

**Short Form
Return of Organization Exempt From Income Tax**

2008

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning _____, **2008, and ending** _____

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p>C</p> <p align="center">AMERICAN INSTITUTE FOR MANAGING DIVERSITY, INC.</p> <p align="center">1200 WEST PEACHTREE STREET NW, ST 3 ATLANTA, GA 30309</p>	<p>D Employer identification number 58-1600953</p> <p>E Telephone number (404) 575-2131</p> <p>F Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) _____

I Website: ▶ WWW.AIMD.ORG

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

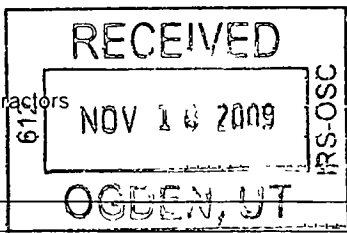
J Organization type (check only one) — 501(c) (3) (insert no) _____ 4947(a)(1) or _____ 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **588,051.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		1 364,840.
	2 Program service revenue including government fees and contracts		2 167,721.
	3 Membership dues and assessments		3 53,500.
	4 Investment income		4 784.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
	8 Other revenue (describe ▶ SEE STATEMENT 1)		8 1,206.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9 588,051.
EXPENSES	10 Grants and similar amounts paid (attach schedule)		10
	11 Benefits paid to or for members		11
	12 Salaries, other compensation, and employee benefits		12 222,354.
	13 Professional fees and other payments to independent contractors		13 180,874.
	14 Occupancy, rent, utilities, and maintenance		14 13,826.
	15 Printing, publications, postage, and shipping		15 16,341.
	16 Other expenses (describe ▶ SEE STATEMENT 2)		16 250,880.
	17 Total expenses (add lines 10 through 16)		17 684,275.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 -96,224.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19 170,789.
20 Other changes in net assets or fund balances (attach explanation)		20	
21 Net assets or fund balances at end of year (Combine lines 18 through 20)		21 74,565.	



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
Cash, savings, and investments	249,172.	120,158.
Land and buildings		23
Other assets (describe ▶ SEE STATEMENT 3)	98,656.	24 151,839.
Total assets	347,828.	25 271,997.
Total liabilities (describe ▶ SEE STATEMENT 4)	177,039.	26 197,432.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	170,789.	27 74,565.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

G10 10

SCANNED FEB 03 2009

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	39 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 39a N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed ▶ GA		

42a The books are in care of ▶ DELANA KIETT Telephone no ▶ (404) 575-2131
 Located at ▶ SAME AS PAGE ONE ZIP + 4 ▶ _____

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
▶ 43 | N/A

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 8**

- 46 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		X
47		X
48		X
49a		X
49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including a true, correct, and complete Declaration of preparer (other than officer) is based on all the information provided to me.

Sign Here

Signature of officer: *[Handwritten Signature]*
 Type or print name and title: *Melanie Hamington*

Paid Preparer's Use Only

Preparer's signature: *[Handwritten Signature]*
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BLAD & GARVIN, LLC**
1832 INDEPENDENCE SQUARE, ST
DUNWOODY, GA 30338

May the IRS discuss this return with the preparer shown above? See instructions BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **AMERICAN INSTITUTE FOR MANAGING DIVERSITY, INC.**

Employer identification number
58-1600953

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	366,000.	527,279.	237,213.	437,282.	364,840.	1,932,614.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	447,151.	209,044.	423,747.	508,880.	221,221.	1,810,043.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	813,151.	736,323.	660,960.	946,162.	586,061.	3,742,657.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	195,320.	272,305.	190,530.	211,759.	191,047.	1,060,961.
c Add lines 7a and 7b	195,320.	272,305.	190,530.	211,759.	191,047.	1,060,961.
8 Public support (Subtract line 7c from line 6.)						2,681,696.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	813,151.	736,323.	660,960.	946,162.	586,061.	3,742,657.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	459.	4,966.	5,972.	3,309.	784.	15,490.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	459.	4,966.	5,972.	3,309.	784.	15,490.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV					1,206.	1,206.
13 Total support. (add lns 9, 10c, 11, and 12.)						3,759,353.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	71.3%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	71.0%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.4%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.4%

19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT AIMD

AMERICAN INSTITUTE FOR MANAGING
DIVERSITY, INC.

58-1600953

11/10/09

04 00PM

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
MISC					
TOTAL	\$ <u>1,206.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

CLIENT AIMD

58-1600953

11/10/09

04 00PM

STATEMENT 1
 FORM 990-EZ, PART I, LINE 8
 OTHER REVENUE

MISC

TOTAL \$ 1,206.
 \$ 1,206.

STATEMENT 2
 FORM 990-EZ, PART I, LINE 16
 OTHER EXPENSES

ADVERTISING AND PROMOTION
 CONFERENCES, CONVENTIONS, AND MEETINGS
 DEPRECIATION
 DUES AND SUBSCRIPTIONS
 EQUIPMENT RENTAL/MAINT
 INFORMATION TECHNOLOGY
 INSURANCE
 MATERIAL AND SUPPLIES
 MISC
 OFFICE EXPENSES
 PARKING
 STORAGE
 TRAVEL

\$ 10,023.
 56,708.
 2,247.
 4,304.
 6,587.
 19,181.
 11,100.
 73,631.
 3,573.
 1,268.
 4,550.
 4,014.
 53,694.
 TOTAL \$ 250,880.

STATEMENT 3
 FORM 990-EZ, PART II, LINE 24
 OTHER ASSETS

ACCOUNTS RECEIVABLE
 FURNITURE AND FIXTURES
 INVENTORIES
 MACHINERY AND EQUIPMENT
 PREPAID EXPENSES AND DEFERRED CHARGES

	<u>BEGINNING</u>	<u>ENDING</u>
\$ 27,436.	\$ 136,348.	
5,033.	6,000.	
63,823.	0.	
2,364.	1,991.	
0.	7,500.	
TOTAL \$ <u>98,656.</u>	\$ <u>151,839.</u>	

STATEMENT 4
 FORM 990-EZ, PART II, LINE 26
 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES
 COLLEGIUM PAYABLE
 SECURED MORTGAGES AND NOTES PAYABLE

	<u>BEGINNING</u>	<u>ENDING</u>
\$ 38,757.	\$ 68,283.	
25,782.	17,157.	
112,500.	111,992.	
TOTAL \$ <u>177,039.</u>	\$ <u>197,432.</u>	

11/10/09

04 00PM

**STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

OUR MISSION
ADVANCING DIVERSITY THOUGHT LEADERSHIP THROUGH RESEARCH, EDUCATION AND PUBLIC
OUTREACH.

OUR VISION
PROVIDING PIONEERING AND CREATIVE THINKING ON THE ISSUES OF DIVERSITY AND
DIVERSITY MANAGEMENT AND SERVING AS THE DESIRED DESTINATION FOR INDIVIDUALS AND
ORGANIZATIONS AROUND THE WORLD SEEKING ACCESS TO A COMPREHENSIVE ARRAY OF
RESOURCES ON CUTTING-EDGE PERSPECTIVES AND APPROACHES TO DIVERSITY.

THE AMERICAN INSTITUTE FOR MANAGING DIVERSITY, INC. (AIMD) IS THE NATION'S LEADING
NONPROFIT THINK TANK DEDICATED TO PROMOTING AND FURTHERING THE FIELD OF DIVERSITY
MANAGEMENT.

FOUNDED BY DR. R. ROOSEVELT THOMAS, JR. IN 1984, AIMD HAS CONDUCTED EDUCATIONAL
PROGRAMS IN DIVERSITY MANAGEMENT, CUTTING EDGE RESEARCH, AND AN ARRAY OF FORA,
SYMPOSIA, CONFERENCES, SPEAKING ENGAGEMENTS AND OTHER INITIATIVES ACROSS THE
NATION AND THE GLOBE. THROUGH AIMD'S DIVERSITY LEADERSHIP ACADEMY®, THE INSTITUTE
HAS CONDUCTED LEADERSHIP DEVELOPMENT PROGRAMS IN DIVERSITY MANAGEMENT DESIGNED
SPECIFICALLY FOR LEADERS IN BUSINESS, NONPROFIT, FAITH-BASED, EDUCATION,
GOVERNMENT SECTORS OF OUR SOCIETY. WE HAVE COLLABORATED WITH UNIVERSITIES,
PROFESSIONAL ASSOCIATIONS, TRADE GROUPS, NONPROFIT ORGANIZATIONS AND MANY OTHERS.
THROUGH OUR WORK AND MISSION, AIMD HAS CREATED UNIQUE LEARNING ENVIRONMENTS FOR
THE PUBLIC AND PRODUCED RESEARCH, TOOLS AND INFORMATION THAT WILL FACILITATE
GREATER DIVERSITY MANAGEMENT CAPABILITY AMONG OUR ORGANIZATIONS, COMMUNITIES, AND
THE GENERAL PUBLIC.

TO PARTICIPATE IN THE NEXT GENERATION OF DIALOGUES ON DIVERSITY, BECOME AN AIMD
MEMBER. JOIN OTHERS WHO ARE SEEKING EFFECTIVE TOOLS FOR TODAY'S DIVERSITY ISSUES
AND TOMORROW'S OPPORTUNITIES.

**STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE INSTITUTE'S PROGRAMS AND ACTIVITIES INCLUDES:

AIMD LAUNCHED THE DIVERSITY LEADERSHIP ACADEMY® (DLA) UNIT OF THE ORGANIZATION IN
2001. ITS MISSION IS TO HELP BRING STATE-OF- THE-ART LEADERSHIP SKILLS IN THE AREA
OF DIVERSITY MANAGEMENT TO LEADERS ACROSS ALL SECTORS OF OUR SOCIETY INCLUDING
BUSINESS, NONPROFIT, RELIGION, ARTS AND CULTURE, GOVERNMENT, EDUCATION, POLITICS,
ETC. THE COCA COLA COMPANY WAS THE FOUNDING SPONSOR OF DLA AWARDING AIMD A \$1.5
MILLION DONATION TO DEVELOP A LEADERSHIP EDUCATION PROGRAMS IN DIVERSITY
MANAGEMENT THAT HELP BUILD COMMUNITIES THAT WORK FOR ALL ITS CITIZENS. SINCE THE
INCEPTION OF THE DLA UNIT, AIMD HAS DESIGNED AND DELIVERED PROGRAMS IN DIFFERENT
PARTS OF THE COUNTRY WITH THE SUPPORT OF CRITICAL SPONSORSHIP AND LOCAL PARTNERS.

SPEAKING OF DIVERSITY SERIES ARE EDUCATIONAL WORKSHOPS DESIGNED TO CREATE INTIMATE
LEARNING ENVIRONMENTS FOR DEVELOPING SKILLS, AWARENESS AND UNDERSTANDING OF KEY
DIVERSITY MANAGEMENT TOPICS. SINCE THE LAUNCH OF THE SPEAKING OF DIVERSITY
SERIESTM IN 2005, AIMD HAS OFFERED THESE WORKSHOPS, ROUND TABLE DISCUSSIONS, AND
SEMINARS IN DIFFERENT PARTS OF THE COUNTRY. EACH PROGRAM FEATURED NOTED DIVERSITY
EXPERTS LIKE MARGARET REGAN, PRESIDENT AND CEO OF THE FUTUREWORK INSTITUTE , DR.
MARY-FRANCES WINTERS, PRESIDENT OF THE WINTERS GROUP , JANICE FENN, FOUNDER AND
PRESIDENT, PROFESSIONAL RESOURCES ORGANIZATION, INC., CHANDRA IRVIN, FOUNDER AND
PRINCIPAL, IRVIN, GOFORTH & IRVIN, LLC, LEWISVILLE, N.C., JUST TO NAME A FEW.

**STATEMENT 6 (CONTINUED)
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

OTHER PROGRAMS HAVE INCLUDED CHIEF DIVERSITY OFFICERS, AUTHORS AND MORE.

THE AMERICAN INSTITUTE FOR MANAGING DIVERSITY'S (AIMD) 21ST CENTURY YOUTH LEADERSHIP COUNCIL (YLC) IS DESIGNED TO PREPARE YOUTH, LIKE YOU, TO DEVELOP 21ST CENTURY SKILLS THAT WILL ENABLE YOU TO SUCCEED IN AN INCREASINGLY COMPLEX WORLD. THROUGH A COLLABORATIVE LEARNING ENVIRONMENT, YOU WILL DEVELOP NECESSARY THINKING AND DECISION-MAKING SKILLS, THE ABILITY TO WORK IN AND WITH DIVERSE TEAMS, AND THE OPPORTUNITY TO CONNECT YOUR CLASSROOM WORK WITH REAL LIFE EXPERIENCE.

THE DIVERSITY COLLEGIUM AND THE AMERICAN INSTITUTE FOR MANAGING DIVERSITY, INC. (AIMD) FORMED THE ALLIANCE IN JANUARY 2003 TO BRING TOGETHER EXPERTS WHO SEEK TO EXPLORE VARYING VIEWS AND IDEAS THAT ADDRESS DIVERSITY ISSUES FACING LEADERS, INSTITUTIONS AND COMMUNITIES. COMBINING DIVERSITY COLLEGIUM AND AIMD RESOURCES, THE ALLIANCE CONDUCTS PROGRAMS THAT ACHIEVE THE FOLLOWING OBJECTIVES: CHALLENGE CONVENTIONAL THINKING, ENGAGE THE PUBLIC IN CONSTRUCTIVE DIALOGUES, EXAMINE AND RESEARCH CRITICAL ISSUES AND INFORM THE PUBLIC ABOUT NEW AND EFFECTIVE APPROACHES TO DIVERSITY. THE DIVERSITY COLLEGIUM AND AIMD HAVE COLLABORATED OVER THE YEARS TO CONDUCT DIVERSITY SYMPOSIA INCLUDING DIVERSITY EXPERTS AND THOUGHT LEADERS WHICH EXAMINE ALTERNATIVE APPROACHES TO DIVERSITY ISSUES AND

2ND ANNUAL PURSUING THE PROMISE OF DIVERSITY SUMMIT AND AWARDS LUNCHEON THE STAFF AND BOARD OF TRUSTEES OF THE AMERICAN INSTITUTE FOR MANAGING DIVERSITY, INC. (AIMD) WOULD LIKE TO THANK THE SPEAKERS, VOLUNTEERS, ADVISORY COMMITTEE MEMBERS, HIGH SCHOOLS AND HUNDREDS OF ATTENDEES WHO PARTICIPATED IN OUR 2ND ANNUAL PURSUING THE PROMISE OF DIVERSITY SUMMIT AND AWARDS LUNCHEON.

IN 2008 THE EVENT THEME WAS "THE NEXT GENERATION OF DIVERSITY WORK". OUR SPEAKERS RANGED FROM HIGH SCHOOL STUDENTS IN AIMD'S 21ST CENTURY YOUTH LEADERSHIP COUNCIL, UNIVERSITY OF GEORGIA DOCTORIAL STUDENTS STUDYING DIVERSITY MANAGEMENT, DIVERSITY PRACTITIONERS AND ACADEMICS WHO PROVIDED THEIR INSIGHTS ABOUT THE NEXT SET OF ISSUES, PRACTICES, AND CONCEPTS.

DURING THE AWARDS LUNCHEON KEYNOTE SPEAKERS, SENATOR BOB DOLE, SENATOR AND SOON TO BE SECRETARY OF HEALTH AND HUMAN SERVICES TOM DASCHLE, AND MODERATOR, VALERIE JACKSON, OFFERED THEIR PERSPECTIVES ON OUR NATION'S DIVERSITY ISSUES, ECONOMIC WOES AND THE 2008 PRESIDENTIAL ELECTION. ALSO, AIMD HONORED TWO EXTRAORDINARY DIVERSITY PIONEERS AND ONE CORPORATE DIVERSITY CHAMPION.

**STATEMENT 7
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JOHN LATHAM SAME AS PAGE ONE	BOARD CHAIR 40.00	\$ 0.	\$ 0.	0.
FREDRICK R. FERNÁNDEZ SAME AS PAGE ONE	EXEC. COMMITTEE 0	0.	0.	0.

CLIENT AIMD

58-1600953

11/10/09

04 00PM

STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BARBARA GUNDY SAME AS PAGE ONE	VICE CHAIR 0	\$ 0.	\$ 0.	\$ 0.
PAMELA ARNOLD SAME AS PAGE ONE	DIRECTOR 0	0.	0.	0.
RALPH CLEVELAND SAME AS PAGE ONE	DIRECTOR 0	0.	0.	0.
JULIAN DALZELL SAME AS PAGE ONE	DIRECTOR 0	0.	0.	0.
DESIREE DANCY SAME AS PAGE ONE	DIRECTOR 0	0.	0.	0.
JOSE L. GARCIA SAME AS PAGE ONE	DIRECTOR 0	0.	0.	0.
SARAH SCOTT HARRISON SAME AS PAGE ONE	DIRECTOR 0	0.	0.	0.
ELLEN HARTMAN SAME AS PAGE ONE	DIRECTOR 0	0.	0.	0.
RALPH LEVY SAME AS PAGE ONE	DIRECTOR 0	0.	0.	0.
BETTY SIEGEL, PH.D SAME AS PAGE ONE	DIRECTOR 0	0.	0.	0.
MELANIE HARRINGTON SAME AS PAGE ONE	PRESIDENT 40.00	87,258.	0.	0.
TOTAL		\$ 87,258.	\$ 0.	\$ 0.

2008

FEDERAL STATEMENTS
AMERICAN INSTITUTE FOR MANAGING
DIVERSITY, INC.

PAGE 5

CLIENT AIMD

58-1600953

11/10/09

04 00PM

STATEMENT 8
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

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

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization AMERICAN INSTITUTE FOR MANAGING DIVERSITY, INC.	Employer identification number 58-1600953
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions 1200 WEST PEACHTREE STREET NW, ST 3	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ATLANTA, GA 30309	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ DELANA KIETT

Telephone No ▶ (404) 575-2131 FAX No ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2008 or
 ▶ tax year beginning _____, 20____, and ending _____, 20____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

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

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

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

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization AMERICAN INSTITUTE FOR MANAGING DIVERSITY, INC.	Employer identification number 58-1600953 For IRS use only
	Number, street, and room or suite number If a P O box, see instructions 1200 WEST PEACHTREE STREET NW, ST 3	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ATLANTA, GA 30309	

Check type of return to be filed (File a separate application for each return)

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in care of **DELANA KIETT**
 Telephone No **(404) 575-2131** FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11/15, 2009
- For calendar year 2008, or other tax year beginning _____, 20____, and ending _____, 20____
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c \$

Signature and Verification

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

Signature _____ Title _____ Date _____