AT	LANTA FACIL	ITATES THE
Activities & Governance		CONSTRUCTION OR RENOVATION OF PHYSICAL FA			
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
Š					16
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm .}$			15
ies		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			0
ivit		Total number of volunteers (estimate if necessary)		250	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		572,605.	862,381.
Revenue		Program service revenue (Part VIII, line 2g)		5,605.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	10,777.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,482.	-9,461.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		580,692.	863,697.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		336,402.	479,923.
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 132,486.	150.469
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	1,133.	150,468.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,100.	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25) <b>68,3</b>		57,620.	219,831.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		527,641.	850,222.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,051.	13,475.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12			
ts or ances				ginning of Current Year 351,182.	End of Year 377,674.
Assets of Balanc	20	Total assets (Part X, line 16)		56,450.	63,250.
let ⊿ ind		Total liabilities (Part X, line 26)		294,732.	314,424.
		Net assets or fund balances. Subtract line 21 from line 20		434,134.	JI4,424•

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. Τ.

Sign Here	Signature of officer AMANDA T. CRATER, EXECU- Type or print name and title	JTIVE DIRECTOR	Date					
		Preparer's signature	Date Check PTIN					
Paid	STANLEY M SMITH II 🔅	STANLEY M SMITH II	09/05/17 [#] self-employed P00319916					
Preparer	Firm's name 🕒 CARR, RIGGS & INC		Firm's EIN <b>72-1396621</b>					
Use Only	Firm's address 4360 CHAMBLEE DUN	WOODY RD., STE 420						
	ATLANTA, GA 30341		Phone no. $770 - 457 - 6606$					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
632001 11-1	1-16 LHA For Paperwork Reduction Act Notice	e, see the separate instructions.	Form <b>990</b> (2016)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) HOMEAID ATLANTA, INC.	58-002410	6 Page
Par	t 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 HOMEAID ATLANTA IS TO BUILD NEW LIVES FO	OR HOMELESS	
	FAMILIES AND INDIVIDUALS THROUGH HOUSING AND COMMUNITY		
	ALTHOUGH OUR MISSION GIVES US BROAD LATITUDE TO ENGAGE		G
	PROJECTS ACROSS THE ENTIRE CONTINUUM OF CARE, FROM EMER		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	<u> </u>	res 🛛 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	?	res 🚺 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, a	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expens	es, and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 750,690. including grants of \$ 479,923.) (Reve HOMEAID ATLANTA, FOUNDED IN 2001, IS A NONPROFIT ORGANI		<u> </u>
	BUILDS NEW LIVES FOR HOMELESS FAMILIES AND INDIVIDUALS		
	AND COMMUNITY OUTREACH. HOMEAID WORKS IN PARTNERSHIP WI		
	INDUSTRY, AS WELL AS COMMUNITY BUILDING ORGANIZATIONS,		
	EXPERIENCING HOMELESSNESS. TO DATE, HOMEAID ATLANTA HAS		
	76 HOUSING, REMODEL AND CARE PROJECTS AT LOCATIONS THAT		
	OF DOMESTIC VIOLENCE, TEEN MOTHERS, VETERANS AND MORE.		
	IS THE DESIGNATED CHARITY OF THE GREATER ATLANTA HOME E		
	ASSOCIATION. LEARN MORE AT WWW.HOMEAIDATLANTA.ORG.		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue\$	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reve	enue \$	
		·	
44	Other program convises (Departing in School de Q.)		
4d	Other program services (Describe in Schedule O.)	١	
4e	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses ►     750,690.	)	
TC		For	m <b>990</b> (2016
3200	2 11-11-16	101	
,52002	2		
50	905 759359 60-01579.001 2016.04020 HOMEAID ATLANTA, IN	C. 60	0-0196
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Form	990	(201	6)

Part IV Checklist of Required Schedules

HOMEAID ATLANTA, INC.

			Yes	No
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	Section 501(c)(3) organizations. 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		Х
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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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		х
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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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	11b		Х
с	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	11c		Х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			v
10	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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	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	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	Х	
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

Form **990** (2016)

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HOMEAID ATLANTA, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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	23		X
24a	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			37
	Schedule K. If "No", go to line 25a	24a		X
b		24b		
С				
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	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	27		X
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II.	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
01	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note All Form 990 filers are required to complete Schedule O	38	IX	1

Form 990 (2016)

Part W         Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule Ocontains a response or note to any line in the Part V         Image: Check if Schedule Ocontains a response or note to any line in the Part V         Image: Check if Schedule Ocontains a response or note to any line in the Part V           Image: Check if Schedule Ocontains a response or note to any line in the Part V         Image: Check if Schedule Ocontains a response or note to any line in the Part V           Image: Check if Schedule Ocontains a response or note to any line in the Part V         Image: Check if Schedule Ocontains and Part Check if Version Schedule Ocontains and Part Check if Version Schedule Ocontains and Part Schedule Ocontains and Part Version Schedule Ocontains and Part Schedule Ocontains and Part Schedule Ocontains and Part Version Part Version Schedule Ocontains and Part Version Part Part Version Schedule Ocontains and Part Version Part Part Version Schedule Ocontains and Part Version Part Version Version Schedule Ocontains and Part Version P	Form	990 (2016) HOMEAID ATLANTA, INC. 58-0024	106	Р	age 5
a Enter the number reported in Box 3 of Form 1098. Enter 0- if not applicable       1a       0         b Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable       1b       0         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamting) withow Within Vegar Coverd by With refuting       1c       X         2a Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable       2a       0       1c       X         2a Enter the number of ampoyees reported on Form W-3. Transmitta of Wage and Tax Statements.       2a       0       0         b If at least one is reported on line 2a, did the organization file all required to 6-file enstructions).       3a       X         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b If "Yes," near the name of the foreign country. If <i>No</i> : 16 <i>in Bb</i> , 2004 or avaplaration in Schedube 00       3b       3a         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a signature or otherauthority over, a signature and the accounts o	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
a Enter the number exported in Box 3 of Form 1096. Enter 4- if not applicable         1a         0           b Enter the number of Form W240 included in the 1. Enter 4- find applicable         1b         0           2 Enter the number of semptove sequence on Form W3, Transmittat of Wage and Tax Statements.         2a         0           2 Enter the number of employees reported on Form W3, Transmittat of Wage and Tax Statements.         2a         0           1 of a least on septod on Inde 2, did the organization file all required least employment tax returns?         2b           Note. If the sum of lines 1 and 2 all spreater than 250, you may be required to e-file (see instructions)         3a         X           3 Did the organization have unrelead business grows incore of 31 Line 2b, provide an explanation in Schedule 0         3b         4           4 At any time the number the foreign ocurity (such as a bank acount, securities account)?         4a         X           5e instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           5e instructions for filling requirements for the organization have an apply to a prohibited tax sheller transaction at any time during the tax year?         5a         X           6 Did the organization have annual grows receipts that an combibity of a prohibited tax sheller transaction at any time during the tax year?         5a         X           6 Did Ary time the name of the organization hele the organiza		Check if Schedule O contains a response or note to any line in this Part V			
b       Enter the number of Forms W-20 included in line 1a. Enter-0-if not applicable       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       11       10       10       11       10       10       11       10       10       11       10       10       10       10       10       10       10       11       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       <				Yes	No
b Enter the number of Forms W2G included in line 1a. Enter 0: if not applicable       1b       1b       0         c Did the organization comply with backby withholding rules for reportable payments to vendors and reportable gayming (gambling) withings to price withness?       1c       X         2a       Enter the number of amployees reported on Form W3, Transmittal of Wage and Tax Statements.       2a       0         3a       Did the organization tave unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       If Twes, The the field a Form BOD Tor this year?       3a       X         3b       If Twes, The the field a Form BOD Tor this year?       3a       X         3b       If Twes, The tift field a Form BOD Tor this year?       3a       X         3b       If Twes, The tift field a Form BOD Tor this year?       3a       X         3c       If Twes, The tift field a Form BOD Tor this year?       5a       X         3c       If Twes, The tift field a Form BOD Tor this year?       5a       X         3c       If Twes, The tift field a Form BOD Tor This year?       5a       X         3c       If Twes, The tift field a Form BOD Tor This year?       5a       X         3c       If Twes, The tift field a Form BOD Tor This year?       5a       X         3c       If Twes, The t	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c       Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prace winners?       1       C       X         2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return.       2a       0       2b         3b       If at least one is exported on Ine 2A, of the organization the all end employment tax returns?       2b       3b       X         3b       Did the organization have unreaded business gamics one of 31, 1000 or more during the spart?       3a       X         3b       If Yes," that if field a form 990-T for this year? If Yes, 'to IIm 2b, provide an explanation in Schedule D       3b       4a         4a       At any time me of the foreign country (such as a bank account, arother financial account)?       4a       X         5c       If Yes," tenter the name of the foreign country (such as a bank account and inny time during the taxy sur?       5a       X         5D       Dod any taxable party notify the organization have anneal gross receipts that an ornmally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions and party for goods and services provided to the pare?       7a       X         7 Organization neave amplit or ecose to account bus of the organization neith exess (ST Smade party as a contribution on qanaration orgits       6b <t< th=""><td></td><td></td><td></td><td></td><td></td></t<>					
Ignambling: winnings to pize winness?       ic       X         2a       Enter the number of employees reported on from W3. Transmittal of Wage and Tax Statements.       2a       0         2a       Enter the number of employees reported on line 2a, did the organization file all required federal employment tax returns?       2b       4         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       Dif the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       Dif the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3a       Dif the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3a       Dif the organization have anne of the foreign country.       Sa       X         3b       Dif the system organization in the tax in the solution of foreign Bank and Financial account; (FBAR).       Sa       X         5a       Was the organization include with wery solicitation an express statement that such contributions or gifts were not tax deductible organization include with wery solicitation an express statement that such contributions or gifts were not tax deductible organization network growth as the arbitrable contract?       To       X         7b       Y'Ss,' toid the organization include with wery solicitat					
2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.       2a       0         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions)       3a       X         b       TY-es, 'has if field a form 980-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O       3b       X         b       TY-es, 'has if field a form 980-T for this year? If 'No,' to line 3b, provide an explanation on Schedule O       3b       X         b       TY-es, 'has if field a form 980-T for this year? If 'No,' to line 3b, provide an explanation on Schedule O       3b       X         b       If 'Y-es,' that the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       5a       X         5a       Dad any taxable pary notify the organization that was real sarpt to a prohibited tax shell transaction?       5b       X         5a       Dad any taxable pary notify the organization the Sem 2BAP (sa prohibited tax shell transaction?       5b       X         5a       D'       O'       Sa       X         5a       D'       Sa       X       Sa       X         5a       D'       Sa       X       Sa			1c	Х	
b       If at least one is reported on line 2a, did the organization file all required to efficise instructions?       2b         Note. If the sum evident of lines 1a and 2a is greater than 230, you may be required to efficise instructions?       3a       X         b       If "Yes," has it filed a form 90.0" for this year? If "No." to line 30, provide an explanation in Schedule O       3b       X         b       If "Yes," has it filed a form 90.0" for this year? If "No." to line 30, provide an explanation on the rauthority over, a       4a       X         b       If "Yes," that is filed a form 90.0" for this year? If "No." to line 30, provide an explanation on the rauthority over, a       4a       X         b       If "Yes," that the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       5a       X         5a       Dod any taxibilized tax shelter transaction at any time during the tax year?       5a       X         5b       Dod any taxibilized tax shelter transaction at any time during the tax year?       5a       X         5b       If "Yes," to line 5a or 5b, did the organization that twas or as party to a prohibited tax shelter transaction?       5b       X         6a       Dif the organization nate, exclustible?       5b       X         7b       If "Yes," toline 5a or 5b, did the organization nate, reparty to a prohibited tax shelter transaction?       5b       X	2a				
Note. If the sum of lines 1a and 2a is greater than 280, you may be required to e-file (see instructions)       3a       X         3a       Did the organization have unvaluated business gross income of \$1,000 or more during the year?       3a       X         4a       At my time during the calendar year, did the organization have an interest II, or a signature or other authority over, a financial account? a foreing country.       3a       X         5a       Was the organization of the foreign country.       5a       X         5a       was the organization or purptice that as bank account, securities account, or other financial account?       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction or any orbit ble day taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible contributions under section 170(c).       5c       5c         6a       Dift e-ganization tax deductible contributions under section 170(c).       6b       7c       X         7       Organization stat may receive deductible contributions under section 170(c).       7a       X       7c       X         7       Organization celve a anymettin excess of 57 made party ac contharvice provided to the parayot anot that may receive deductible		filed for the calendar year ending with or within the year covered by this return 2a			
Note. If the sum of lines 1a and 2a is greater than 280, you may be required to e-file (see instructions)       3a       X         3a       Did the organization have unvaluated business gross income of \$1,000 or more during the year?       3a       X         4a       At my time during the calendar year, did the organization have an interest II, or a signature or other authority over, a financial account? a foreing country.       3a       X         5a       Was the organization of the foreign country.       5a       X         5a       was the organization or purptice that as bank account, securities account, or other financial account?       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction or any orbit ble day taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible contributions under section 170(c).       5c       5c         6a       Dift e-ganization tax deductible contributions under section 170(c).       6b       7c       X         7       Organization stat may receive deductible contributions under section 170(c).       7a       X       7c       X         7       Organization celve a anymettin excess of 57 made party ac contharvice provided to the parayot anot that may receive deductible	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If "Yes," has if filed a Form 900-T for this year? If "No," for <i>ine 3b</i> , provide an explanation in Schedule O       3b       X         b       If "Yes," has if filed a Form 900-T for this year? If "No," for <i>ine 3b</i> , provide an explanation in Schedule O       4a       X         b       If "Yes," that the name of the foreign country! Such as a bank account, securities account, or other financial account if a filed provide an explanation in Schedule O       4a       X         b       If "Yes," their the name of the foreign country! Such as a bank account, securities account, or other financial account if a filed provide an explanation if a form 900-foreign Bank and Financial Account/ (FBAF).       5a       X         b       Did state organization approximation that was not a party to a prohibited tax shelter transaction?       5a       X         b       Did state annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible contributions under section 170(c).       5a       X         c       Did the organization necker as payment in excess of 55 made party as a porthise data services provided?       7a       X         c       Did the organization necker as yound, the year?       7d       7a       X         d       T'Yes, ' did the organization secker of 55. made party as a contribution					
b       If 'Yes,' has it field a Form 990-T for this year? If 'We,' to fine 3b, provide an explanation in Schedule 0       3b         4       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, where the foreign country. If 'Yes,' enter the name of the foreign country. If 'Yes,' enter the name of the foreign country. If 'Yes,' enter the name of the foreign country. If 'Yes,' enter the name of the foreign country. If 'Yes,' enter the name of the foreign country. If 'Yes,' enter the name of the foreign country. If 'Yes,' enter the name of the foreign country. If 'Yes,' enter the name of the organization file Form 8886-17       5a       X         5a       Vas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solut any contributions that was or is a party to a prohibited tax shelter transaction?       5a       X         5a       Vas the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor?       7a       X         b       If 'Yes,'' ind the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization setwa a payment in excess of S25 made party as a contibution on a personal benefit contract?       7t       X         f       Did the organization neceive a payment in excess of S26 made party as a orother which it was required? <t< th=""><td>3a</td><td></td><td>3a</td><td></td><td>Х</td></t<>	3a		3a		Х
4a At any time during the calendar year, did the organization have an interset in, or a signature or other authority over, a financial account i, such as bank account, securities account, or other infancial account)?       4a       X         b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other infancial Accounts (FBAR).       5a       X         b U any taxable party notify the organization that it was or is a party to a prohibeit as shelter transaction?       5a       X         c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibeit as shelter transaction?       5a       X         c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?       5a       X         b If "Yes," (d) the organization include with every solicitation an express statement that such contributions solicit any contributions include with every solicitation and partly for goods and services provided to the payor?       7a       X         f If "Yes," id the organization netwe depute bie dispose of tangible personal property for which it was required to the payor?       7a       X         f If "Yes," id the organization netwe dispose of tangible personal property for which it was required?       7c       X         f If "Yes," indicate the number of Forms 2282 filed during the year       fd       7d       X         f If the organization netwe weary turds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f If the organization necev	b		3b		
b       If "Yes," enter the name of the foreign country:         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       5a         X       X       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       5a         X       X       See instructions for filing requirements for FinCEN Form 8866-1?       5a       X         G       Does the organization near eanual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the part?       7a       X         b       If "Yes," did the organization neake est \$157 made partly as a contribution and party for goods and services provided to the part?       7a       X         c       Did the organization neake est \$157 made partly as a contribution or goods and services provided to the part?       7b       X         c       Did the organization neake est \$157 made partly as a contribution or goods and services provided to the partication and party for goods and services provided to the part?       7c       X         c       Did the organization neake est \$157 made party as a contribution or goods and services provided?       7c       X         c       Did the organization seli, exchange, or otherwise dispose of tangible personal property for which it	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?       5a       X         5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?       5c       X         5c Did set the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was or othrabutions?       5c       X         5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6b       X         7 Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 3282?       7c       X       7c       X         9 If 'Yes,' id dit de organization receive a payment in excess 05 for made parity as a contribution on a personal benefit contract?       7t       X       7c       X         9 If 'Yes, '' indicate the number of Forms 8282 filed during the year       Zd       7c       X       7d       X         9 Did the organization excive a contribution of qualified intellectual property, during regranization file a Form 10880?       7g       7g       X         9 If the organization mackes any taxable distributions under section 4986?       9a       9a       9a </th <th></th> <th>financial account in a foreign country (such as a bank account, securities account, or other financial account)?</th> <th>4a</th> <th></th> <th>X</th>		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c1       Yes, it loine 5a or 5b, did the organization file Form 8886-17?       5c       Sc       Sc         c1       Yes, it loine 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         7       Organization statu may receive deductible contributions under section 170(c).       6b       7a       X         7       Organization statu exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7a       X         7       Did the organization and, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         7       Tr Ves, "indicate the number of Forms 8282 filed during the year       [7d]       Y       X         9       If the organization neceived a contribution of qualified intelectual property, did the organization file a Form 1098C?       7h       X         9       If the organization neceived a contribution of cars, basta, siptanes, or other vehicles, did the organization file a Form 1098C?       7h       X       7g       7h	b	If "Yes," enter the name of the foreign country:			
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c1       Yes, it loine 5a or 5b, did the organization file Form 8886-17?       5c       Sc       Sc         c1       Yes, it loine 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         7       Organization statu may receive deductible contributions under section 170(c).       6b       7a       X         7       Organization statu exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7a       X         7       Did the organization and, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         7       Tr Ves, "indicate the number of Forms 8282 filed during the year       [7d]       Y       X         9       If the organization neceived a contribution of qualified intelectual property, did the organization file a Form 1098C?       7h       X         9       If the organization neceived a contribution of cars, basta, siptanes, or other vehicles, did the organization file a Form 1098C?       7h       X       7g       7h		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c       If Yes,* to line 5a of 5b, did the organization file Form 8886-17       5c         Ge       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?       5a         b       If 'Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b         a       Did the organization statemay receive deductible contributions under section 170(c).       7a       X         b       If 'Yes,* did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If 'Yes,* indicate the number of Forms 8282 filed during the year       7d       7d       X         g       If the organization receive any functs, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       Did the organization neceive any tonds, directly or indirectly, oin durine organization file a Form 8989 as required?       7f       X         f       Did the organization meceive a acontribution of cars, boats, airplanes, or othe	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ga       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?       Ga       X         B If "Nes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb       Gb         7       Organization state may receive deductible contributions under section 170(c).       Gb       Gb       Gb         8       J       T'Nes," did the organization neutre apyment in excess of \$75 made parthy as a contribution and parth for goods and services provided to the payor?       7a       X         C Did the organization neutre apyment in excess of \$75 made parthy as a contribution and parth for goods and services provided?       7b       X         C Did the organization neutre apyment in excess of \$75 made parthy as a contribution on a parts on a personal benefit contract?       7c       X         7d       TYes," indicate the number of Forms 8282 filed during the year       7d       7d       X         7d       If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         7d       If the organization make any taxable distributions under section 4966?       9a       9a       9a         9       Sponsoring organizations maintaining door advised funds.       10a       10a       10b <td< th=""><td>b</td><td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td><td>5b</td><td></td><td>Х</td></td<>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
Ga       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?       Ga       X         B If "Nes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb       Gb         7       Organization state may receive deductible contributions under section 170(c).       Gb       Gb       Gb         8       J       T'Nes," did the organization neutre apyment in excess of \$75 made parthy as a contribution and parth for goods and services provided to the payor?       7a       X         C Did the organization neutre apyment in excess of \$75 made parthy as a contribution and parth for goods and services provided?       7b       X         C Did the organization neutre apyment in excess of \$75 made parthy as a contribution on a parts on a personal benefit contract?       7c       X         7d       TYes," indicate the number of Forms 8282 filed during the year       7d       7d       X         7d       If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         7d       If the organization make any taxable distributions under section 4966?       9a       9a       9a         9       Sponsoring organizations maintaining door advised funds.       10a       10a       10b <td< th=""><th>с</th><th>If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</th><th>5c</th><th></th><th></th></td<>	с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a Did the organization neceive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor       7a       X         b If "Yes," idid the organization notity the donor of the value of the goods or services provided?       7d       X       7c       X         c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X       7c       X         f Did the organization neceived a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehices, did the organization arequired?       7f       X         f Did the organization eceived a contribution of cars, boats, airplanes, or other vehices, did the organization arequired?       7f       X         g If the organization maintaining doora advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining doora advised funds.       8       9a       9a         g Sonsoring organizations maintaining doora advised funds.       10a       10a       10a       10a       10a       10a </th <th></th> <th></th> <th></th> <th></th> <th></th>					
were not tax deductible?     6b       7     Organizations evelowe a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payment?     7a     X       b If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     X       c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d If "Yes," indicate the number of Forms 8282 filed during the year     7d     7e     X       f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7t     X       g If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required?     7h     X       h If the organization received a contribution of qualified netlectual property, did the organization file a Form 1098-C?     7h     X       g Did the organization make a value subsines holdings at any time during the year?     9a     9a       9 Sponsoring organization make any taxable distributions under section 4966?     9a     9a       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a     9a       10 Section 501(c)(7) organizations. Enter:     10a     11a     10a       a forse income from members or shareholders     11a     10a     11a       12a     12a     12a <th></th> <th>any contributions that were not tax deductible as charitable contributions?</th> <th>6a</th> <th></th> <th>Х</th>		any contributions that were not tax deductible as charitable contributions?	6a		Х
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         c       Did the organization cereive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       X         f       H the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds.       9a	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a 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?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor adviser, or related person?       9b       9b         10       the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to advised fund maintained per		were not tax deductible?	6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9       Sponsoring organizations maintaining donor advised funds.       10b       10b       9b       9b         10       the sponsoring organizations. Enter:       10a       10a       10b       10b         11       Section 501(c)(7) organizations. Enter:       11a       10b       12a       12a         11       S	7	Organizations that may receive deductible contributions under section 170(c).			
c       Did the organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7d       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7d       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       Did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organization have excess business holdings at any time during the year?       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10       It the sponsoring organizations. Enter:       10a       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a       11a         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a	а	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?	7a		
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7g       7h       X         8 Sponsoring organization nave excess business holdings at any time during the year?       8       8       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9a       9b       9a       9a       9b       9a       9b       9a       9b       9a       9a       9a       9a       9a       9a       9a       9a       9b       9a       9a       9b       9a       9b       9a       9b       9a       9b       9a       9b       9a       9b	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Te       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg       X         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       Th         8 Sponsoring organizations maintaining donor advised funds.       a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       Intiation fees and capital contributions included on Part VIII, line 12       Intia       Intia       Intia         a Gross income from members or shareholders       Intia       Intia       Intia       Intia       Intia         b Gross income from members or shareholders       Interest received or accrued during the year       Intia       Intia       Intia         12a       Interest neamou	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7h       X         8 Sponsoring organization have excess business holdings at any time during the year?       8       9         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10 the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       9b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       11a         12 Gross income from members or shareholders       11a       10b       11b       12a         12 Section 501(c)(12) organizations. Enter:       11b       11b       12a       12a         13 Gross income from members or shareholders       11a       10b       12a       12a       12a         14		to file Form 8282?	7c		Х
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       8         Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       8         9       Did the sponsoring organizations. Enter:       10a       9a       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10a	d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
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h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         b       Gross income from members or shareholders.       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501 (c)(29) qualified nealth plans in more than one state?       13a <td< th=""><th>f</th><th>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</th><th>7f</th><th></th><th>Х</th></td<>	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       11a         b       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         0       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       13b         13a       Is the organization licensed to issue qualified health plans       13b <th>g</th> <th>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</th> <th>7g</th> <th></th> <th></th>	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   9 9b   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   12a It "Yes," enter the amount of tax-exempt interest received or accrued during the year   13 Section 501(c)(29) qualified nonprofit health plans in more than one state?   Note. See the instructions for additional information the organization must report on Schedule O.   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   c Enter the amount of reserves on hand	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
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10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13a       C       C       13a       13a       13a         14       Different the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         13a       C       13a       13a       13a	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         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       13b         c Enter the amount of reserves on hand       13c       13b	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         12b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year         13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note. See the instructions for additional information the organization must report on Schedule O.         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         c       Enter the amount of reserves on hand					
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b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b       13b         c       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       13b       13b         c       Enter the amount of reserves on hand       13c       13b       13c					
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b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         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       13b         c       Enter the amount of reserves on hand       13c					
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         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       13b         c       Enter the amount of reserves on hand       13c       13c			12a		
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Note. See the instructions for additional information the organization must report on Schedule O.         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         c Enter the amount of reserves on hand					
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       13b         c Enter the amount of reserves on hand       13c	а	-	13a		
organization is licensed to issue qualified health plans     13b       c Enter the amount of reserves on hand     13c	_				
c Enter the amount of reserves on hand	b				
14a Lig the organization receive any payments for indoor tanning services during the tax year?					v
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	h		- <b>1/1</b> h	1	

Form	990	(2016	)
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### HOMEAID ATLANTA, INC.

Part VI Governance, Management, and Disclosure 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				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	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 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under th				
	of officers, directors, or trustees, or key employees to a management company or other person?	·	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S				X
5	Did the organization become aware during the year of a significant diversion of the organization's as				X
6	Did the organization have members or stockholders?			X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7:	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders. or			
	persons other than the governing body?		71		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
a	The governing body?		88	x	
b	Each committee with authority to act on behalf of the governing body?		81		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			/	
Ũ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10	_	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl				
D	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	h	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			37	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y before filling the for		a	
			12	a X	
12a		to conflicte?			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			0 23	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y in Schedule O how this was done		10	c X	
10			12		
13 14	Did the organization have a written whistleblower policy?				
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approva				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45	a X	
a	The organization's CEO, Executive Director, or top management official				
b	Other officers or key employees of the organization		15		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				v
-	taxable entity during the year?		16	a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
0	exempt status with respect to such arrangements?		16	b	
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <b>GA</b>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s	only) avail	able	
	for public inspection. Indicate how you made these available. Check all that apply.				
		in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict of interest polic	cy, and fin	ancial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records:			
	AMANDA T. CRATER, EXECUTIVE DIRECTOR - 678-775-140	T			
	1484 BROCKETT ROAD, TUCKER, GA 30084				100.10
632000	5 11-11-16 <b>6</b>		Fo	rm <b>99(</b>	<b>)</b> (2016)
	б				

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60-01961

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (	Compensated
	Employees, and Independe	ent Contrac	tors			

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

1a 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.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/1/1/1/15	(ee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-1013C)	organization
	organizations	ruste	l trus		/ee	mpen		(00-2/1033-10130)		and related
	below	d ual t	Institutional trustee	L_	Key employee	st co	5			organizations
	line)	ndivi	In stitu	Officer	Key e	Highest compensated employee	Forme			0
(1) KEVIN AYCOCK	1.00									
PRESIDENT	0.00	Х		Х				0.	0.	0.
(2) P.J. HABERSTOCK	1.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) STEVE KING	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(4) MANDY CRATER	40.00									
EXECUTIVE DIRECTOR - SECRETARY	0.00	Х		Х				0.	76,971.	10,429.
(5) DAVID ELLIS	1.00									
DIRECTOR	40.00	Х						0.	138,466.	0.
(6) TERI FRYE	1.00									_
DIRECTOR	0.00	Х						0.	0.	0.
(7) RONNIE GULLATT	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) JOSEPH M. HORNE	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(9) EUGENE JAMES	1.00									•
DIRECTOR		X						0.	0.	0.
(10) DAN MATTOX	1.00									•
DIRECTOR	0.00	X						0.	0.	0.
(11) DALE MCCAIN	1.00									•
DIRECTOR	0.00	X						0.	0.	0.
(12) ALEC RICKENBAKER	1.00									•
DIRECTOR	0.00	X						0.	0.	0.
(13) SHANE ROACH	1.00									•
DIRECTOR	0.00	X						0.	0.	0.
(14) LORI ROUSSEAU	1.00									•
DIRECTOR	0.00	X						0.	0.	0.
(15) BRAD SHILLING	1.00									0
DIRECTOR	0.00	X						0.	0.	0.
(16) ED WOODLAND	1.00	37							_	_
DIRECTOR	0.00	Х	<u> </u>					0.	0.	0.
							L			<b>– – – – – – – – – –</b>

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632007 11-11-16

10250905 759359 60-01579.001 2016.04020 HOMEAID ATLANTA, INC.

	990 (2016) HOMEAID A									58-0	024	106	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do box	not c , unle	(C Posi heck ss per	<b>C)</b> ition more rson i		one h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensatio	on	an	(F) timate	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizatior (W-2/1099-MI	ns comper		pensa om the anizati d relate	e ion ed
1b	Sub-total								0.	215,4		1	0,4	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.	215,4	0. 37.	1	0,4	0. 29.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual		· ·····	· ·····	• •••••						3	100	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? <i>If "Yes,</i> accrue comper	" <i>co</i> nsat	<i>mple</i> ion f	ete S irom	Sche any	edule v unr	e <i>J f</i> elat	for such individual ted organization or indiv	idual for services	 S	4		x
Sec	rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son .					5		X
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npens			
(A) (B) Name and business address NONE Description of services								С	(C Compe		n			
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	-	ot lii	nite	d to	tho: (	se lis )	stec	d above) who received n	nore than		Form	<b>990</b> (2	2016)

Pa	11	/11	Check if Schedule O cont		se or note to anv lir	ne in this Part VIII			
						(A) Total revenue	( <b>B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns						
Gra			Membership dues		40.205				
fts,			Fundraising events		48,325.				
jan Jian			Related organizations						
Sir			Government grants (contribut						
er utio		t	All other contributions, gifts, gran		814,056.				
₫		~	similar amounts not included abo		513,086.				
and			Noncash contributions included in lines Total. Add lines 1a-1f			862,381.			
<u> </u>					Business Code				
e	2	а							
e ri		b							
enu B		с							
ran eve		d							
Program Service Revenue		е			_				
ē		f	All other program service reve						
		g	Total. Add lines 2a-2f						
	3		Investment income (including			6 110			6 110
			other similar amounts)			6,110.			6,110.
	4		Income from investment of ta	•	1				
	5		Royalties	(i) Real	(ii) Personal				
	6	а	Gross rents						
	Ŭ		Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securitie	s (ii) Other				
			assets other than inventory	135,778	3.				
		b	Less: cost or other basis		.				
			and sales expenses	131,111	L.				
		c	Gain or (loss)	4,00	/•	1 667			1 667
			Net gain or (loss)			4,667.			4,667.
Other Revenue	8	а	Gross income from fundraisin including \$ 48,3	B25. of					
ver			contributions reported on line						
Å,			Part IV, line 18	, 10). 066	a 39,920.				
the		b	Less: direct expenses		b 49,381.				
0			Net income or (loss) from fund		s ►	-9,461.			-9,461.
	9		Gross income from gaming ad						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gan	-	····· ►				
	10	а	Gross sales of inventory, less						
		<b>L</b>	and allowances						
			Less: cost of goods sold						
ł		U	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
ŀ	11	а							
		b			-				
		c							
		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.		►	863,697.	0.	0.	_,
63200	9 11	-11-	-16			9			Form <b>990</b> (2016

HOMEAID ATLANTA, INC.

Form 990 (2016)

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Form 990 (2016)	Form	990	(2016)
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HOMEAID ATLANTA, INC.

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 (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 479,923. 479,923. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 150,468. 112,851. 22,570. 15,047. 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal 2,500. 5,000. 2,500. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch O.) 5,757. 4,553. 29. 1,175. Advertising and promotion 12 16,883. 1,237. 376. 15,270. Office expenses 13 9,345. 8,217. 977. 151. Information technology 14 Royalties 15 1,881. 7,524. 5,643. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,961. 7,961. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 2,916. 2,227. 557. 132. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 115,408. 115,313. 95. SHELTER а SPECIAL EVENT COST 29,443. 29,443. h MILEAGE 5,913. 4,497. 1,133. 283. С <u>2,</u>596. 4,432. 273. 1,563. PRINTING/PUBLICATIONS d 9,249. 3,172. 5,306. 771. e All other expenses 850,222. 750,690. 31,162. 68,370. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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Check here

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______ if following SOP 98-2 (ASC 958-720)

Form **990** (2016)

HOMEATD	ATLANTA,

Form 990 (2016)

Part X Balance Sheet

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		Check if Schedule O contains a response or note to any line in this	Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		55,870.	1	46,364.
	2	Savings and temporary cash investments	22,677.	2	46,178.	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, direct				
		trustees, key employees, and highest compensated employees. Co	omplete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as de				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	contributing			
		employers and sponsoring organizations of section 501(c)(9) volume	tary			
st		employees' beneficiary organizations (see instr). Complete Part II o	f Sch L		6	
Assets	7	Notes and loans receivable, net			7	
◄	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	5,608.			
	b	Less: accumulated depreciation 10b	5,608.	0.	10c	0.
	11	Investments - publicly traded securities		272,635.	11	285,132.
	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			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		351,182.	16	377,674.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		56,450.	19	63,250.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
Liabilities	22	Loans and other payables to current and former officers, directors,				
oilit		key employees, highest compensated employees, and disqualified				
Lial		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			24	
	25	Other liabilities (including federal income tax, payables to related th				
		parties, and other liabilities not included on lines 17-24). Complete			05	
	06	Schedule D		56,450.	25 26	63,250.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ►		50,450.	20	05,250;
6		complete lines 27 through 29, and lines 33 and 34.				
Ce	27	•		294,732.	27	314,424.
alan	28	Unrestricted net assets Temporarily restricted net assets		23177321	28	511,1210
Ä	29				29	
ŭ	25	Organizations that do not follow SFAS 117 (ASC 958), check he			25	
г		and complete lines 30 through 34.				
ts c	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other fund			32	
Ň	33	Total net assets or fund balances		294,732.	33	314,424.
	34	Total liabilities and net assets/fund balances		351,182.	34	377,674.

INC.

Form **990** (2016)

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60-01961

Form	HOMEAID ATLANTA, INC.	58-00	24106	Pag	je <b>12</b>
Pa	rt 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)	1			97.
2	Total expenses (must equal Part IX, column (A), line 25)	2	850		
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			32.
5	Net unrealized gains (losses) on investments	5	6	5,2	17.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	314	1,4	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				0010)

Form **990** (2016)

(Form 9	990 or	990-EZ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

49

947(a)(1	) nonexe	mpt cr	haritab	le trust.
Attach	to Form	990 or	Form	990-EZ.

2016
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/for	m990.	Inspection
	Employer	identification number

	HOME	AID ATLANT	A, INC.				5	8-0024106
Part I	Reason for Public	Charity Status (/	All organizations must co	omplete th	iis part.) Se	ee instruction	S.	
The orgar	nization is not a private found	dation because it is: (	For lines 1 through 12, o	check only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)( [.]	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	)(v).		
7 X	An organization that norma						he general	public described in
	section 170(b)(1)(A)(vi). (C			0			0	
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research or				ed in coniu	unction with a	land-grant	college
	or university or a non-land-	-			-		-	-
	university:	9999	,		,,	,,		
10	An organization that norma	ally receives: (1) more	than 33 1/3% of its sur	poort from	contributi	ons, member	ship fees, a	ind aross receipts from
	activities related to its exen							
	income and unrelated busi							
	See section 509(a)(2). (Con				0000 0090		gamzation	
11 🔲	An organization organized		ively to test for public sa	afety See	section 50	09(a)(4)		
12	An organization organized		•	•			arry out the	purposes of one or
	more publicly supported or		-				•	
	lines 12a through 12d that	-						
a	<b>Type I.</b> A supporting orga	• •			-		-	aivina
a	the supported organization		-	•	-			
	organization. You must o			amajonty				supporting
b 🗌	<b>Type II.</b> A supporting org	-		tion with it	te cunnort	od organizati	on(e) by be	wina
<b>Б</b> —	control or management of	-				-		-
	-			ame perso			ige the sup	ported
•	organization(s). You mus	-		in connoc	tion with	and functions	lly intograt	od with
ι	Type III functionally inte						ny megrati	eu with,
a [	its supported organizatio					-	where evenes	
d 🗆	Type III non-functionally	• • •					°.	
	that is not functionally int		• •	•		-	o an attent	iveness
	requirement (see instruct	•	•					
e 🗆	☐ Check this box if the orga					а Туре I, Туре	II, Type III	
	functionally integrated, o		nally integrated support	ing organi	zation.			
	er the number of supported of	•						
	vide the following information (i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	í monetary	(vi) Amount of other
	organization	(1) 211	(described on lines 1-10	in your governi Yes	ing document? No	support (see in	,	support (see instructions)
	•		above (see instructions))	Tes	NO		,	,
Total								
i Utal								1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

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### Schedule A (Form 990 or 990 EZ) 2016 HOMEAID ATLANTA, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	160,114.	194,280.	264,847.	572,605.	862,381.	2054227.
2	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 3	160,114.	194,280.	264,847.	572,605.	862,381.	2054227.
5		-		-	-	-	
Ũ	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							2054227.
	Public support. Subtract line 5 from line 4.						2034227.
		(-) 0010	(1-) 0010	(-) 001 (	(-1) 004 5	(-) 0010	(f) T_++_1
	ndar year (or fiscal year beginning in)	(a)2012 160,114.	(b) 2013 194,280.	(c) 2014 264,847.	(d) 2015 572,605.	(e)2016 862,381.	(f) Total 2054227.
-	Amounts from line 4	100,114.	194,200.	204,04/.	572,005.	002,301.	2034227.
8							
	dividends, payments received on						
	securities loans, rents, royalties	100	105	0.0	0	C 110	C 402
	and income from similar sources $\dots$	198.	105.	80.	0.	6,110.	6,493.
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 VI.)						
11	Total support. Add lines 7 through 10						2060720.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	290,727.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2016 (	line 6, column (f) d	vided by line 11, c	olumn (f))		14	99.68 %
15	Public support percentage from 2015	5 Schedule A, Part	II, line 14			15	99.95 %
	33 1/3% support test - 2016. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	۱			► X
b	33 1/3% support test - 2015. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
_	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	•	•	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	0					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
10	rivate ioundation. It the organizatio	on did not check a		a, 100, 17a, 01 17k		dulo A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2016

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### Schedule A (Form 990 or 990 EZ) 2016 HOMEAID ATLANTA, INC.

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>	 	l contra contra	<u> </u>	[	
14	First five years. If the Form 990 is for	-			-		
<u>S</u>	check this box and stop here						▶∟
	•						
	Public support percentage for 2016 (					15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Invest					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	133 1/3% support tests - 2016. If the						17 is not
	more than 33 1/3%, check this box a						<b></b>
b	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
63202	23 09-21-16			1 -	Sch	edule A (Form 99	0 or 990-EZ) 2016
250	905 759359 60-01579	<b>9.001 20</b> 2	16.04020	15 HOMEAID A	TLANTA, I	NC.	60-01961

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

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16

			Vee	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ	) 2016
	17			

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### Schedule A (Form 990 or 990-EZ) 2016 HOMEAID ATLANTA, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. Al other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
<b>2</b> F	Recoveries of prior-year distributions	2		
3 (	Other gross income (see instructions)	3		
4 /	Add lines 1 through 3	4		
<b>5</b> [	Depreciation and depletion	5		
<b>6</b> F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
r	naintenance of property held for production of income (see instructions)	6		
7 (	Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d 1	<b>Fotal</b> (add lines 1a, 1b, and 1c)	1d		
еĽ	Discount claimed for blockage or other			
f	actors (explain in detail in <b>Part VI</b> ):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	Subtract line 2 from line 1d	3		
4 (	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	ee instructions)	4		
<b>5</b> N	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> N	Aultiply line 5 by .035	6		
<b>7</b> F	Recoveries of prior-year distributions	7		
8 N	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> E	Enter 85% of line 1	2		
3 N	Inimum asset amount for prior year (from Section B, line 8, Column A)	3		
<b>4</b> E	Inter greater of line 2 or line 3	4		
5 I	ncome tax imposed in prior year	5		
6 [	Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	/ intear	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
	From 2014			
	From 2015			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6				
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
'	-			
8	and 4c Breakdown of line 7:			
<u> </u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
6 Schedule A (Form 990 or 990-EZ)

** PUBLIC DISCLOSURE COPY **

### Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

## 2016

Employer identification number

58-0024106

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Organization type (check one):

### HOMEAID ATLANTA, INC.

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Page 2

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### HOMEAID ATLANTA, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$25,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$15,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 623452 10-18		\$15,000.	Person X Payroll (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

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58-0024106

## HOMEAID ATLANTA, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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58-0024106

### HOMEAID ATLANTA, INC.

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
23453 10-18-16	24		990, 990-EZ, or 990-PF

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	D ATLANTA, INC.		58-0024106
Part III	the year from any one contributor. Complete of	columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations
	completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition		less for the year. (Enter this info. once.) <b>S</b>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
  -  -		(e) Transfer of gift	[
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- 		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-  -  -		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
23454 10-18-1	16		Schedule B (Form 990, 990-EZ, or 990-PF) (2

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	HEDULE D n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l		OMB No. 1545-0047	
	ment of the Treasury Revenue Service		Attach to Form 990. m 990) and its instructions is at <i>www.ir</i> s		Open to Public Inspection	
-	e of the organizati				identification number	
	<b>- - - -</b>	HOMEAID ATLANTA, I	NC.		8-0024106	
Par	t I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.	Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lir				
			(a) Donor advised funds	(b) Funds an	d other accounts	
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in	-			
6		on's property, subject to the organization's on inform all grantees, donors, and donor a			Yes No	
0		poses and not for the benefit of the donor				
	impermissible priv			0	Yes No	
Par		ation Easements. Complete if the org				
1		servation easements held by the organizat		,		
		n of land for public use (e.g., recreation or e	·	orically important la	and area	
		of natural habitat	Preservation of a certi	ified historic struct	ure	
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation e	easement on the last	
	day of the tax yea	r.		Held	at the End of the Tax Year	
а	Total number of co	onservation easements		2a		
b	Total acreage rest	ricted by conservation easements		2b		
с	Number of conser	vation easements on a certified historic str	ucture included in (a)	2c		
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure		
	listed in the Nation	nal Register		2d		
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization durir	ig the tax	
	year 🕨					
4		where property subject to conservation ea				
5	•	tion have a written policy regarding the pe				
	,	forcement of the conservation easements i				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easemen	ts during the year	
_		<u> </u>				
7		ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements du	ring the year	
~	►\$					
8		vation easement reported on line 2(d) abov				
0		)(4)(B)(ii)? be how the organization reports conservat				
9		ble, the text of the footnote to the organization				
	conservation ease	· · ·	tion's intancial statements that describes	the organization s	accounting for	
Par		ations Maintaining Collections o	f Art. Historical Treasures. or O	ther Similar A	ssets.	
		f the organization answered "Yes" on Form				
1a		elected, as permitted under SFAS 116 (AS		nent and balance s	heet works of art.	
	-	s, or other similar assets held for public ex				
		tnote to its financial statements that descr			,, , ,	
b		elected, as permitted under SFAS 116 (AS		and balance shee	t works of art, historical	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am					
	relating to these it				-	
	•	ded on Form 990, Part VIII, line 1		> \$		
				<b>N A</b>		
2	If the organization	received or held works of art, historical tre				
	the following amou	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:			
а	-	on Form 990, Part VIII, line 1		> \$		
		ı Form 990, Part X				
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.	Sche	dule D (Form 990) 2016	
632051	08-29-16		• -			
			26			

10250905 759359 60-01579.001 2016.04020 HOMEAID ATLANTA, INC. 60-01961

Sche	dule D (Form 990) 2016 HOMEAID	ATLANTA,	INC.				58-	002410	6 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	<b>Collections of A</b>	rt, His	torical Tr	reasures, o	or Other	Similar As	sets(contin	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following tha	it are a sigr	nificant use of	its collectio	n item	IS
	(check all that apply):									
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	ams				
b	Scholarly research	e	•	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how tl	hey further t	the organizati	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit o	or receive donations	of art, h	istorical trea	asures, or oth	er similar a	ssets			_
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?			Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered '	"Yes" on Fo	orm 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
								Amoun	t	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						lf			
	Did the organization include an amount on F						?	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V Endowment Funds.</b> Complete i							1 4 1 5		
		(a) Current year	(b)F	Prior year	(c) I wo year	rs back (d)	) Three years b	ack <b>(e)</b> Four	' years	раск
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance			e estures (						
Z	Provide the estimated percentage of the curr	rent year end baland		g, column (	a)) neid as:					
a b	Board designated or quasi-endowment ► Permanent endowment ►	%	_%							
u o	· · · · · · · · · · · · · · · · · · ·	%								
C	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c sho									
30	Are there endowment funds not in the posse		ation the	at are held a	and administe	ared for the	organization			
Ja	by:	ssion of the organiz	auon un				organization	1	Yes	No
	(i) unrelated organizations							3a(i)	103	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	ired on S	Schedule R?	>			3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	0								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	), Part X, lir	ne 10.			
	Description of property	(a) Cost or c		1	t or other		umulated	(d) Boo	k valu	e
	,	basis (investi	ment)	• •	(other)	• •	eciation	.,		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				5,608.		5,608.			0.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line	10c.)		►			0.
							Schee	dule D (Forn	n 990)	2016

632052 08-29-16

Schedule D (Form 990) 2016 HOMEAID ATL	ANTA, INC.	58	8-0024106 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	-		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tetel (Column (b) must actual Form 000, Part X, act, (P) lin	0.15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ני ש.)	· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Vee"	on Form 000 Dort N/ Ha		5

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨		

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 🚺

	edule D (Form 990) 2016 HOMEAID ATLANTA, INC.		58-0024106 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With Reve	enue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	<b>2</b> b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	-	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt 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 X, LINE 2:

HOMEAID IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF

501(C)(3) OF THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE HAS

ALSO DETERMINED THAT HOMEAID IS NOT A PRIVATE FOUNDATION AS DEFINED BY

509(A)(1) OF THE CODE.

FASB ASC 740, INCOME TAXES (ASC 740), REQUIRES THE USE OF A TWO-STEP

APPROACH FOR RECOGNIZING AND MEASURING TAX BENEFITS TAKEN OR EXPECTED TO

BE TAKEN IN A TAX RETURN AND DISCLOSURES REGARDING UNCERTAINTIES IN INCOME

TAX POSITIONS. ONLY TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT

RECOGNITION THRESHOLD AT THE EFFECTIVE DATE MAY BE RECOGNIZED UPON

ADOPTION OF ASC 740. MANAGEMENT DOES NOT BELIEVE THAT HOMEAID HAS ANY 632054 08-29-16 29 10250905 759359 60-01579.001 2016.04020 HOMEAID ATLANTA, INC. 60-01961

Part XIII	Supplemental	Information (continued)

MATERIAL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2016.

Schedule D (Form 990) 2016

632055 08-29-16

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service			h to Form 990	or Fo	rm 99	0-EZ.	aov/f	orm990.	Open to Public Inspection
Name of the organization		ATLANTA, I							dentification number $4106$
		Complete if the organ		ered "Y	es" o	n Form 990, Part IV,	line 1		
<ul> <li>required to complete</li> <li>1 Indicate whether the organita</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitation</li> <li>2 a Did the organization have a key employees listed in Fo</li> <li>b If "Yes," list the 10 highest compensated at least \$5,0</li> </ul>	zation rais Dicitations Is a written c rm 990, P : paid indiv	sed funds through any f s or oral agreement with art VII) or entity in cor viduals or entities (fun	Solicitat     Solicitat     Solicitat     Solicitat     Solicitat     Solicitat     Special     any individual     inection with p	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	<b>Y</b>	es No o be
(i) Name and address of indi or entity (fundraiser)	vidual	(ii) Activi	ty	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paic or retained by fundraiser ted in col. (i)	
				Yes	No				
Total 3 List all states in which the c	organizatio	n is registered or licer	nsed to solicit	contrib		s or has been notified	d it is	exempt from	registration
or licensing.	-								
LHA For Paperwork Reduction	n Act Not	ice, see the Instructi	ons for Form	990 or	990-l	EZ. S	Sche	dule G (Forn	1 990 or 990-EZ) 201

632081 09-12-16

31 10250905 759359 60-01579.001 2016.04020 HOMEAID ATLANTA, INC. 60-01961 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		(a) Event #1 GOLF EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	- col. <b>(c)</b> )
1		99 245			99 245
1	Gross receipts	88,245.			88,245
2	2 Less: Contributions	48,325.			48,325
4	Gross income (line 1 minus line 2)	39,920.			39,920
4	4 Cash prizes	5,880.			5,880
Ę	5 Noncash prizes				
e	6 Rent/facility costs	29,443.			29,443
7	7 Food and beverages				11,779
8					
9					2,279
1(   1	<ul><li>Direct expense summary. Add lines 4 throug</li><li>Net income summary. Subtract line 10 from</li></ul>			🕨	49,381
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	Gross revenue				
	2 Cash prizes				
3	3 Noncash prizes				
4	Rent/facility costs				
Ę	5 Other direct expenses				
e	<b>5</b> Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes%	
7	7 Direct expense summary. Add lines 2 throug	gh 5 in column (d)		•	
8	3 Net gaming income summary. Subtract line	7 from line 1, column (d)		<b>&gt;</b>	
	Enter the state(s) in which the organization conc s the organization licensed to conduct gaming a	· · · _	states?		Yes N
	f "No," explain:				
_	Vere any of the organization's gaming licenses			_	Yes

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	nedule G (Form 990 or 990-EZ) 2016 HOMEAID ATLANTA, INC.	58-0	02410	6 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility		13a	%
	o An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		-	
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amou	unt		
	of gaming revenue retained by the third party $ ightarrow$ \$			
c	c If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation    \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Ves	L No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	in the		
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	'art III, lin	es 9, 9b, ⁻	10b, 15b,
	083 09-12-16 Schedule ( 33	-		-
25	0905 759359 60-01579.001 2016.04020 HOMEAID ATLANTA, INC.		60-	01961

10250905 759359 60-01579.001 2016.04020 HOMEAID ATLANTA,

60 01 961

632084 04-01-16	34	Schedule G (Form 990 or 990-EZ)
		Schedule & (Earm 990 or 990 E7)

10250905 759359 60-01579.001 2016.04020 HOMEAID ATLANTA, INC.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.						
Name of the organization Empl							Employer identification number
HOMEAID ATLANTA, INC.							58-0024106
Part I General Information on Grants and Assistance							
<ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>							
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any							
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.							
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOLOMONS TEMPLE 2386 SPRINGDALE RD. ATLANTA, GA 30315	90-0728193	501C3	0.	92,594.	ACTUAL COST	IN-KIND BUILDING MATERIAL AND LABOR	UPGRADES TO SHELTOR
PHOENIX PASS 541 SIGMAN RD. CONYERS, GA 30012	26-3786404	501C3	0.	309,218.	ACTUAL COST	IN-KIND BUILDING MATERIAL AND LABOR	UPGRADES TO SHELTER
MY SISTER'S HOUSE 921 HOWELL MILL RD., NW ATLANTA, GA 30318	58-0572430	501C3	0.	34,676.	ACTUAL COST	IN-KIND BUILDING MATERIAL AND LABOR	UPGRADES TO SHELTER
ACTION MINISTRIES FEED THE HUNGRY 1700 CENTURY CIRCLE NE, SUITE 200 ATLANTA, GA 30345	58-2070427	501C3	0.	8,002.	ACTUAL COST	IN-KIND BUILDING MATERIAL AND LABOR	UPGRADES TO SHELTER
MAKING A WAY HOUSING 377 WESTCHESTER BLVD. ATLANTA, GA 30314	16-1644159	501C3	0.	19,671.	ACTUAL COST	IN-KIND BUILDING MATERIAL AND LABOR	UPGRADES TO SHELTER
SAFEHOUSE OUTREACH 89 ELLIS STREET, NE ATLANTA, GA 30303	58-2130936	501C3	0.	15,762.	ACTUAL COST	IN-KIND BUILDING MATERIAL AND LABOR	UPGRADES TO SHELTER
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> <li>0.</li> </ul>							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

HOMEAID ATLANTA, INC. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is r	needed.	-			
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Part III

THE MISSION OF HOMEAID IS TO ASSIST IN BUILDING SHELTERS FOR THE

TEMPORARILY HOMELESS. THIS WORK REQUIRES EXTENSIVE TIME FROM CONTRACTORS

AND SIGNIFICANT AMOUNTS OF MATERIALS TO BUILD THE SHELTERS. ALL

CONTRACTORS PROVIDE AN ESTIMATE OF THE TOTAL COST PRIOR TO BEGINNING THE

PROJECT AND A FINAL BILL ONCE THEIR PORTION OF THE PROJECT IS COMPLETED.

HOMEAID USES THIS INVOICE TO RECORD THE VALUE OF THE IN-KIND SERVICES AND

COST OF MATERIALS FOR RECORDING ON THE FINANCIAL STATEMENTS. HOMEAID DOES

NOT HAVE OWNERSHIP OF THE PROPERTY OR MATERIALS. ALL GOODS AND SERVICES ARE

58-0024106

Page 2

PASSED THROUGH HOMEAID AND RECORDED AS IN-KIND REVENUE (NON-CASH

CONTRIBUTIONS FOR PROGRAM EXPENSES) AND IN-KIND EXPENSE(ASSISTANCE).

FORM 990 SCH I PART I, LINE 1

ORGANIZATIONS EITHER COME TO HOMEAID ATLANTA DIRECTLY TO REQUEST

ASSISTANCE, OR THEY ARE SOMETIMES REFERRED TO HOMEAID ATLANTA FROM

OTHER ORGANIZATIONS THAT HAVE RECEIVED PRIOR ASSISTANCE.

HOMEAID ATLANTA IDENTIFIES MINIMAL QUALIFICATIONS AN ORGANIZATION MUST

MEET TO APPLY FOR ASSISTANCE:

HOMEAID CARES PROJECT

TO APPLY FOR ASSISTANCE THROUGH THE HOMEAID CARES PROGRAM, A SERVICE PROVIDER MUST:

- BE A 501(C)(3) ORGANIZATION WITH A MISSION TO ASSIST AND PROVIDE

HOUSING FOR THE TEMPORARILY HOMELESS (EMERGENCY, SHORT-TERM

TRANSITIONAL OR LONG-TERM TRANSITIONAL).

- HAVE A PROGRAM BASED IN HOMEAID ATLANTA'S AREA OF SERVICE: CHEROKEE,

CLAYTON, COBB, DEKALB, FORSYTH, FULTON, GWINNETT, HENRY AND ROCKDALE

COUNTIES.

- PROVIDE SUPPORTIVE SOCIAL SERVICES TO THE HOMELESS POPULATION SERVED

(E.G. LIFE AND JOB SKILLS TRAINING, COUNSELING, CASE MANAGEMENT).

- PROVIDE PROOF OF OWNERSHIP OR LEASE AGREEMENT FOR THE WORK SITE.

- PROVIDE PROOF OF LIABILITY AND PROPERTY INSURANCE.

- HAVE A GOOD TRACK RECORD OF ENABLING CLIENTS TO ATTAIN A STABLE

37

LIFESTYLE AND OBTAIN LONG-TERM INDEPENDENT HOUSING.

NOT ENGAGE IN ANY DISCRIMINATORY PRACTICES.

632291 04-01-16 Part IV Supplemental Information

HOMEAID BUILD PROJECT

TO APPLY FOR ASSISTANCE THROUGH THE HOMEAID BUILD PROGRAM, A SERVICE PROVIDER MUST:

- BE A 501(C)(3) ORGANIZATION WITH A MISSION TO ASSIST AND PROVIDE

HOUSING FOR THE TEMPORARILY HOMELESS (EMERGENCY, SHORT-TERM

TRANSITIONAL OR LONG-TERM TRANSITIONAL).

- HAVE A PROGRAM BASED IN HOMEAID ATLANTA'S AREA OF SERVICE: CHEROKEE,

CLAYTON, COBB, DEKALB, FORSYTH, FULTON, GWINNETT, HENRY AND ROCKDALE

COUNTIES.

- OWN OR CONTROL THE BUILDING SITE (LAND AND ENTITLEMENTS REQUIRED FOR

CONSTRUCTION MUST BE OBTAINED BY THE SERVICE PROVIDER-HOMEAID ATLANTA

CAN ASSIST).

- SECURE THE PROPER INSURANCE.

- HAVE STRONG COMMUNITY AND POLITICAL SUPPORT.

- HAVE A GOOD TRACK RECORD OF ENABLING CLIENTS TO ATTAIN A STABLE

LIFESTYLE AND OBTAIN LONG-TERM INDEPENDENT HOUSING.

- HAVE OPERATIONAL FUNDING IN PLACE TO SUPPORT CLIENT PROGRAMS.

- HAVE CAPITAL FUNDS AVAILABLE OR HAVE THE CAPABILITY TO RAISE THE

NECESSARY FUNDING TO ENSURE COMPLETION OF THE PROJECT.

- BE STRONGLY COMMITTED TO THE PROJECT AND WILLING TO FULLY

PARTICIPATE.

- NOT ENGAGE IN ANY DISCRIMINATORY PRACTICES.

Schedule I (Form 990)

632291 04-01-16

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SCHE	DULE	ΞM
(Form	990)	

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

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Name	 +1	 

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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Employer identification number 58-0024106

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HOMEALD	ATLANTA,	INC

Pai	rt I Types of Property									
		(a)	(b)	(c)	(d)					
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	c		
		applicable		Form 990, Part VIII, line 1g	noncash contribu	nion a	nount	5		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	Х		33,163.						
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16										
17										
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts Other  (BUILDING MATE)	X	250	179 923	ACTUAL COST					
25 26	· · /	21	250	±75,525•	ACTORE CODI					
26 27	Other () Other ()									
28	Other ( )									
29	Number of Forms 8283 received by the organiz	ration during	l http://www.com/com/com/com/com/com/com/com/com/com/	contributions						
23	for which the organization completed Form 828									
		, ruitit, i					Yes	No		
30a	During the year, did the organization receive by	contributio	on any property re	oorted in Part I, lines 1 throug	sh 28, that it		100			
	must hold for at least three years from the date									
	exempt purposes for the entire holding period?		,			30a		Х		
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	tions?	31		Х		
	Does the organization hire or use third parties of	-	-	•						
	contributions?		-			32a		Х		
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,					
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

632141 08-23-16

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II

632142 08-23-	16					Sched	ule M (Form 990) (2016)
				40			
10250905	759359	60-01579.00	1 2016.0402	U HOMEAID	ATLANTA,	INC.	60-01961

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

HOMEAID ATLANTA, INC.

Employer identification number 58-0024106

OMB No 1545-0047

Open to Public

Inspection

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NONPROFIT CAREGIVERS WHO ARE DEDICATED TO ASSISTING THE TEMPORARILY

HOMELESS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO TRANSITIONAL HOUSING TO PERMANENT SUPPORTIVE HOUSING, EVERY HOMEAID

PROJECT SUPPORTS AN AGENCY THAT PROVIDES SERVICES THAT HELP RESIDENTS

MOVE TOWARD SELF-SUFFICIENCY, SUCH AS EDUCATION AND JOB SKILLS

TRAINING, AND PHYSICAL AND EMOTIONAL SUPPORT.

FORM 990, PART VI, SECTION A, LINE 6:

THE GREATER ATLANTA HOME BUILDERS ASSOCIATION (HBA) IS THE SOLE VOTING

MEMBER, AS OUTLINED IN THE HOMEAID ATLANTA, INC. BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE HBA'S SOLE RESPONSIBILITY, AS VOTING MEMBER, IS TO VOTE TO INSTALL THE HOMEAID ATLANTA BOARD OF DIRECTORS. NO OTHER DECISIONS ARE SUBJECT TO THEIR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS EMAILED TO THE BOARD PRESIDENT, VICE PRESIDENT AND TREASURER. THESE BOARD MEMBERS ARE GIVEN A TIMEFRAME TO REVIEW AND ASK QUESTIONS BEFORE FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

 CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD WITH EACH

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

 632211 08-25-16

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10250905 759359 60-01579.001 2016.04020 HOMEAID ATLANTA, INC.

Schedule O (Form 990 or 990-EZ) (2016
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Name of the organization

HOMEAID ATLANTA, INC.

MEMBER SIGNING AN ACKNOWLEDGEMENT AND DISCLOSURE FORM.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED AND DOCUMENTED BY AN

ANNUAL REVIEW BY THE EXECUTIVE COMMITTEE OF THE BOARD.

ALL OTHER EMPLOYEE COMPENSATION IS REVIEWED AND DOCUMENTED ANNUALLY BY THE EXECUTIVE DIRECTOR. ALL INCREASES ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

IF REQUESTED, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE REVIEW OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

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INDEPENDENT ACCOUNTANT.

632212 08-25-16

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

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organization plete if the organization answered At prmation about Schedule R (Form		2010 2010 Dpen to P Inspect	6 ublic				
Name of the organiza		· · · · · ·	En	Employer identification numbe $58 - 0024106$					
Part I Identificat	tion of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
	<b>(a)</b> dress, and EIN (if applicable) f disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total inco	(e) me End-of-yea			(f) controlling entity	g
		-							
		-							
		_							
Part II Identification	tion of Related Tax-Exempt Organiz ons during the tax year.	cations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34 b	because it had one	or more	e related tax-ex	empt	
	(a) me, address, and EIN related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
	HOMEBUILDERS ASSOCIATION, 9, 1484 BROCKETT ROAD,	HOME BUILDERS TRADE		501(C)(6)	501(c)(3))			Yes	No
TUCKER, GA 3008	34	ASSOCIATION	GEORGIA	BUS. LEAGUE	N/A	N/A			X
		_							
		_							
								+	<u> </u>

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

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	manag partne	^{l or} Percentage ^{ing} ownership r?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512( cont ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		233013		Yes	No
									┼──
									<del>                                     </del>
									$\square$

### Schedule R (Form 990) 2016 HOMEAID ATLANTA, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	Gift, grant, or capital contribution to related organization(s)	1a 1b		Х			
с	Gift, grant, or capital contribution from related organization(s)	1c		Х			
	Loans or loan guarantees to or for related organization(s)	1d		Х			
	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		Х			
	Sale of assets to related organization(s)	1g		Х			
	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1i		Х			
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
-							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х				
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х				
	Sharing of paid employees with related organization(s)	10	Х				
р	Reimbursement paid to related organization(s) for expenses	1p	Х				
	Reimbursement paid by related organization(s) for expenses	1q		Х			
r	Other transfer of cash or property to related organization(s)	1r		Х			
	Other transfer of cash or property from related organization(s)	1s		Х			
-	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
GREATER ATLANTA HOMEBUILDERS ASSOCIATION,	0	150 460	
(1) INC.	0	150,408.	ACTUAL COST
(2)			
(3)			
<u>(</u> 4)			
<u>(5)</u>			
(6)	15		0 - h - t - h - D (5 000) 0040

### Schedule R (Form 990) 2016 HOMEAID ATLANTA, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are a partners 501 (c orgs Yes	all s sec. (3) 5.? <b>No</b>	Share of total income	Share of end-of-year assets	Dispr tior alloca <b>Yes</b>	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	r Percentage ownership
				$\left  \right $					-			<u> </u>

Schedule R (Form 990) 2016

### HOMEAID ATLANTA, INC.

1	Part VII	Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

632165 09-06-	16
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(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

## Application for Automatic 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 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enterme	er s identifyi	ng number		
Type or	Name of exempt organization or other filer, see instru-	Employer identification number (EIN) or						
print			50,00044.06					
File by the	HOMEAID ATLANTA, INC.				58-0024106			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.					er (SSN)		
instructions	City, town or post office, state, and ZIP code. For a TUCKER, GA 30084							
Enter the	Return Code for the return that this application is for (f	ile a separa	ate application for each return)			01		
Applicat	ion	Return	Application			Return		
Is For		Code	Is For	Code				
Form 990	0 or Form 990-EZ	01	Form 990-T (corporation)	07				
Form 990	D-BL	02	Form 1041-A	08				
Form 472	20 (individual)	03	Form 4720 (other than individual)	09				
Form 990	)-PF	04	Form 5227			10		
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	D-T (trust other than above)	06	Form 8870 XECUTIVE DIRECTOR			12		
<ul> <li>If this</li> <li>box</li> <li>1</li> <li>1 refor</li> <li>6</li> </ul>	equest an automatic 6-month extension of time until the organization named above. The extension is for the X calendar year 2016 or tax year beginning	t Group Exe and atta NOVEI e organizati	emption Number (GEN) uch a list with the names and EINs o <u>MBER 15, 2017</u> , to file on's return for: d ending	f this is fo f all memb e the exem	r the whole <u>c</u> pers the exten ppt organizat	nsion is for.		
2 lf t	If the tax year entered in line 1 is for less than 12 months, check reason:     Initial return     Ghange in accounting period							
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any			<u>^</u>		
	nrefundable credits. See instructions.			3a	\$	0.		
<b>b</b> lft	<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0		
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: instruction	: If you are going to make an electronic funds withdrawa	al (direct de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 887	9-EO for payment		
LHA F	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8	868 (Rev. 1-2017)		

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Enter filer's identifying number