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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

**2007**

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

**Open to Public Inspection**

**A For the 2007 calendar year, or tax year beginning 4/01, 2007, and ending 3/31, 2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or pinnt or type. See Specific Instructions.	<b>C</b> FRED H. LOVEDAY ENDOWMENT FOUNDATION P.O. BOX 1505 GRIFFIN, GA 30224	<b>D</b> Employer identification number 58-1528681
			<b>E</b> Telephone number 770-227-3456
			<b>F</b> Group Exemption Number
			<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I Website:** N/A

**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 \$100,000 or more, file Form 990 instead of Form 990-EZ. **\$ 13,592.**

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

1	Contributions, gifts, grants, and similar amounts received	1	4,645.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	5,659.
5a	Gross amount from sale of assets other than inventory	5a	3,288.
b	Less cost or other basis and sales expenses	5b	7,734.
c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach sched). See Statement 1	5c	-4,446.
6	Special events and activities (attach schedule). 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)	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	5,858.
10	Grants and similar amounts paid (attach schedule). See Statement 2	10	8,100.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe). See Statement 3	16	133.
17	<b>Total expenses</b> (add lines 10 through 16)	17	8,233.
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	-2,375.
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	124,871.
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	122,496.

**Part II Balance Sheets** — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	124,871.	122,496.
23 Land and buildings		
24 Other assets (describe)		
25 <b>Total assets</b>	124,871.	122,496.
26 <b>Total liabilities</b> (describe)	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	124,871.	122,496.

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
28	TO AWARD SCHOLARSHIP GRANTS TO SCHOOL TEACHERS WITHIN THE INDEPENDENT SCHOOLS IN GEORGIA. (Grants \$ 8,100.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	8,233.
29	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses Add lines 28a through 31a	32	8,233.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 4		0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions)		See Statement 5	Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change.	33		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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.	
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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?	38 a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38 b	N/A	
39	501(c)(7) organizations Enter.			
a	Initiation fees and capital contributions included on line 9	39 a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A	

**Part V Other Information** (Note the statement requirement in the instructions.) (Continued)

**40 a** 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.

**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,' attach an explanation

	Yes	No
<b>40 b</b>		X
<b>40 c</b>		
<b>40 e</b>		X

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

**d** Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

**41** List the states with which a copy of this return is filed ▶ None

**42 a** The books are in care of ▶ JEFFREY W. JACKSON Telephone no. ▶ 770-227-3456  
 Located at ▶ P.O. BOX 1505 GRIFFIN GA ZIP + 4 ▶ 30224

**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)?

	Yes	No
<b>42 b</b>		X
<b>42 c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**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 ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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.

**Please Sign Here**

Signature of officer [Signature] Date 10/5/2010  
 Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶ [Signature] Date 9/28/10 Check if self-employed  Preparer's SSN or PTIN (See General Instruction X) P00353372  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Melvin Rooks & Howell, P.C.  
1120 Zebulon Rd, P.O. BOX 59 EIN ▶ 58-1197776  
Griffin, GA 30224 Phone no ▶ (770) 227-5008



**Part III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities <b>▶ \$</b> <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) ... Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)	Stmt 6 X	
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?		X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g		X
<b>b</b> Did the organization make any taxable distributions under section 4966?		N/A
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ -----
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ▶  
 Type I  Type II  Type III-Functionally Integrated  Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
GEORGIA INDEPENDENT SCHOOL ASSOC.	23-7099412	501 (C) (3)	X		4,645.
<b>Total</b>					<b>4,645.</b>

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	N/A				
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 **N/A** ▶ **26 a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26 b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26 c**

d Add Amounts from column (e) for lines **18** \_\_\_\_\_ **19** \_\_\_\_\_  
**22** \_\_\_\_\_ **26 b** \_\_\_\_\_ ▶ **26 d**

e Public support (line 26c minus line 26d total) ▶ **26 e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26 f** %

**27 Organizations described on line 12:** **N/A**

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year  
 (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year  
 (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

c Add Amounts from column (e) for lines **15** \_\_\_\_\_ **16** \_\_\_\_\_  
**17** \_\_\_\_\_ **20** \_\_\_\_\_ **21** \_\_\_\_\_ ▶ **27 c**

d Add Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27 d**

e Public support (line 27c total minus line 27d total) ▶ **27 e**

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27 f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27 g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27 h** %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. **N/A**

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .

	Yes	No
<b>29</b>		

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

<b>30</b>		
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**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

<b>31</b>		
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If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement )

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**32** Does the organization maintain the following

<b>32 a</b>		
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**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

<b>32 b</b>		
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**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

<b>32 c</b>		
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**d** Copies of all material used by the organization or on its behalf to solicit contributions?

<b>32 d</b>		
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If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )

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**33** Does the organization discriminate by race in any way with respect to

**a** Students' rights or privileges?

<b>33 a</b>		
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**b** Admissions policies?

<b>33 b</b>		
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**c** Employment of faculty or administrative staff?

<b>33 c</b>		
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**d** Scholarships or other financial assistance?

<b>33 d</b>		
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**e** Educational policies?

<b>33 e</b>		
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**f** Use of facilities?

<b>33 f</b>		
-------------	--	--

**g** Athletic programs?

<b>33 g</b>		
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**h** Other extracurricular activities?

<b>33 h</b>		
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If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )

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**34 a** Does the organization receive any financial aid or assistance from a governmental agency?

<b>34 a</b>		
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**b** Has the organization's right to such aid ever been revoked or suspended?

<b>34 b</b>		
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If you answered 'Yes' to either 34a or b, please explain using an attached statement

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If 'No,' attach an explanation

<b>35</b>		
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Client 15630

FRED H. LOVEDAY ENDOWMENT FOUNDATION

58-1528681

9/30/10

10:22AM

**Statement 1**  
**Form 990-EZ, Part I, Line 5c**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Gross Sales Price: 3,288.  
 Cost or Other Basis: 7,734.

Total Gain (Loss) Publicly Traded Securities \$ -4,446.

Total Net Gain (Loss) From Noninventory Sales \$ -4,446.

**Statement 2**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Cash Grants and Allocations

Donee's Name: TEACHER GRANTS  
 Amount Given: \$ 8,100.

Total Cash Grants and Allocations \$ 8,100.

Total Grants and Similar Amounts Paid \$ 8,100.

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

INVESTMENT EXPENSE \$ 100.  
 MISCELLANEOUS 33.  
 Total \$ 133.

**Statement 4**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
WILLIAM LINKOUS, JR. 730 LANGFORD LANE ATLANTA, GA 30327	Chairman 0	\$ 0.	\$ 0.	\$ 0.
NANCY L. SMITH 418 MT. ALTO ROAD, SW ROME, GA 30165	Trustee 0	0.	0.	0.

Client 15630

FRED H. LOVEDAY ENDOWMENT FOUNDATION

58-1528681

9/30/10

10 22AM

**Statement 4 (continued)**  
**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 &amp; DC</u>	<u>Expense Account/ Other</u>
CLARK HOWELL 2300 WINDY RIDGE PARKWAY ATLANTA, GA 30339	Trustee 0	\$ 0.	\$ 0.	\$ 0.
THOMAS L BASS P.O. BOX 6497 MACON, GA 31208	0	0.	0.	0.
SISTER MARY ROSINA BAYLISS 1633 WESLEYAN DRIVE #111 MACON, GA 31210	Trustee 0	0.	0.	0.
ALICE L. MALCOLM 6440 VERNON WOODS DRIVE, NE ATLANTA, GA 30328	Trustee 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

**Statement 5**  
**Form 990-EZ, Part V**  
**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

**Statement 6**  
**Schedule A, Part III, Line 3a**  
**Qualifications of Recipients Receiving Grants or Loans**

GRANTS ARE BASED ON TEACHER NEED.

## Power of Attorney and Declaration of Representative

OMB No 1545 0150

**For IRS Use Only**

Received by  
 Name Clara Rose  
 Telephone 3216  
 Function TAS/VEP  
 Date 10/25/10

▶ Type or print. ▶ See the separate instructions.

**Part I Power of Attorney**  
**Caution: Form 2848 will not be honored for any purpose other than representation before the IRS**

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address  <b>FRED H LOVEDAY ENDOWMENT FOUNDATION</b> <b>P.O. BOX 1505</b> <b>GRIFFIN, GA 30224</b>	Social security number(s)   Daytime telephone number <b>770-227-3456</b>	Employer identification number <b>58-1528681</b>  Plan number (if applicable)
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hereby appoint(s) the following representative(s) as attorney(s)-in-fact

**2 Representative(s) must sign and date this form on page 2, Part II**

Name and address <b>LEIGH WALTZ, CPA</b> <b>1120 Zebulon Rd, P.O. BOX 59</b> <b>Griffin, GA 30224</b>	CAF No <u>0302-68697R</u> Telephone No <u>(770) 227-5008</u> Fax No <u>(770) 412-1957</u> Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>
Name and address <b>JEFF ROOKS, CPA</b> <b>1120 Zebulon Rd, P.O. BOX 59</b> <b>Griffin, GA 30224</b>	CAF No <u>6505-77907R</u> Telephone No <u>(770) 227-5008</u> Fax No <u>(770) 412-1957</u> Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>
Name and address	CAF No _____ Telephone No _____ Fax No _____ Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s) (see the instructions for line 3)
<b>EXEMPT ORGANIZATION</b>	<b>990, 990-EZ, AND 990-N</b>	<b>2007-2010</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box See the instructions for **Line 4. Specific Uses Not Recorded on CAF**

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** in the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below

Name of representative to receive refund check(s) \_\_\_\_\_

4249

**7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

**a** If you also want the second representative listed to receive a copy of notices and communications, check this box

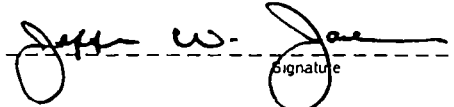
**b** If you do not want any notices or communications sent to your representative(s), check this box

**8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

  
 Signature \_\_\_\_\_ Date 5-4-10 Title (if applicable) EXECUTIVE DIRECTOR  
JEFFREY W. JACKSON \_\_\_\_\_ FRED H. LOVEDAY ENDOWMENT FOUNDA.  
 Print Name \_\_\_\_\_ Pin Number \_\_\_\_\_ Print name of taxpayer from line 1 if other than individual  
 \_\_\_\_\_ Date \_\_\_\_\_ Title (if applicable) \_\_\_\_\_  
 \_\_\_\_\_ Pin Number \_\_\_\_\_

**Part II Declaration of Representative**

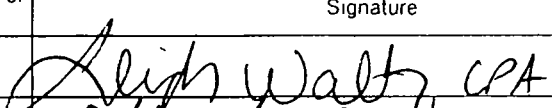
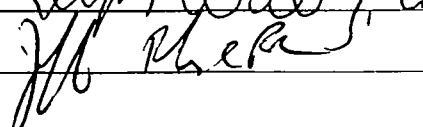
**Caution:** Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service.
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others.
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
  - a** Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below
  - b** Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below
  - c** Enrolled Agent — enrolled as an agent under the requirements of Circular 230
  - d** Officer — a bona fide officer of the taxpayer's organization
  - e** Full-Time Employee — a full-time employee of the taxpayer
  - f** Family Member — a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister)
  - g** Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U S C 1242 (the authority to practice before the Internal Revenue Service is limited by section 10 3(d) of Circular 230)
  - h** Unenrolled Return Preparer — the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10 7(c)(1)(viii) You must have prepared the return in question and the return must be under examination by the IRS See **Unenrolled Return Preparer** in the instructions
  - k** Student Attorney — student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230
  - l** Student CPA — student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10 7(d) of Circular 230
  - r** Enrolled Retirement Plan Agent — enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10 3(e))

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**

See the Part II instructions

Designation — Insert above letter (a - r)	Jurisdiction (state) or identification	Signature	Date
b	GEORGIA		5/4/10
b	Georgia		5/4/10