

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

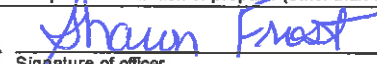
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AID ATLANTA, INC.		D Employer identification number 58-1537967	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1605 PEACHTREE ST NE		E Telephone number (404) 870-7700	
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30309-2433		G Gross receipts \$ 9,534,464.	
F Name and address of principal officer: NICOLE ROEBUCK 1605 PEACHTREE ST NE ATLANTA, GA 30309-2433		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: AIDATLANTA.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				
L Year of formation: 1982 M State of legal domicile: GA				


Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO REDUCE NEW HIV INFECTIONS AND IMPROVE THE QUALITY OF LIFE IN ITS MEMBERS AND THE COMMUNITY BY BREAKING BARRIERS AND BUILDING COMMUNITY.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6.	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	145.	
	6 Total number of volunteers (estimate if necessary)	6	73.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	7,062,620.	8,418,202.	
	9 Program service revenue (Part VIII, line 2g)	332,987.	270,008.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-89,638.	846,254.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,785.	0.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,321,754.	9,534,464.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	800,955.	1,367,969.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,179,315.	5,130,718.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	431,892.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,083,136.	2,326,150.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,063,406.	8,824,837.		
19 Revenue less expenses. Subtract line 18 from line 12	-741,652.	709,627.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,282,295.	2,241,859.	
	21 Total liabilities (Part X, line 26)	2,807,281.	2,264,832.	
22 Net assets or fund balances. Subtract line 21 from line 20	-524,986.	-22,973.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer	11/15/2016 Date
	SHARON FROST Type or print name and title CONTROLLER	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC AZAR		11/15/2016		P00746804
	Firm's name	Firm's EIN		Firm's address	
	SMITH & HOWARD, P.C.	58-1250486		271 17TH STREET, SUITE 1600 ATLANTA, GA 30363	
	Firm's address		Phone no.		
	271 17TH STREET, SUITE 1600 ATLANTA, GA 30363		404-874-6244		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,130,168. including grants of \$) (Revenue \$ 248,776.)

AID ATLANTA BECAME THE DIRECT PROVIDER OF OUTPATIENT AMBULATORY HEALTH CARE FOR HIV+ PATIENTS IN MAY 2014. THIS CLINIC PROVIDES STD TESTING AND TREATMENT, HIV TESTING, TREATMENT, AND EDUCATION. THE CLINIC ALSO PROVIDES PRIMARY CARE TO INDIVIDUALS WHO ARE HIV POSITIVE OR WHO HAVE AIDS, REGARDLESS OF THEIR ABILITY TO PAY. PRIOR TO MAY 2014 THE CLINICAL CARE SERVICES WERE PROVIDED THROUGH A SUBCONTRACT WITH MOREHOUSE MEDICAL ASSOCIATES.

4b (Code:) (Expenses \$ 1,178,448. including grants of \$) (Revenue \$ 21,232.)

ATTACHMENT 2

4c (Code:) (Expenses \$ 575,482. including grants of \$ 70,082.) (Revenue \$)

AIDS WALK ATLANTA & 5K RUN IS THE LARGEST AIDS AWARENESS AND FUNDRAISING EVENT IN THE SOUTHEAST. THE WALK INCREASES COMMUNITY AWARENESS ABOUT THE HIV EPIDEMIC BY REACHING PEOPLE THROUGH EMAIL AND SOCIAL MEDIA MARKETING CAMPAIGN LEADING UP TO THE WALK AND THEN GATHERING IN PIEDMONT PARK ON THE DAY OF THE EVENT. AID ATLANTA AND THE PARTICIPATING AGENCIES WHO BENEFIT FROM AIDS WALK ATLANTA & 5K RUN PROVIDE TREATMENT AND MEDICATIONS, MENTAL HEALTH SERVICES CHILD CARE, SUBSTANCE ABUSE COUNSELING, PASTORAL CARE, AND CLINICAL RESEARCH TO HELP THOUSANDS OF OUR FAMILIES, NEIGHBORS AND FRIENDS LIVING WITH, AFFECTED BY AND AT RISK FOR HIV/AIDS IN ATLANTA.

4d Other program services (Describe in Schedule O.) ATTACHMENT 3

(Expenses \$ 3,632,177. including grants of \$ 1,297,886.) (Revenue \$)

4e Total program service expenses 7,516,275.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 contain various questions about organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No boxes. Includes sections for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records: SHARON FROST 1605 PEACHTREE ST NE ATLANTA, GA 30309-2433 404-870-7799

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

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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE L. CARLTON, ESQ. TREASURER (JULY-DEC)	1.00 5.00	X						0.	0.	0.
(2) CYNTHIA DAVIS BOARD CHAIR (JULY-DEC)	1.00 5.00	X						0.	0.	0.
(3) SCOTT GALVIN SECRETARY (JULY-DEC)	1.00 5.00	X						0.	0.	0.
(4) DIANA HOORZUK VICE CHAIR, GLOBAL (JULY-DEC)	1.00 4.00	X						0.	0.	0.
(5) MICHAEL WEINSTEIN PRESIDENT (JULY-DEC)	1.00 5.00	X						0.	0.	0.
(6) RODNEY L. WRIGHT, MD VICE CHAIR, DOMESTIC (JUL-DEC)	1.00 4.00	X						0.	0.	0.
(7) CHIP NEWTON DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(8) DEBORAH GRITZMACHER DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(9) BILL WARREN DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(10) ADAM RIMES DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(11) TIFFANY ROAN DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(12) MARY HARRISON DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(13) D. PATE MOORE DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(14) MATTHEW DOYLE DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DORIS BRADLEY ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(16) COLLETTE HOPKINS ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(17) JASMINE GRANT ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(18) JOHN MCCALL ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(19) TREMAYNE PERRY ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(20) JOE PORTER ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(21) CHARLIE PAPPAS ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(22) GARY SCHNEEBERG ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(23) JANE LONG ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(24) STEVEN LANDUYT ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
(25) IMARA CANADY ----- DIRECTOR (JAN-JUNE)	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								416,644.	0.	3,113.
d Total (add lines 1b and 1c)								416,644.	0.	3,113.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KENNETH SAMUEL DIRECTOR (JAN-JUNE)	1.00 0.	X					0.	0.	0.	
(27) RANDALL MARTIN DIRECTOR (JAN-JUNE)	1.00 0.	X					0.	0.	0.	
(28) ADAM PARKER DIRECTOR (JAN-JUNE)	1.00 0.	X					0.	0.	0.	
(29) MATTHEW PARKEY DIRECTOR (JAN-JUNE)	1.00 0.	X					0.	0.	0.	
(30) JOHN CARR DIRECTOR (JAN-JUNE)	1.00 0.	X					0.	0.	0.	
(31) XIOMARA FRIAS CONTROLLER (JAN-APRIL)	40.00 0.			X			33,310.	0.	450.	
(32) SHARON FROST CONTROLLER (APRIL-DEC)	40.00 0.			X			50,476.	0.	0.	
(33) STANLEY JAMES HUGHEY CEO (FEB-OCT)	40.00 0.			X			222,109.	0.	0.	
(34) NICOLE ROEBUCK EXECUTIVE DIRECTOR (OCT-DEC)	40.00 0.			X			88,420.	0.	1,200.	
(35) JOSE RODRIGUEZ-DIAZ EXECUTIVE DIRECTOR (JAN-FEB)	40.00 0.			X			22,329.	0.	1,463.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,141,588.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,276,614.			
	g	Noncash contributions included in lines 1a-1f: \$		64,194.			
	h	Total. Add lines 1a-1f		8,418,202.			
Program Service Revenue	2a	MEDICAID	Business Code	621990	21,232.	21,232.	
	b	OTHER PROGRAM REVENUE		900099	248,776.	248,776.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			270,008.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		0.			
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		846,254.		
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)		846,254.			
	d	Net gain or (loss)		846,254.		846,254.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b			Less: direct expenses				
c			Net income or (loss) from fundraising events		0.		
9a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities		0.		
10a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory		0.		
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0.			
12	Total revenue. See instructions		9,534,464.	270,008.	846,254.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	70,083.	70,083.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,297,886.	1,297,886.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	419,758.	345,639.	44,735.	29,384.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,889,439.	3,200,230.	416,948.	272,261.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	821,521.	679,152.	84,863.	57,506.
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	100,720.	58,007.	41,279.	1,434.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	307,863.	240,250.	52,363.	15,250.
12 Advertising and promotion	39,508.	36,967.	1,356.	1,185.
13 Office expenses	185,394.	154,295.	27,306.	3,793.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	463,787.	382,107.	55,775.	25,905.
17 Travel	20,695.	8,432.	12,028.	235.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	24,591.	6,541.	11,840.	6,210.
20 Interest	83,516.	59,590.	19,296.	4,630.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	205,542.	173,575.	26,165.	5,802.
23 Insurance	25,764.	21,697.	3,274.	793.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT EXPENSES	398,456.	398,456.		
b OTHER	254,985.	177,048.	77,533.	404.
c EVENTS	168,964.	161,958.	300.	6,706.
d DUES/SUBSCRIPTIONS/LICENSES	45,560.	44,362.	804.	394.
e All other expenses	805.		805.	
25 Total functional expenses. Add lines 1 through 24e	8,824,837.	7,516,275.	876,670.	431,892.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	0.	1	151,311.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	871,283.	3	1,284,388.
	4	Accounts receivable, net	119,167.	4	12,212.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	134,007.	9	42,551.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,681,569.		
	b	Less: accumulated depreciation	10b 943,732.		
			1,112,263.	10c	737,837.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
15	Other assets. See Part IV, line 11	45,575.	15	13,560.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,282,295.	16	2,241,859.	
Liabilities	17	Accounts payable and accrued expenses	458,074.	17	286,909.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	583,346.	19	639,983.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	1,765,861.	23	113,940.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,224,000.
	26	Total liabilities. Add lines 17 through 25	2,807,281.	26	2,264,832.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-887,228.	27	-334,002.
	28	Temporarily restricted net assets	362,242.	28	311,029.
	29	Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	-524,986.	33	-22,973.
	34	Total liabilities and net assets/fund balances	2,282,295.	34	2,241,859.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,534,464.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,824,837.
3	Revenue less expenses. Subtract line 2 from line 1	3	709,627.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-524,986.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-207,614.
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	-22,973.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	