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Form 990-PF

Department of the Treasury

For calendar year 2009, or tax year beginning

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

and ending

2009

OMB No 1545-0052

Initial return of a former public charity G Check all that apply Final return Initial return Address change Amended return Name change A Employer identification number Name of foundation Use the IRS label. THE HILLIARD FAMILY FOUNDATION, INC. 20-0511708 Otherwise. print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type. 1355 PEACHTREE STREET 640 404-745-9770 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. ATLANTA, GA 30309-3259 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year | J Accounting method X Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination 750, 970 . (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here ▶\$ Analysis of Revenue and Expenses Part I (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received 2 Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3,990. 3,990 STATEMENT Dividends and interest from securities 5a Gross rents D Net rental income or (loss) -5,431. 6a Net gain or (loss) from sale of assets not on line 10 237,132. Ο. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income $3,\overline{990}$ -1,441 12 Total. Add lines 1 through 11 0 0 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employed benefits 16a Legal tees b Accounting fees UN 1 1 28 TOM TO 1,750. $\overline{1,750}$ 0 3,672. 3,672. c Other of ofessional fees and Administrative 17 Interes OGDEN. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 5,422 3,672 1,750. expenses. Add lines 13 through 23 62,000. 62,000. Contributions, gifts, grants paid 26 Total expenses and disbursements. 67,422. 3,672 63,750. Add lines 24 and 25 டி 27 Subtract line 26 from line 12 -68,863.2 Excess of revenue over expenses and disbursements 318. b Net investment income (if negative, enter -0-) £ N/A c Adjusted net income (if negative, enter -0-) Form **990-PF** (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

| | | Ralanco Shoots Attached schedules and amounts in the description | Beginning of year | ' End of | year |
|---------------|----------|---|---------------------|----------------|--|
| P | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 58,942. | 232,574. | 232,574. |
| | 3 | Accounts receivable - | " ' | | |
| | | Less allowance for doubtful accounts ▶ | · | | n |
| | 4 | Pledges receivable | | | |
| | | Less allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | . |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | ······································ |
| | 7 | Other notes and loans receivable | | | |
| | ١. | Less allowance for doubtful accounts | | | |
| Assets | 8 | Inventories for sale or use | | | |
| Ass | 9 | Prepaid expenses and deferred charges | | | |
| _ | | Investments - U.S. and state government obligations Investments - corporate stock STMT 4 | 2 158 900 | 2 028 097 | 518,328. |
| | | | 61,760. | 2,028,097. | 0. |
| | l | | 01,700. | | U• |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | 12 | Less. accumulated depreciation Investments - mortgage loans | | | ** |
| | 13 | Investments - other STMT 6 | 50,000. | 0. | 0. |
| | 14 | Land, buildings, and equipment basis | | 1 | |
| | '' | Less: accumulated depreciation | | | |
| | 15 | Other assets (describe ► DIVIDEND RECEIVABLE) | 0. | 68. | 68. |
| | | | | | |
| | 16 | Total assets (to be completed by all filers) | 2,329,602. | 2,260,739. | 750,970. |
| | 17 | Accounts payable and accrued expenses | | | · |
| | 18 | Grants payable | | | |
| S | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| japi | 21 | Mortgages and other notes payable | | | |
| | 22 | Other liabilities (describe) | | | |
| | | | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| ç | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Fund Balances | 24 | Unrestricted | | | |
| ala | 25 | Temporarily restricted | | | |
| B P | 26 | Permanently restricted | + | | |
| Ë | | Foundations that do not follow SFAS 117, check here | | | |
| ō | 27 | and complete lines 27 through 31. | 0. | 0. | |
| ets | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| Net Assets | 28 29 | Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds | 2,329,602. | 2,260,739. | |
| e e | 30 | Total net assets or fund balances | 2,329,602. | 2,260,739. | |
| Z | 30 | i Drai liet 922erz Di Iniin Daigilees | 2/323/002. | 2/200/133. | |
| | 31 | Total liabilities and net assets/fund balances | 2,329,602. | 2,260,739. | |
| | art | | | | |
| _ | | | | — т | |
| 1 | | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | 2 220 602 |
| _ | | st agree with end-of-year figure reported on prior year's return) | | 1 | 2,329,602. -68,863. |
| | | r amount from Part I, line 27a | | 2 | -68,863. |
| | | r increases not included in line 2 (itemize) | | 3 | 2,260,739. |
| | | lines 1, 2, and 3 eases not included in line 2 (itemize) | | 5 | 2,200,739. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | Jump (h) line 20 | | 2,260,739. |
| <u>U</u> | rota | net assets of futio valances at end of year (time 4 fillings line 3) - Part II, CC | numini (D), iine 30 | | Form 990-PF (2009) |

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| | HILLIARD FAMILY | | | NC. | | 20 | -051 | 1708 | Page 3 |
|---|--|------------------------------|------------------------------------|---|-------------|------------|---------------------------|------------------------------|-----------------------|
| Part IV Capital Gains a | and Losses for Tax on In | vestment | Income | | , | | | | |
| (a) List and descri 2-story brick war | be the kind(s) of property sold (e grehouse, or common stock, 200 shs | , real estate, s MLC Co) | | (b) How a P - Pur D - Dor | chase I ' | c) Date ac | | (d) Date (mo , da | |
| | RHOLME FD | | | 0 - 001 | | 9/11 | 706 | 12/0 | 8/09 |
| | SMAN STRATEGIC | GROWTH | FD | | | 9/11 | | 12/0 | |
| | GROUP | | | | | 1/01 | | 12/2 | |
| | 1CO FDS PAC INVT | | | | | 7/06 | | 12/0 | |
| | HWAB HEDGED EQUI | | | | P (| 9/11 | /06 | 12/0 | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cos | t or other basis xpense of sale | | <u> </u> | | n or (loss) f) minus (| | |
| a 70,526. | | | 64,85 | 1. | | | | 5 | ,675. |
| b 47,551. | - | | 59,75 | | _ | | | | ,202. |
| c 6,639. | | | 6,19 | | | | | | 440. |
| d 67,059. | | | 61,76 | 0. | | | | 5 | ,299. |
| e 45,357. | | , | 50,00 | 0. | | | | -4 | ,643. |
| Complete only for assets showing | g gain in column (h) and owned by | the foundation | on 12/31/69 | | | | l (h) gain i | | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col (i) col (j), if any | | col | | t less than rom col (f | | |
| a | ··· · · · · · · · · · · · · · · · · | | | | • | | | 5 | ,675. |
| b | | | | | | | | | ,202. |
| С | | | | | | | | | 440. |
| d | - | | | _ | · | | | 5 | ,299. |
| е | | | | | | | _ | -4 | ,643. |
| | (If gain, also enter | r in Part I. line | 7 | } | | | | | |
| 2 Capital gain net income or (net cap | oital loss) { If gain, also enter of the loss of the l | - ın Part I, line | 7 |) 2 | | | | -5 | <u>,431.</u> |
| 3 Net short-term capital gain or (loss | • | | | | | | | | |
| If gain, also enter in Part I, line 8, o | | \ | | } | | | _ | | |
| If (loss), enter -0- in Part I, line 8 | | | | <u> </u> | | | N/A | | |
| Part V Qualification U | nder Section 4940(e) for | Reduced | Tax on Net | Invest | nent Inco | ome | | | |
| (For optional use by domestic private | foundations subject to the section 4 | 4940(a) tax on | net investment in | come) | | | | | |
| If section 4940(d)(2) applies, leave th | is part blank | | | | | | | | |
| | | | | | | | | <u> </u> | v |
| Was the foundation liable for the secti | | | • | 1007 | | | | Yes | X No |
| If "Yes," the foundation does not quair 1. Enter the appropriate amount in e | ty under section 4940(e). Do not co ach column for each year, see instri | | |)c | | | | | |
| (a) | | uctions before | making any entire | | | T | | (d) | |
| Base period years | (b) Adjusted qualifying dis | tributions | Net value of no | (c) ncharitable | -use assets | /c | Distrib | ùtion ratio ded by col | (c)) |
| Calendar year (or tax year beginnin | 9 / | 7,140. | | | 70,927 | | or (b) divi | | 92169 |
| 2008 | | 2,134. | | | 3,054 | | | | $\frac{32103}{48479}$ |
| 2006 | | 9,802. | . | | 34,731 | | | | $\frac{10179}{41530}$ |
| 2005 | | 7,000. | | 2.03 | 36,037 | | | | $\frac{13361}{13261}$ |
| 2004 | | 4,999. | | | 34,863 | | | | 38762 |
| 2004 | | 173336 | | | 717000 | ΉT | | | |
| 2 Total of line 1, column (d) | | | | | | 2 | | -2 | 34201 |
| 3 Average distribution ratio for the 5 | i-vear base period - divide the total (| on line 2 by 5 | or by the number | of vears | | | | | |
| the foundation has been in existen | | on 2 2, 0, | o. 5, 5.0 | J. , J. | | 3 | | .04 | 46840 |
| the realisation has been in existen | iso ii iooo tilalii o youru | • | | | | | | | |
| 4 Enter the net value of noncharitable | le-use assets for 2009 from Part X. | line 5 | | | | 4 | | 581 | ,135. |
| | | | | | | | | | <u> </u> |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 27 | ,220. |
| 6 Enter 1% of net investment incom | e (1% of Part I, line 27b) | | | | | 6 | | | 3. |
| 7 Add lines 5 and 6 | | | | | | 7 | | 27 | ,223. |
| | Doct VII. line 4 | | • | | | 8 | | | ,750. |
| 8 Enter qualifying distributions from | | 46 | Lake Alexa | 40/ : | | 0 | | | , , 50 • |
| If line 8 is equal to or greater than See the Part VI instructions | line 7, check the box in Part VI, line | 10, and comp | iete that part using | g a 1% tax | rate | | | | |
| goo the rait to motification | | | | | | | | | |
| 923521 02-02-10 | | | | | | | Fo | rm 990-F | PF (2009) |

| | n 990-PF (2009) THE HILLIARD FAMILY FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940) | | | | | -0511 - see ii | | | Page 4 |
|----|---|-----------|-----------------------|----------------------|-------|-------------------|--------------|------|------------|
| | Exempt operating foundations described in section 4940(d)(2), check here and en | | |) | | | | | , |
| | Date of ruling or determination letter (attach copy of letter if nece | | | ons) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | | | | 1 | | | | 3. |
| | of Part I, line 27b | | | | | 1 | | | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% | of Par | t I, line 12, co | ı (b) J | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Oth | hers er | iter -0-) | | 2 | | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | | | | 3 | <u> </u> | _ | | 3. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Ot | hers e | nter - 0-) | | 4 | | _ | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | | 5 | <u> </u> | | | 3. |
| 6 | Credits/Payments. | | | | , | | | | |
| а | 2009 estimated tax payments and 2008 overpayment credited to 2009 | 6a | | 3,854. | | | | | |
| b | Exempt foreign organizations - tax withheld at source | 6b | | |] | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | 6c | | | | | | | |
| đ | Backup withholding erroneously withheld | 6d | | | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | | | 7 | | | 3,8 | <u>54.</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac | ched | | | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | • | 9 | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | • | 10 | | | | 51. |
| 11 | Enter the amount of line 10 to be Credited to 2010 estimated tax | | 500. | Refunded ► | 11 | | | 3,3 | 51. |
| Pa | art VII-A Statements Regarding Activities | | | | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legisla | ation o | r did it partici | pate or intervene | ın | | | Yes | No |
| | any political campaign? | | | | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purpos | es (se | einstructions | for definition)? | | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and | copie | es of any ma | tenals publishe | d or | | | | |
| | distributed by the foundation in connection with the activities | | | | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | | | | 10 | | X |
| đ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the | year | | | | | | | |
| | (1) On the foundation \blacktriangleright \$ (2) On foundation managers | ▶ \$ | | 0. | _ | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expendit | ture tax | imposed on | foundation | - | | | | |
| | managers ▶ \$ 0 • | | | | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IR | RS? | | | | | 2 | | _ X_ |
| | If "Yes," attach a detailed description of the activities | | | | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing in | nstrum | ent, articles of | f incorporation, o | r | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | es | | | | | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year | 7 | | | | | 4a | | X |
| b | olf "Yes," has it filed a tax return on Form 990-T for this year? | | | | N | 1/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | | | 5 | | X_ |
| | If "Yes," attach the statement required by General Instruction T. | | | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit | her | | | | | | | 1 |
| | By language in the governing instrument, or | | | | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory | / direct | ions that conf | flict with the state | e law | | | | |
| | remain in the governing instrument? | | | | | | 6 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | | | | 7 | X | |
| | If "Yes," complete Part II, col. (c), and Part XV. | | | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instruction | ns) 🕨 | | | | | | | |
| | GA | | | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At | torney | General (or d | esignate) | | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | | | | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of sec | ction 4 | 942(j)(3) or 4 | 942(j)(5) for cale | ndar | | | | |
| | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co | omple | te Part XIV | | | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule | e listing | their names and | daddresses | | | 10 | | Х |
| | | | | | | Forn | n 990 | -PF(| (2009) |

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| orm 990-PF (2009) THE HILLIARD FAMILY FOUN | | | <u>20-05117</u> | 08 | Page 6 |
|--|--|-----------------------------|--|--|-----------------|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be | Required (contin | nued) | | |
| 5a During the year did the foundation pay or incur any amount to | • | • | | | T |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | . 🔲 Y | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955), o | or to carry on, directly or inc | directly, | | | |
| any voter registration drive? | | | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | 2 | Y | es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Y | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, o | or for | | | |
| the prevention of cruelty to children or animals? | | Y | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions describe | ed in Regulations | | | |
| section 53 4945 or in a current notice regarding disaster assistance (see instru | ictions)? | | | 5b | X |
| Organizations relying on a current notice regarding disaster assistance check h | iere | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for | rom the tax because it mair | ntained | | | |
| expenditure responsibility for the grant? | | N/A Y | es No | | |
| If "Yes," attach the statement required by Regulations section 53 494s | 5-5(d). | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | | |
| a personal benefit contract? | | Y | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | <u> </u> | 6b | X |
| If "Yes" to 6b, file Form 8870. | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y | es X No L | | <u> </u> |
| b If yes, did the foundation receive any proceeds or have any net income attribut | | | N/A | 7b | |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation M | lanagers, Highl | У | | |
| List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Ex | pense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred | account allowa | t, other |
| | to position | enter -o-) | compensation | 8110446 | 111063 |
| | | | | | |
| SEE STATEMENT 7 | | 0. | 0. | | 0. |
| | | | | | |
| • | | | | | |
| | | | | 1 | |
| | | | | <u> </u> | |
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| | | - | <u> </u> | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | • | | |
| Compensation of five highest-paid employees (other than those inc | luded on line 1). If non | e, enter "NONE." | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Exp | pense Lother |
| | devoted to position | (c) compensation | compensation | allowa | inces |
| NONE | | | | | |
| | | | | <u> </u> | |
| | | | | | |
| | | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 | <u> </u> | | <u> </u> | J | 0 |
| residentification of Chilo College Col | | | | | U |

N/A

Total. Add lines 1 through 3

All other program-related investments. See instructions

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign f | oundations, se | e instructions) |
|----|--|-------------------|---------------------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| а | | 1a | 547,411. |
| b | Average of monthly cash balances | 1b | 547,411. 42,574. |
| | Fair market value of all other assets | 1¢ | |
| d | Total (add lines 1a, b, and c) | 1d | 589,985. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) |) . | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 589,985. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 8,850. 581,135. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 581,135. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 29,057. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part) | and certain | - ' |
| 1 | Minimum investment return from Part X, line 6 | 1 | 29,057. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | Income tax for 2009 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | 3. 29,054. 0. 29,054. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 29,054. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 29,054. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 29,054. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | 62 750 |
| a | | 1a | 63,750. |
| b | | 1b | <u> </u> |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | · · · · · · · · · · · · · · · · · · · |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| | Suitability test (prior IRS approval required) | 3a | |
| b | | 3b | 63,750. |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 03,730. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | າ |
| _ | Income Enter 1% of Part I, line 27b | 5 | 3. 63,747. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | on quaimes for th | ie section |

4940(e) reduction of tax in those years

Page 9

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|--|----------------------------|-------------|--|
| 1 Distributable amount for 2009 from Part XI, | | | | |
| line 7 | | | | 29,054. |
| 2 Undistributed income, if any, as of the end of 2009 | '' | ,, | | |
| a Enter amount for 2008 only | | | 61,384. | |
| b Total for prior years | | | | ······· · · · · · · · · · · · · · · · |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2009 | 11 12 12 12 12 12 12 12 12 12 12 12 12 1 | | | **** ********************************** |
| a From 2004 | | | | |
| b From 2005 | | | | |
| c From 2006 | | | | |
| d From 2007 | | | | |
| e From 2008 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2009 from | | | | ······································ |
| Part XII, line 4 ►\$ 63,750. | | | | |
| a Applied to 2008, but not more than line 2a | | | 61,384. | |
| b Applied to undistributed income of prior | , | | 01/301. | |
| years (Election required - see instructions) | | 0. | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| c Treated as distributions out of corpus | 0. | | | |
| (Election required - see instructions) | | ··· | | 2,366. |
| d Applied to 2009 distributable amount | 0. | | | 2,300. |
| e Remaining amount distributed out of corpus | 0. | | | 0. |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | |
| 6 Enter the net total of each column as indicated below. | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2008 Subtract line | | · | | ······································ |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2009 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2010 | | | | 26,688. |
| 7 Amounts treated as distributions out of | 1111 1-111 1111 1111 1111 | <u> </u> | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2004 | | | | ····· |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2010. | | | | ······ |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9 | | •••••• | | |
| a Excess from 2005 | | | | |
| b Excess from 2006 | | | | |
| c Excess from 2007 | | | | |
| | | | | |
| d Excess from 2008 | | | | |
| e Excess from 2009 | | | | Form 000 PE (2000) |

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| | | Y FOUNDATIO | | | 11708 Page 10 |
|--|-----------------------------|------------------------------|-----------------------------|----------------------------|--------------------|
| Part XIV Private Operating Fo | undations (see ins | structions and Part VII | A, question 9) | N/A | |
| 1 a If the foundation has received a ruling or | | | | | |
| foundation, and the ruling is effective for | | - | ▶ ∟ | | |
| b Check box to indicate whether the founda | ition is a private operatin | g foundation described ii | | 4942(j)(3) or 49 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | 40,000 | 4 |
| income from Part I or the minimum | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | <u>.</u> | |
| b 85% of line 2a | | | | _ | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | _ | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities | | | | | |
| Subtract line 2d from line 2c Gomplete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Infor | | | if the foundation | had \$5,000 or m | ore in assets |
| at any time during th | e year-see the i | nstructions.) | | | |
| 1 Information Regarding Foundation | Managers: | | | | |
| a List any managers of the foundation who year (but only if they have contributed me | | | ributions received by the | foundation before the clo | se of any tax |
| SEE STATEMENT 8 | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | or an equally large portio | n of the ownership of a p | artnership or |
| NONE | | | | ·- | |
| 2 Information Regarding Contribution Check here ► X if the foundation on | ly makes contributions t | o preselected charitable o | organizations and does n | ot accept unsolicited requ | uests for funds If |
| the foundation makes gifts, grants, etc. (s | see instructions) to indiv | iduals or organizations ui | nder other conditions, co | mplete items 2a, b, c, and | <u>d d</u> |
| a The name, address, and telephone numb | er of the person to whon | n applications should be | addressed | | |
| b The form in which applications should be | submitted and informat | ion and materials they sh | ould include | | |
| c Any submission deadlines | | | | | |
| d Any restrictions or limitations on awards, | such as by geographica | Il areas, charitable fields, | kınds of institutions, or a | ther factors | |
| | | | | | |

| Part XV Supplementary Information | (continued) | • | • | |
|---|--|----------------------|----------------------------------|---|
| 3 Grants and Contributions Paid During the Ye | ar or Approved for Future | Payment | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | , |
| a Paid during the year | | | | - |
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| CHE CHAMENEN O | | | | |
| SEE STATEMENT 9 Total | | | ▶ 3a | 62,000. |
| b Approved for future payment | | | - Ja | 02/000 |
| | | | | |
| | | | | |
| NONE | | | | |
| NONE | | | | |
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| | | | | |
| Total | | l | ▶ 3b | 0. |
| 923611 02-02-10 | | | | orm 990-PF (2009) |

| Part XVI-A Analysis of Income-Prod | ucing Activitie | es . | · | • | |
|---|------------------|----------------|----------------------|----------------------------|---------------------------------------|
| nter gross amounts unless otherwise indicated | Unrelated b | usiness income | Excluded b | y section 512, 513, or 514 | (e) |
| nor gross amounts amous other most maleuted | (a) | (b) | (C) Exclu- | (d) | Related or exempt |
| Program service revenue | Business code | Amount | sion code | Amount | function income |
| a | | | | | |
| b | | | | | |
| C | l l | | | | |
| d | i | | | | |
| e |] | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments | | | | | |
| Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| Dividends and interest from securities | | | 14 | 3,990. | · · · · · · · · · · · · · · · · · · · |
| Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| Net rental income or (loss) from personal | | | | | |
| property | | | <u> </u> | | |
| Other investment income | | | | | |
| Gain or (loss) from sales of assets other | | | | - 401 | |
| than inventory | | | 18 | -5,431. | |
| Net income or (loss) from special events | | - | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue | | | | | |
| a | _ | | | | |
| b | _ | <u> </u> | | | |
| <u> </u> | _ | | | | |
| d | _ | | | | |
| 6 | _ | | . - - | 1 441 | |
| 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) | | |). | -1,441. | -1,44 |

| Part X | Helationship of Activities to the Accomplishment of Exempt Purposes |
|----------|---|
| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of |
| ▼ | the foundation's exempt purposes (other than by providing funds for such purposes) |

| the foundation's exempt purposes (other than by providing funds for such purposes) |
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923621 02-02-10

Form **990-PF** (2009)

| | ation Regarding Trai ot Organizations | nsfers To and Transactions | and Relationships With N | oncharitable | • | |
|---|--|---|--|-----------------|-----|----------|
| 1 Did the organization dir | ectly or indirectly engage in any | y of the following with any other organizati | on described in section 501(c) of | | Yes | No |
| the Code (other than se | ction 501(c)(3) organizations) | or in section 527, relating to political organ | nizations? | | | |
| a Transfers from the repo | rting foundation to a noncharit | table exempt organization of | | | | |
| (1) Cash | | | | <u>1a(1)</u> | | X |
| (2) Other assets | | | | 1a(2) | | X |
| b Other transactions | | **** | | ah(a) | | v |
| • • | noncharitable exempt organiza | | | 1b(1) | | <u>X</u> |
| ` ' | s from a noncharitable exempt equipment, or other assets | Organization | | 1b(2) 1b(3) | | X |
| (4) Reimbursement ar | • • • | | | 1b(4) | _ | X |
| (5) Loans or loan guar | • | | | 1b(5) | - | X |
| | vices or membership or fundra | aising solicitations | | 1b(6) | | Х |
| c Sharing of facilities, equ | upment, mailing lists, other ass | sets, or paid employees | | 10 | | Х |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received | ue in any transaction or sharing arran | gement, show in | | |
| d If the answer to any of to or services given by the | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | • | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received | ue in any transaction or sharing arran | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nnts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nts |
| d If the answer to any of to or services given by the column (d) the value of | he above is "Yes," complete the reporting foundation. If the foi the goods, other assets, or ser | e following schedule Column (b) should al undation received less than fair market val rvices received of noncharitable exempt organization | ue in any transaction or sharing arran | gement, show in | | nts |

| b it res, complete the following schedule | . <u></u> | | |
|---|--------------------------|--|--|
| (a) Name of organization | (b) Type of organization | (c) Description of relationship | |
| N/A | | | |
| | | | |
| | | ************************************* | |
| | | | |
| | | | |
| | -1:-4: | An about the set of the contract of the land of the set | |

| | enalties of perjury, I declare that I have examined this return, including accompanying schedules and sta | |
|---------------|--|---|
| and cor | nplete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which prep | parer has any knowledge |
| 7 | 7^{2} 7^{2 | .010x President |
| 1 | The state of the s | Title |
| 7 3 | gnature of officer or trustee Date | |
| | Preparer's | Date Check if Preparer's identifying number |
| er's | signature | la/c/c o self- employed ▶ □ |
| Paid spare | Firm's name (or yours MOORE STEPHENS TILLER LLC | EIN ► |
| L s S | if self-employed), 780 JOHNSON FERRY RD., STE. 32 | 25 |
| | address, and ZIP code ATLANTA, GA. 30342 | Phone no 404-256-1606 |

404-256-1606 Form **990-PF** (2009)

| FORM 990-PF DIVIDEND | s and | INTER | EST FROM | SECUE | RITIES | STATEMENT | 1 |
|---|-------|---------------------------------------|-----------------------------|----------|-----------------------------------|---------------------|-----------------|
| SOURCE | | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT |) |
| SUNTRUST BANK | | | 3,990. | | 0. | 3,99 | 90. |
| TOTAL TO FM 990-PF, PART I, L | N 4 | · · · · · · · · · · · · · · · · · · · | 3,990. | | 0. | 3,99 | 9 0. |
| FORM 990-PF | AC | COUNTI | NG FEES | | | STATEMENT | 2 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INVI MENT INC | | (C) ADJUSTED NET INCOM | | |
| ACCOUNTING FEES | | 1,750. | | 0. | | 1,7 | 50. |
| TO FORM 990-PF, PG 1, LN 16B | | 1,750. | | 0. | | 1,7 | 50. |
| FORM 990-PF O | THER | PROFES | SIONAL FI | EES | | STATEMENT | 3 |
| DESCRIPTION | EXPÉ | A) NSES BOOKS | (B) NET INVI MENT INC | | (C) ADJUSTED NET INCOM | | |
| INVESTMENT MANAGEMENT FEES | | 3,672. | 3 | ,672. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | | 3,672. | 3 | ,672. | | | 0. |
| FORM 990-PF | CO | RPORAT | E STOCK | <u> </u> | | STATEMENT | 4 |
| DESCRIPTION | | | | во | OK VALUE | FAIR MARKE | Г |
| 98,119 SHS - CONSECO INC 2,384 SHS - FAIRHOLME FD 3,698 SHS - HUSSMAN INV TR 2,827 SHS - ING GROUP | | | | | 1,935,888. 0. 0. 92,209. | 490,5 | 0. 0. |
| TOTAL TO FORM 990-PF, PART II | , LIN | E 10B | | | 2,028,097. | 518,3 | 28. |

| FORM 990=PFCC | PRPORATE BONDS | | STATI | EMENT 5 |
|--|---|---------------------------|---------------------------------------|---------------------|
| DESCRIPTION | BOOK VALUI | | FAIR MARKET VALUE | |
| 6,091 SHS - PIMCO FDS PAC INVT | _ | | 0. | 0. |
| TOTAL TO FORM 990-PF, PART II, LIN | NE 10C = | | 0. | 0. |
| FORM 990-PF OTE | HER INVESTMENTS | | STATI | EMENT 6 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUI | | MARKET ALUE |
| 3,246 SHS - SCHWAB CAP TR | COST | | 0. | 0. |
| TOTAL TO FORM 990-PF, PART II, LIN | - NE 13 | | 0. | 0. |
| FORM 990-PF PART VIII - LIST TRUSTEES AND | FOUNDATION MANAG | | STAT | EMENT 7 |
| | | | STATI | |
| | | COMPEN- | EMPLOYEE BEN PLAN CONTRIB | EXPENSE |
| TRUSTEES AND | TITLE AND | COMPEN- | EMPLOYEE BEN PLAN | EXPENSE |
| NAME AND ADDRESS HEATHER PREVOST HILLIARD 1355 PEACHTREE STREET, SUITE 64 | TITLE AND AVRG HRS/WK PRESIDENT | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| NAME AND ADDRESS HEATHER PREVOST HILLIARD 1355 PEACHTREE STREET, SUITE 64 ATLANTA, GA 30309 R. GLENN HILLIARD 1355 PEACHTREE STREET, SUITE 64 | TITLE AND AVRG HRS/WK PRESIDENT 0.00 | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| NAME AND ADDRESS HEATHER PREVOST HILLIARD 1355 PEACHTREE STREET, SUITE 64 ATLANTA, GA 30309 R. GLENN HILLIARD 1355 PEACHTREE STREET, SUITE 64 ATLANTA, GA 30309 KATHRYN HILLIARD STUART 1355 PEACHTREE STREET, SUITE 64 | TITLE AND AVRG HRS/WK PRESIDENT 0.00 VICE PRESIDENT 0.00 | COMPEN- SATION 0. | EMPLOYEE BEN PLAN CONTRIB 0. | EXPENSE ACCOUNT 0. |
| NAME AND ADDRESS HEATHER PREVOST HILLIARD 1355 PEACHTREE STREET, SUITE 64 ATLANTA, GA 30309 R. GLENN HILLIARD 1355 PEACHTREE STREET, SUITE 64 ATLANTA, GA 30309 KATHRYN HILLIARD STUART 1355 PEACHTREE STREET, SUITE 64 ATLANTA, GA 30309 GLENN SHAW 1355 PEACHTREE STREET, SUITE 64 | TITLE AND AVRG HRS/WK PRESIDENT 0.00 VICE PRESIDENT 0.00 VICE PRESIDENT 0.00 TREASURER | COMPEN- SATION 0. 0. | EMPLOYEE BEN PLAN CONTRIB 0. | EXPENSE ACCOUNT 0. |

FORM 990-PF PART XV - LINE 1A STATEMENT 8
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

HEATHER PREVOST HILLIARD R. GLENN HILLIARD

| | AND CONTRIBUTIONS DURING THE YEAR | STAT | EMENT 9 |
|--|--|---------------------|---------|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
| CHILDREN'S HEALTHCARE OF ATLANTA 1584 TULLIE CIRCLE ATLANTA, GA 30329 | | 501(C)(3) | 1,000. |
| CHILDREN'S SPECIALIZED HOSPITAL 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092 | NONE 2009 GRANT | 501(C)(3) | 1,675. |
| COLUMBIA MUSEUM OF ART 1515 MAIN STREET COLUMBIA, SC 29201 | NONE CHEMISTRY OF COLOR | 501(C)(3) | 5,000. |
| COLUMBIA MUSEUM OF ART 1515 MAIN STREET COLUMBIA, SC 29201 | NONE CONTEMPORARIES ACQUISITION FUND | 501(C)(3) | 5,000. |
| COLUMBIA MUSEUM OF ART 1515 MAIN STREET COLUMBIA, SC 29201 | NONE EUROPEAN EXHIBIT | 501(C)(3) | 10,000. |
| DUKE UNIVERSITY P.O. BOX 90581 DURHAM, NC 27708 | NONE 2009 GRANT EVANOSKY FOUNDATION | 501(C)(3) | 17,000. |

| THE HILLIARD FAMILY FOUNDATION, | INC. | | 20-0511708 |
|--|-------------------------------|-----------|------------|
| FOOTHILLS TRAIL CONFERENCE P.O. BOX 3041 GREENVILLE, SC 29602 | NONE 2009 GRANT | 501(C)(3) | 525. |
| GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION P.O. BOX 8458 GREENVILLE, SC 29604 | NONE 2009 GRANT | 501(C)(3) | 800. |
| GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION P.O. BOX 8458 GREENVILLE, SC 29604 | NONE HILLIARD SCHOLAR FUND | 501(C)(3) | 3,000. |
| PUPIL ASSISTANCE FUND 1330 FOX STREET, 2ND FLOOR DENVER, CO 80204 | NONE EYEGLASS ASSISTANCE | 501(C)(3) | 3,000. |
| ST. LAWRENCE PLACE 2400 WAITES ROAD COLUMBIA, SC 29204 | NONE 2009 GRANT | 501(C)(3) | 5,000. |
| ST. PAUL'S DAY SCHOOL 710 MAIN STREET CONWAY, SC 29526 | NONE ART PROGRAM | 501(C)(3) | 10,000. |
| TOTAL TO FORM 990-PF, PART XV, LI | NE 3A | | 62,000. |

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2009)

| If you | u are filing for an Automatic 3-Month Extension, complete only Part I and check this box u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this complete Part II unless you have already been granted an automatic 3-month extension on a previously file | form). |
|-------------------------------|--|---|
| Part | | |
| _ | oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com | plete . • • |
| | er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an acome tax returns. | extension of time |
| noted b (not aut you mu | onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consist submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Charities & Nonprofits. | cally if (1) you want the additional assolidated Form 990-T. Instead. |
| Туре о | Name of Exempt Organization | Employer identification number |
| print | THE HILLIARD FAMILY FOUNDATION, INC. | 20-0511708 |
| File by the | b North and the Section of the Secti | 20 0011/00 |
| filing your return. Se | 1355 PEACHTREE STREET, NO. STE 64 | |
| Instruction | | CORI |
| Check | type of return to be filed (file a separate application for each return): | |
| F | orm 990 Form 990-T (corporation) Form 47 orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 orm 990-EZ Form 990-T (trust other than above) Form 60 orm 990-PF Form 1041-A Form 88 | 27 69 |
| Teler If the | LISA DELORME books are in the care of ► 1355 PEACHTREE STREET, SUITE 64 - ATLAN' phone No. ► 404-745-9771 FAX No. ► e organization does not have an office or place of business in the United States, check this box s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ► and attach a list with the names and EINs of all results. | ▶ □ |
| is | request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named at for the organization's return for: X calendar year 2009 or tax year beginning, and ending | |
| 2 If | this tax year is for less than 12 months, check reason: Initial return Final return | Change in accounting period |
| | this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | |
| _ | onrefundable credits. See instructions. | 3a \$ |
| | this application is for Form 990-PF or 990-T, enter any refundable credits and estimated ax payments made. Include any prior year overpayment allowed as a credit. | 3ь \$ |
| c B | alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). | 3c \$ N/A |
| Caution | n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8 | 8879-EO for payment instructions. |

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.