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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 Open to Public Inspection

	A F	or the	2009 calendar year, or tax year beginning and ending		
	B c	neck if	Please C Name of organization	D Employer identific	cation number
	ap	plicable	Use its COMMONITY FOUNDATION FOR NORTHEAST		
]Addres]change	s label or GEORGIA		
		Name change	type	58-1	557995
		Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te E Telephone number	
		Termin- ated		(770	
		Amend return		G Gross receipts \$	19,951,030.
		Application	DULUTH, GA 30097	H(a) Is this a group re	eturn
		pendin	F Name and address of principal officer:JUDY WATERS	for affiliates?	Yes X No
			SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
	ΙT	ax-exe	mpt status	If "No," attach a	list. (see instructions)
			e: NTTP://GFI.ACTX.COM/	H(c) Group exemption	n number 🕨
			organization: X Corporation		State of legal domicile: GA
	Pa		Summary		
	ا به	1 1	Briefly describe the organization's mission or most significant activities: ${f SEE \ \ SCHEI}$	OULE O	
	Activities & Governance	_			
	E.	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
	Š	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	26
	8	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	ies	5	Total number of employees (Part V, line 2a)	. 5	3
	Ĭ.	6	Total number of volunteers (estimate if necessary)	6	0
	Act		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	80,564.
	\dashv	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
3				Prior Year	Current Year
2 0 2010	e		Contributions and grants (Part VIII, line 1h)	3,983,709.	3,735,231.
	Revenue		Program service revenue (Part VIII, line 2g)	<123,410.	> 44,943.
	Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<10,195.	
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,850,104.	3,804,019.
DEC			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,804,147.	3,536,568.
			Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	2,004,147.	3,330,300.
	,,		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	208,734.	218,547.
SCAPPER	penses		Professional fundraising fees (Part IX, column (A), line 11e)	20077310	220,31,4
	ber		Total fundraising expenses (Part IX, column (D), line 25) 18,088.		····
4 5	Ex		Other expenses (Part IX, column (A), lines; [1a[1] 0, 11f;24f)	225,118.	767,666.
To			Total expenses. Add lines 13-17 (must equal Part IX, column-(A), (line 25)	3,237,999.	4,522,781.
			Revenue less expenses. Subtract line 18 from line 12	612,105.	<718,762.
	580		NOV 2 2 2010 역	Beginning of Current Year	End of Year
	Assets or d Balances	20	Total assets (Part X, line 16)	30,457,065.	29,131,559.
	ASS d B	21	Total liabilities (Part X, line 26)	5,359,126.	3,113,370.
	Fire	22	Net assets or fund balances. Subtract-line-24-from:line.29	25,097,939.	26,018,189.
	Pa	ırt II	Signature Block		
			Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statemer and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	nts, and to the best of my knowled dge	ge and belief, it is true, correct,
			(V. 1 VI) ct.		
	Sigr	1	Signature of officer		15-10
	Her	е	· · · · · · · · · · · · · · · · · · ·	Date	
			JUDY WATERS, EXECUTIVE DIRECTOR Type or print name and title		
				Check if Prepar	er's identifying number
	Paid	l	ricpardi 3	self- (see in	structions)
	Prep	arer's	signature IIII8 2000 Firm's name (or MOORE STEPHENS TILLER LLC	employed	
	Use	Only	yours if self-employed). 1960 SATELLITE BOULEVARD, SUITE 360	n EIN ►	
			address, and ZIP+4 DULUTH, GA. 30097	l l	70-995-8800
	May	the I	RS discuss this return with the preparer shown above? (see instructions)	i none no.	X Yes No
	······		10 0.00000 and retain wan the biobaid grown above. (366 manachons)		100 L 11U

Form **990** (2009)

COMMUNITY FOUNDATION FOR NORTHEAST

	990 (2009) GEORGIA	58-1557995	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission SEE SCHEDULE O		
			
2	Did the organization undertake any significant program services during the year which were not listed on	<u></u>	
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services if "Yes," describe these changes on Schedule O.	? L_Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	or granto una	
	anocations to others, the total expenses, and revenue, if any, for each program service reported.		
	(Code:) (Expenses \$ 3,536,568 • including grants of \$ 3,536,568 •) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
,,,	DISTRIBUTING INVESTMENT INCOME TO NON-PROFIT ORGANIZAT		IN ,
	THE AREAS OF HEALTH, HUMAN SERVICES, EDUCATION, COMMUN.		
	THE ARTS		
			
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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code:) (Expenses \$ including grains or \$) (rieveriue φ	,
		-	
			
		·- ·	
4c	(Code:) (Expenses \$ including grants of \$)(Revenue \$	١
	γ (Laponious ψ Including grants or ψ) (, 10101140 W	,
		."'	
4d	Other program services (Describe in Schedule O.)		
40		١	
40	- 2 F26 F60	,	
<u>4e</u>	Total program service expenses > 3,330,300.	F- 0	90 (2000)

Page 3

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		v	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	Λ	
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	7		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		<u> </u>
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	-		
-	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	۴		
	If "Yes," complete Schedule D, Part V	10	х	
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			₩
15	and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	"		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2009)

Part IV | Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, complete Schedule I, Part I and III 22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2" If ""es," complete Schedule I, Part I and III 22 Z II "X 23 Dut the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule IX, Part III 22 Z IX X 24 Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Dut the organization mantain an escrow account other than a returnding escrow at any time during the year to delease any tax-exempt bonds? 24d Dut the organization mantain an escrow account other than a returnding escrow at any time during the year? 24d Dut the organization mantain an escrow account other than a returnding escrow at any time during the year? 24d Dut the organization mantain an escrow account other than a returnding escrow at any time during the year to delease any tax-exempt bonds? 24d Dut the organization mantain an escrow account other than a returnding escrow at any time during the year? 24d Dut the organization mantain an escrow account other than a returnding escrow at any time during the year? 24d Dut the organization and \$50 (C)(4) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person in a princy year, and that the transaction was not been reported on any of the organization engage in an excess benefit transaction with a disqualified person in a princy year, and that the transaction and the princy of the organization princy the pri				Yes	No
22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 Dut the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule IV yes, "tank was issued after December 31, 2002? If "Yes," answer lines 246 through 24d and complete Schedule K. If "No", go to line 25 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 246 through 24d and complete Schedule K. If "No", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization and \$516(0)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Se", "complete Schedule L, Part II than that the transaction has not been reported on any of the organization spore Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II than that the transaction with a disqualified person during the year? Did the organization as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II than that the transaction committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV to A family immember of a current or former officer, director, trustee, or key employee the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," comp	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III and the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J and the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensated employees? If 'Yes,' complete Schedule A II 'Yeo', go to line 25 24a Did the organization answer at the exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 25b Did the organization mentan an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 26c Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 26d Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 27d Section 501(63) and 501(6)4) organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year? If 'Yes,' complete Schedule L, Part II 27d Ib the organization aware that it engaged in an excess benefit transaction with a disqualfied person outstanding as of the end of the organization's price Forms 990 or 990-627 If 'Yes,' complete Schedule L, Part II 28d Was a bond not or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualfied person outstanding as of the end of the organization's part of such an individual? If 'Yes,' complete Schedule L, Part IV 29d Was a loan former officer, director, trustee, or key employee, the part IV was, 'complete Schedule L, Part IV with the organization part of the organization and part of the organization and access to part of the organization organization and access to a more offi		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedulu I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year? If "No", complete Schedule L, Part I be the organization wave that it engaged in an excess benefit transaction with a disqualified person on a print year. If "No", complete Schedule L, Part II be the organization and that the transaction has not been reported on any of the organization's proper forms 990 or 980-EZ? If "Yes," complete Schedule L, Part II as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person on orbitationing as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV as a loan to or by a current or former officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV as A laminy ember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A laminy ember of a current or former officer, director, trustee, or key employee? I	22	•			
and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23			_22_	ļ	X
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization account as an "on behalf of" issuer for bonds outstanding at any time during the year? to "yes," complete Schedule person out any account of the organizations. Did the organization is a section 501(k)8) and 501(k)4) organizations. Did the organization is a section 501(k)8) and 501(k)4) organizations. Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990 E27 if "yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A nemity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part	23			l	
24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Pas," answer lines 24b through 2dd and complete Schedule K. If "No", go to line 25 b Dd the organization martial an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds? Dd the organization martial an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c delease any tax-exempt bonds? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c delease any tax-exempt bonds? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c delease any tax-exempt bonds? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c delease any tax-exempt bonds? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c delease any tax-exempt bonds? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c delease any tax-exempt bonds? Dd the organization act and acceptance and acceptance and acceptance and that the transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 25b X. Dd the organization provide a gardar or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization or on the assistance to an officer, director, trustee, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV 25b A 1amily member) acceptance and					₹.
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding as of the end of the organization. Not a seem that it is an act as a seem that it is a seem to only a seem that it is a seem to only a seem that it is a seem to only a seem that it is a seem to only a seem that it is a seem to only a seem that it is a seem to a periode out on the organization on the year officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV did the organization in equal to former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV did the organization or seem ore than 250,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV did the	04-		_23_		
Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I Is the organization has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction as not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization and or hy a current or former officer, director, trustee, the person related to such an individual? If "Yes," complete Schedule L, Part IV in any organization organization and party to a business transaction with one of the following parties, (see Schedule L, Part IV in 25. Did the organization organization organizati	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(p(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II 25b Was a ban to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an off		·			₩
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	35				J
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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	30				_v
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	37		36		┢┷
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	<i>31</i>		27		y
Note. All Form 990 filers are required to complete Schedule O.	38		3/		 ^
			38	x	
		The state of the s			SUUO)

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance				<u> </u>
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a 2	ľ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rej	portable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see in	nstructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by this return?	За	X	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► OTHER COUNTRY				ŀ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank and			ļ
	Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		i		ŀ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods and services	_		x
h	provided to the payor?		7a		_
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		7b	-	├
·	to file Form 8282?	s required	70		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		 ^^
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe		l		
·	benefit contract?	rsonai	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	rct?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting org	•			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce				
	at any time during the year?	ŭ	8		Х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter.				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		11b	ļ		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	<u> </u>	
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>	<u> </u>
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 26					
b	Enter the number of voting members that are independent 1b 25					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2	X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>x</u>		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5		X		
6	Does the organization have members or stockholders?	6_		X		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the					
	governing body?	7a		X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	by the following:					
	The governing body?	8a	Х			
ь	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>		
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
40-	December of the control of the contr		Yes	No X		
	Does the organization have local chapters, branches, or affiliates?	10a	├—	_		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b				
44	and branches to ensure their operations are consistent with those of the organization?		Х			
11 11A	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	x			
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120	 -	\vdash		
	to conflicts?					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		\vdash		
_	in Schedule O how this is done	12c	Х			
13	Does the organization have a written whistleblower policy?	13	Х			
14	Does the organization have a written document retention and destruction policy?	14	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ŀ			
а	The organization's CEO, Executive Director, or top management official	15a	X	L		
b	Other officers or key employees of the organization	15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		X		
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	ļ				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	1				
	exempt status with respect to such arrangements?	16b		Щ.		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed GA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor				
	public inspection. Indicate how you make these available. Check all that apply					
40	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	ancial			
20	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza BEVERLY ESTAFEN, DIR. OF FINANCE - (770) 813-3380	шоп 🌗	_			
	6500 SUGARLOAF PKWY, NO. 220, DULUTH, GA 30097					
_	TOTAL DESCRIPTION DESCRIPTION OF SOUTH	Form	aan	(2009)		

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,,,		Posi			i. A	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Ollicer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOE MCCART										
PRESIDENT		X		X				0.	0.	0
TRACEY MASON BLASI										
VICE PRESIDENT		X		Х		L.		0.	0.	0 .
STEVEN W. WILLIAMS										1
TREASURER		Х		X	_			0.	0.	0.
STEPHEN K. HILL						İ				
SECRETARY		Х		Х	ᆫ	L		0.	0.	0
ETHEL D. ANDERSEN			İ		ļ					
DIRECTOR		Х	<u> </u>	<u> </u>	_	ļ	_	0.	0.	0
JULIE KEETON ARNOLD		 					ŀ		_	
DIRECTOR		Х	<u> </u>		_	<u> </u>		0.	0.	0
BEN BOSWELL, JR.		٠,,						0.	0.	_ ر
DIRECTOR STACEY BRITT		X	_	├	<u> </u>	┝	<u> </u>	0.	0.	0
DIRECTOR		x		l		ì		0.	0.	0
RENEE BYRD-LEWIS		<u> </u>	-	├	\vdash	-		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>_</u>
DIRECTOR		X			l	l	Į	0.	0.	0
RICHARD B. CHANDLER, JR.		╇	⊢	┢		╁	┢	-	· · ·	
DIRECTOR		x	1		ł			0.	0.	0
JAMES F. FLEMING	<u> </u>	 ^	⊢	\vdash	\vdash	╁╌	\vdash		•	<u> </u>
DIRECTOR		x				1	ĺ	0.	0.	0
THOMAS P. HUGHES		+==	┪	\vdash	\vdash	╁╴				
DIRECTOR		x	l				1	0.	0.	0
CHUNG H. LEE, ESQ.					╁╌	T	H			
DIRECTOR		X		l		l		0.	0.	0
JAMES J. MARAN		Ħ	t	┢	┢╌	\top		·-		
DIRECTOR		X		1				0.	0.	0
WAYNE H. MASON		T	Π	T	T					
DIRECTOR		X						0.	0.	0
WILLIAM E. MCCLENDON		1							7	
DIRECTOR		X	L					0.	0.	0
BARTOW MORGAN, JR.			Γ				Г			
DIRECTOR		X	L		L		L	0.	0.	0

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Section Section	n A. Officers, Directors, Tru		npic	yee			High	est					
	(A)	(B)			(C				(D)	(E)		(F)	
N:	ame and title	Average	Ι.,		Posi				Reportable	Reportable	Estimated		
		hours per week	Individual trustee or director	nstitutional trustee	allt		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con f org	mount other opensa rom th ganizat id relat	ation ie tion
			Individua	Institution	Officer	Key employee	Highest c employee	Former				anızat	
JUDITH L. DIRECTOR	FOWLER OTTLEY		х	_					0.	0.			0.
MAXIE PRIC	CE, JR.		х						0.	0.			0.
	JSSELL. PHD		<u> </u>			-	┢	┢	0.				
DIRECTOR			x						0.	0.	1		0.
DAVID M. S	SEAGO												
DIRECTOR			Х						0.	0.			0.
WILLIAM R.	SHORT									1.0-0			
DIRECTOR			X						0.	0.	<u> </u>		0.
MARY LOUIS	SE STARK				ŀ								•
DIRECTOR T. MICHAEI	TENTA NIT		Х	<u> </u>	\vdash	L	┝		0.	0.	-		0.
DIRECTOR	1 I EMMAMI		x						0.	0.			0.
RICHARD L.	TUCKER			\vdash	Н	\vdash	\vdash	 			-		
DIRECTOR			Х						0.	0.			0.
JUDY WATER													
EXECUTIVE	DIRECTOR	40.00	X	<u> </u>	Х	_	<u> </u>		115,830.	0.		3,4	75.
1b Total			L	<u> </u>	Ш	Ļ		<u> </u>	115,830.	0.		3.4	75.
	of individuals (including but r	ot limited to th	nose	liste	ed at	bov	e) wl	no re	<u> </u>	0,000 in reportable	<u>. </u>		
compensatio	n from the organization	.= .								<u> </u>			1
												Yes	No
	iization list any former officer, es," c <i>omplete Schedule J for</i> s			, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on	3		x
•	dual listed on line 1a, is the si	•		•					•	the organization			
	rganizations greater than \$15										4	<u> </u>	X
	on listed on line 1a receive or				rom	any	y uni	elat	ed organization for serv	ices rendered to	۱.		X
	ion? If "Yes," complete Schedenders	ule 3 for such	pers	OH							5	ــــــــــــــــــــــــــــــــــــــ	ΙΔ.
	s table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compens	sation	from	
	(A)								(B)			C)	
<u></u>	Name and business	address						4	Description of s	services (Compe	ensatio	on ———
						_		ᅥ					
											-		
								_					
	···	_						_					
	of independent contractors (_	ot li	mrte	d to	tho	se li	stec	above) who received n	nore than			
\$100,000 in c	compensation from the organi	zation -					U				Form	990	(2009)

5	8 –	1	5	5	7	9	9	5	Page	9
J	0 –	_	J	J	,	2	J	J	Page	J

		(2009) GEORG					58-15 <u>57</u>	995 Page 9
Pai	t VI	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
왕	1 a	Federated campaigns	1a	_				
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
an, i	С	Fundraising events	1c					
g g	d	d Related organizations	1d					
in's	е	 Government grants (contribut 	·					
흕	f	f All other contributions, gifts, gran	1 1	252524				
들됨		similar amounts not included abor	ve 1f	3735231.				
20	_	Noncash contributions included in lines	1a-1f \$		2725221			
2 8	h	h Total. Add lines 1a-1f		•	3735231.			
				Business Code				
92	2 a							
E G	ь							
m S	C					<u> </u>		
Reg	C				-	<u> </u>		
Program Service Revenue	•					<u> </u>		<u> </u>
_	Ţ	f All other program service reve	enue					
\dashv	3	g Total. Add lines 2a-2f	duudondo intor	not and				
- {	3	Investment income (including other similar amounts)	dividends, intere	est, and	557,099.		<12 144.	>569,243.
	4	Income from investment of ta	v.evemnt hand r	proceeds	307,0330			303,2230
	5	Royalties	x-exempt bond p	noceeds >				
	J	noyanics	(î) Real	(ii) Personal				
	6 :	a Gross Rents	(l) Hear	(ii) Fersonai				
Ì		b Less: rental expenses	<u> </u>			1	<u> </u>	ì
		c Rental income or (loss)		_				
		d Net rental income or (loss)		<u> </u>			1	
		a Gross amount from sales of	(i) Securities	(II) Other				·
		assets other than inventory	15,634,855.		ĺ			
j	t	b Less: cost or other basis			1			
		and sales expenses	16,147,011.	j				
	(c Gain or (loss)	<512,156.	>	1			
	(d Net gain or (loss)			<512,156.	. >	92,708.	<604864.
	8 8	a Gross income from fundraisin	g events (not					
Other Revenue		including \$	of					}
ě		contributions reported on line	1c). See					
<u></u>		Part IV, line 18	а					
ξĺ	t	b Less: direct expenses	b]			
٦	•	c Net income or (loss) from fund	draising events					<u> </u>
	9 a	a Gross income from gaming a	ctivities. See					
		Part IV, line 19	а	<u></u>			1	
		b Less: direct expenses	b		1		1	
		 Net income or (loss) from gan 				<u> </u>		
	10 a	 a Gross sales of inventory, less 	returns					
		and allowances	а					
		b Less: cost of goods sold	b	L				
ļ		c Net income or (loss) from sale				 		ļ
		Miscellaneous Revenu	ie	Business Code		Ì		22 045
	11 :			561000	23,845	' 		23,845.
	l	b				 		
		C		<u> </u>		 		
ļ		d All other revenue		<u> </u>	23,845	 		
		e Total. Add lines 11a-11d			3804019		Qn EZA	<11,776.
5550	12 09 10	Total revenue. See instructions.			1 2004019	•1 0	00,504	Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	2 526 560	2 526 569		•
_	organizations in the U.S. See Part IV, line 21	3,536,568.	3,536,568.		
2	Grants and other assistance to individuals in			į	
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 205		110 205	
_	trustees, and key employees	119,305.		119,305.	
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	CE 000		<u> </u>	
7	Other salaries and wages	65,998.		65,998.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	5,069.		5,069.	
9	Other employee benefits	14,627.		14,627.	
10	Payroll taxes	13,548.		13,548.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				_
d	Lobbying			-	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	159,085.		159,085.	
g	Other	80,267.		80,267.	
12	Advertising and promotion				-
13	Office expenses	8,287.		8,287.	
14	Information technology	18,165.		18,165.	
15	Royalties				
16	Occupancy	31,144.		31,144.	,,
17	Travel			i	-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,251.		12,251.	
20	Interest	99,756.		99,756.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,358.		10,358.	
23	Insurance	2,493.		2,493.	
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.) ADMINISTRATIVE FEES	102 021		102 021	
a	K-1 PORTFOLIO DEDUCTION	193,931. 119,997.		193,931.	
D	DONOR DEVELOPMENT			119,997.	12 004
C	DUES & SUBSCRIPTIONS	13,984.		7 004	13,984.
d		7,894.		7,894.	4 004
e	DONOR CENTRAL EXPENSES	4,004.			4,004.
- f	All other expenses	6,050.	2 525 550	5,950.	100.
<u>25</u>	Total functional expenses. Add lines 1 through 24f	4,522,781.	3,536,568.	968,125.	18,088.
26	Joint costs. Check here I If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

Form **990** (2009)

GEORGIA Part X | Balance Sheet (A) (B) Beginning of year End of year 106,954. 93,838. 1 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 232,649. 10a basis. Complete Part VI of Schedule D 128,533. 4,120,261. 104,116. 138,134. b Less: accumulated depreciation 10b 10c 5,302,984. 11 11 Investments - publicly traded securities 24,908,993. 24,788,927. 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 30,457,065. 29,131,559. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,395. 4,109. 17 Accounts payable and accrued expenses 17 3,936. 18 $\overline{<300.}>$ 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 5,351,081. 3,111,275. 25 Other liabilities. Complete Part X of Schedule D 25 5,359,126. 3,113,370. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 20,625,502. 20,774,745. 27 27 Unrestricted net assets 2,195,042. 2,064,780. 28 Temporarily restricted net assets 28 3,048,402. 2,407,657. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

Form 990 (2009)

26,018,189.

29,131,559.

30

31

32

33

34

30

31

32

33

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

25,097,939.

30,457,065.

COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA

	990 (2009) GEORGIA 58-155	7995	Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь	1	

932012 02-04-10

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

COMMUNITY FOUNDATION FOR NORTHEAST

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		GEORGIA							58	<u>8-1</u> 557995	
Part I	Reason 1	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.			
The organ	ization is not a	private foundation b	pecause it is: (For lines 1	I through 1	11, check o	only one b	ox.)				
1 🗀	A church, cor	vention of churches	s, or association of churc	ches descr	ribed in se	ction 170(b)(1)(A)(i)	•			
2 🔲	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)							
з 🔲	A hospital or	a cooperative hospit	al service organization of	described i	n section	170(b)(1)(A)(iii).				
4 🗔	A medical res	earch organization of	perated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter t	he hospital's name	} ,
	city, and state	e:								-	
5 🔲	An organization	on operated for the t	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental und	describe	ed in	
	section 170((b)(1)(A)(iv). (Comple	ete Part II.)	•	•	•	•				
6 🗔	A federal, sta	te, or local governme	ent or governmental unit	t described	ın sectio	n 170(b)(1)(A)(v).				
7		•	eives a substantial part o					r from the	general r	oublic described in	1
	-	b)(1)(A)(vi). (Complet		• •		•					
8 X	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)						
9 🔲			eives: (1) more than 33 1			om contril	outions, m	embershij	o fees, ar	nd gross receipts fr	rom
			nctions - subject to certa								
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June 30, 1975	5 .
	See section !	509(a)(2). (Complete	Part III.)				•				
10	An organization	on organized and op	erated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	ł).			
11	An organization	on organized and op	erated exclusively for th	ne benefit d	of, to perfo	rm the fur	ictions of,	or to carry	y out the	purposes of one o	r
	more publicly	supported organiza	itions described in section	on 509(a)(1	1) or sectio	n 509(a)(2) See sec	tion 509(a	a)(3). Che	eck the box that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.				_	
	a Type I	ь	Type II c	: 🗀 тур	e III - Func	tionally int	egrated		d 🗀	Type III - Other	
e 📖	By checking t	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	more disc	qualified	persons other than	1
	foundation m	anagers and other th	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 509(a)(2)	
f	If the organization	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting or	ganization, check th	ns box								L
g	Since August	17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?		
	(i) A persor	n who directly or indi	rectly controls, either al	lone or tog	ether with	persons d	lescribed	ın (ıi) and (ιι) below,	Yes	No
	the gove	erning body of the su	upported organization?							11g(i)	
	(ii) A family	member of a person	n described in (i) above?	•						11g(ii)	
	(iii) A 35% c	controlled entity of a	person described in (i) of	or (II) above	9?					11g(iii)	
h	Provide the fo	ollowing information	about the supported or	ganızatıonı	(s)						
			(11) T (
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c		(v) Did you		(vi) Is organizatio	the I	(vii) Amount of	
orga	anization		(described on lines 1-9	governing	sted in your	organızat (i) of your		(i) organız U.S	ed in the [support	
			above or IRC section								
		-	(see instructions))	Yes	No	Yes	No	Yes	No		
				1							
				ļ	<u> </u>						
				ľ		l I			 		
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				<u> </u>	-	<u> </u>	}	-	\vdash		
Total											
Total	Privacy Act on	d Pananyork Redu	Lction Act Notice. see t	he Instruc	tions for	!	L	Schodul	A /For-	m 990 or 990-FZ)	2000
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932021 02-08-10

Form 990 or 990-EZ.

Section A. Public Support

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.)

							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,475,782	4,370,212.	18,361,231.	6,708,461.	3,735,231.	37,650,917.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,475,782.	4,370,212.	18,361,231.	6,708,461.	3,735,231.	37,650,917.
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)						14,843,379.
6	Public support. Subtract line 5 from line 4						22,807,538.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	4,475,782.	4,370,212.	18,361,231.	6,708,461.	3,735,231.	37,650,917.
	Gross income from interest.	, ,	, , ,				,,
Ĭ	dividends, payments received on					!	
	securities loans, rents, royalties			·			
	and income from similar sources	385,263.	574,766.	892,242.	89,556.	557,099.	2,498,926.
۵	Net income from unrelated business	303,203.	3/4,/00.	0,2,2,2,2.	03,330.	337,033.	2,430,320.
3	activities, whether or not the						
	·		44,803.	7 210	<53,356.		<1,343.>
40	business is regularly carried on		44,005.	7,210.	733,330.		<u> </u>
10	Other income. Do not include gain						
	or loss from the sale of capital	38,904.	50,100.	110 600	-10 10E	> 23,845.	213,344.
	assets (Explain in Part IV.)	30,304.	30,100.	110,090.	<10,133.	23,043.	
	Total support. Add lines 7 through 10						17,350.
	Gross receipts from related activities,	•				12	17,350.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
Se	organization, check this box and stor	here	rcentage				
						LAT	56.51 %
	Public support percentage for 2009 (column (f))		14	<u> </u>
	Public support percentage from 2008	•	· ·			15	59.29 %
162	33 1/3% support test - 2009.If the o				4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				ightharpoons X
k	• 33 1/3% support test - 2008.If the o	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	• • •				▶□
17a	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac			•	•	rt IV how the organ	
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	dorganization	-	
t	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported org	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s >
					Sche	edule A (Form 990	or 990-EZ) 2009

Part III Support Schedule fo	r Organizations	Described in	Section 509(a	(Complete only	If you checked the bo	ox on line 9 of Part I.)
Section A. Public Support				,		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and					- ' '	— \
membership fees received. (Do no	t				i	
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-			<u> </u>			
ization's benefit and either paid to or expended on its behalf	1					
5 The value of services or facilities						
furnished by a governmental unit the organization without charge	ro l					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, ar	nd					
3 received from disqualified person	ns					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)	-					<u> </u>
Section B. Total Support		·				
Calendar year (or fiscal year beginning in	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 						
b Unrelated business taxable income			 			
(less section 511 taxes) from business	ies				,	
acquired after June 30, 1975		1				
c Add lines 10a and 10b 11 Net income from unrelated busine activities not included in line 10b, whether or not the business is	ss					
regularly carried on 12 Other income. Do not include gain or loss from the sale of capital		-				
assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12				1	1	
14 First five years. If the Form 990 is	. —	's first, second th	rd, fourth, or fifth	tax vear as a secti	on 501(c)(3) organi	zation.
check this box and stop here	ror and organization	o mot, 000011a, a 1	,, 5	120, 702, 40 4 0001	0.1.001(0)(0) 0194.11	▶
Section C. Computation of Pu	ublic Support Pe	ercentage				<u> </u>
15 Public support percentage for 200			column (fl)		15	%
16 Public support percentage from 2	• • • • • • • • • • • • • • • • • • • •	•	(7)		16	<u>%</u>
Section D. Computation of In						
17 Investment income percentage for					17	%
18 Investment income percentage fro	•	* * * * * * * * * * * * * * * * * * * *	, ,,,		18	%
19a 33 1/3% support tests - 2009. If			on line 14, and lir	ne 15 is more than	<u> </u>	
more than 33 1/3%, check this bo						
b 33 1/3% support tests - 2008. If line 18 is not more than 33 1/3%,	the organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20 Private foundation. If the organiz					_	
20 Filvate foundation. If the organiz	augh did not check a	DOX OF HITE 14, 1	ea, or red, check			90 or 990-EZ) 2009
				$^{\prime}$	nedule A (FORM 9:	50 OF 990-EZ) 2008

My

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Employer identification number

GEORGIA 58-1557995
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete of the

COMMUNITY FOUNDATION FOR NORTHEAST

Par	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		or Accounts. Complete if the	
	5.3a.neason anomoro 105 to 10111000, 1 at 17, 1116	(a) Donor advised funds	(b) Funds and other accounts	_
1	Total number at end of year	120		48
2	Aggregate contributions to (during year)	3,497,807.	808,94	
3	Aggregate grants from (during year)	2,806,653.	3,726,69	
4	Aggregate value at end of year	21,389,098.	3,111,13	<u>3.</u>
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise		
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes	No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be u	ised only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c		
	ımpermissible private benefit?	·		No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Pa	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or p	leasure) Preservation of an histo	orically important land area	
	Protection of natural habitat	Preservation of a certifi	ied historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form o	f a conservation easement on the las	t
	day of the tax year.			
			Held at the End of the Tax	/ear
а	Total number of conservation easements		2a	
Ь	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax	
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it		Yes —	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-		
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h		
_	and section 170(h)(4)(B)(ii)?		└ Yes └	No
9	In Part XIV, describe how the organization reports conservati	•		
	include, if applicable, the text of the footnote to the organization	cion's financial statements that describes t	he organization's accounting for	
Dai	t III Organizations Maintaining Collections or	Art Historical Transures or Ot	har Similar Assats	
[a	Complete if the organization answered "Yes" to Form		ilei Jililiai Assets.	
	Complete if the organization answered Tes to Point	990, Fait IV, III e 6.		
	If the consequence of the design of the CEAC 440 are	***	town a short words of aid bottomed	
ıa	If the organization elected, as permitted under SFAS 116, no	•		vt o
	treasures, or other similar assets held for public exhibition, ed		nic service, provide, in Part XIV, the te	XL O
h	the footnote to its financial statements that describes these		so about works of art, historical trace.	roo
	If the organization elected, as permitted under SFAS 116, to	·		
	or other similar assets held for public exhibition, education, of these items:	research in furtherance of public service,	, provide the following amounts relatil	ıg to
			•	
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$ ► \$	
2		acures or other cimilar access for financial		
~	If the organization received or held works of art, historical tre the following amounts required to be reported under SFAS 1		gain, provide	
_	Revenues included in Form 990, Part VIII, line 1	TO relating to these items.	~ ¢	
a h	Assets included in Form 990, Part X	-	► \$ ► \$	
D	rasota moluueu mii omn aau, Fait A		Ψ	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

COMMUNITY FOUNDATION FOR NORTHEAST

Sche	dule D (Form 990) 2009 GEORGIA					58-15	557995 Page 2
Par	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or	Other Si	milar Asse	ets (continued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that ar	re a signific	ant use of its	collection items
	(check all that apply):						
а	Public exhibition	d	Loan or exc	hange programs	3		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explai	n how they further t	he organization'	s exempt p	urpose in Pa	rt XIV.
5	During the year, did the organization solicit or	r receive donations	of art, historical trea	sures, or other s	sımılar asse	ets _	
	to be sold to raise funds rather than to be ma						Yes No_
Par	t IV Escrow and Custodial Arrang		ete if organization ai	nswered "Yes" t	o Form 990), Part IV, line	e 9, or
	reported an amount on Form 990, Par						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other asset	ts not inclu	ded	
	on Form 990, Part X?					<u>L</u>	⊥ Yes No
ъ	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table		_		
							Amount
C	Beginning balance				<u> </u>	1c	
đ	Additions during the year				<u> </u>	1d	
е	Distributions during the year				L.	1e	
f	Ending balance				L	1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			L	∐ Yes No
_	If "Yes," explain the arrangement in Part XIV						
Par	t V Endowment Funds. Complete if	f the organization ar	swered "Yes" to Fo	rm 990, Part IV,			
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Th	ree years back	(e) Four years back
1a	Beginning of year balance	2835199.	3126194.				
b	Contributions	3,323.					
С	Net investment earnings, gains, and losses	253,910.	<592,775.	<u> </u>			
d	Grants or scholarships	426,535.					
е	Other expenditures for facilities	10.000	06 500				
	and programs	12,000.	86,730.				
f	Administrative expenses	32,030.	38,527.				
g	End of year balance	2621867.	2408162.				
2	Provide the estimated percentage of the year		as:				
а	Board designated or quasi-endowment	.00	_%				
b	Permanent endowment ► 100.00	<u></u> %					
С	· ————	%					
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administere	d for the or	ganızatıon	
	by:						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations	•					3b
4	Describe in Part XIV the intended uses of the						
Pai	t VI Investments - Land, Building			-		1	
	Description of investment	(a) Cost or o		t or other	(c) Accum		(d) Book value
		basis (investi		(other)	depreca	ation	107 227
	Land	-	- 14	27,337.			127,337.
b	Buildings		-	70 406	70	210	1 100
С	Leasehold improvements			79,406.		,210.	1,196.
d	Equipment			25,906.	45	,906.	0.
e	Other (October 41)	aval Form 000. Dod	V solumn (B) lung	10(-))			128 533

Schedule D (Form 990	2009
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- (-	Е	1		12		_
	_	.,	1	7.7	_	_

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation: if-year market value
Financial derivatives			
Closely-held equity interests			
Other			
VARIOUS COMMON TRUST FUNDS	6,390,062.		
LIMITED PARTNERSHIPS	18,398,865.	END-OF-YEAR M	ARKET VALUE
	 		· · · · · · · · · · · · · · · · · · ·
	<u> </u>		
1000			<u>-</u> -
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	24,788,927.		
Part VIII Investments - Program Related.	See Form 990, Part X, line 1	3	
(a) Description of investment type	(b) Book value		od of valuation:
	1, ,	Cost or end-o	f-year market value
			
	+		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			-
Part IX Other Assets. See Form 990, Part X, In			
(a) Description		(b) Book value
	···	· · - · · · · · · · · · · · · · · · · ·	
			
	.	• • •	
	-	.	
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15)		
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes	COVERNION .		
FUNDS HELD UNDER AGENCY/ENDO	MMENT.	3,111,275.	
AGVERIEN I 9		3,111,4/3.	
			
	- -		
,	+-		
			
		**	
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 25)	3,111,275.	
2. FIN 48 Footnote. In Part XIV, provide the text of the fo		financial statements that repo	orts the organization's liability for

uncertain tax positions under FIN 48. 932053 02-01-10

COMMUNITY FOUNDATION FOR NORTHEAST

Sche	dule D (Form 990) 2009 GEORGIA					1337333 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financ	ial State	ement	-
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		3,804,019.
2	Total expenses (Form 990, Part IX, column (A), line 25)	_		2		4,522,781.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		<718,762.
4	Net unrealized gains (losses) on investments			4		1,905,470.
5	Donated services and use of facilities		_ [5		47,846.
6	Investment expenses			6		
7	Prior period adjustments			7		<19,088.
8	Other (Describe in Part XIV)			8		<295,216.
9	Total adjustments (net). Add lines 4 through 8			9		1,639,012.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9		10		920,250.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	ents Wi	ith Reven	ue per F	leturr	
1	Total revenue, gains, and other support per audited financial statements			-	1	4,880,940.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	1,90	5,470.		
ь	Donated services and use of facilities	2b	4'	7,846.	1	
С	Recoveries of prior year grants	2c			1	
d	Other (Describe in Part XIV.)	2d	_		1	
е	Add lines 2a through 2d				2e	1,953,316.
3	Subtract line 2e from line 1				3	2,927,624.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b	87	6,395.	1	
c	Add lines 4a and 4b	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 _C	876,395.
5	_Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	3,804,019.
	rt XIII Reconciliation of Expenses per Audited Financial Statem	nents W	/ith Expe	nses per	_	
1	Total expenses and losses per audited financial statements				1	3,948,808.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				Ė	
a a	Donated services and use of facilities	2a				
_		2b			1	
b	Prior year adjustments	20 2c			1	
C	Other losses				1	
d	Other (Describe in Part XIV.)	2d			ا ۱	0.
e	Add lines 2a through 2d				2e	3,948,808.
3	Subtract line 2e from line 1				3	3,340,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	11				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>	3,973.	-	
b	,	_4b		3,313	1 :	572 072
-	Add lines 4a and 4b				4c	573,973.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	4,522,781.
	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part					
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com			-	lditiona	al information.
PA	RT V, LINE 4: HELD AS AGENCY ACCOUNTS FOR	VARI	OUS LO	CAL	-	
MO	T FOR RECEIP INCOMENIATIONS INCLUDING COMO	NT 67				
NO	I-FOR-PROFIT INSTITUTIONS, INCLUDING SCHOO	י פחל				
	DE VI 1737 0 ORVED 10 THANKS					
PA.	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
3.0		(T)\TM	22250	^		
AD.	DITIONAL REALIZED LOSSES PER AUDIT ADJUSTN	MENT:	23359	<u> </u>		
ъ0	OW/MAN W 1 THROWS STEEDSTON F26015					
BO	OK/TAX K-1 INCOME DIFFERENCE: -536015.			-		
CO	NVERSION OF DONOR ADVISED TO AGENCY FUND:	7206				
00.	AVERSION OF DONOR ADVISED TO AGENCE FUND:	7200	•			
RO	UNDING: 1.					
<u> </u>					Sche	dule D (Form 990) 2009
93205 02-01	i4 - 10					

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009

OMB No 1545-0047

2 Schedule I (Form 990) 2009 **Employer identification number** 58-1557995 Open to Public ECIPIENT ORGANIZATION Inspection UPPORT THE 501(C)(3) (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization (box) if applicable cash grant or government cash assistance or government or Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. o, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. 3,536,568, LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. COMMUNITY FOUNDATION FOR NORTHEAST 501(C)(3) Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization GEORGIA SEE GRANTS ATTACHMENT Name of the organization Department of the Treasury Internal Revenue Service Part Part II

26

58-1557995

Schedule I (Form 990) 2009 GEORGIA

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the	de the information	required in Part I,	line 2, and any other	information required in Part I, line 2, and any other additional information.	
SCHEDULE I, PART I, LINE 2: ALL GRANT 501(C)(3) ORGANIZATIONS ONLY. NO EX	GRANTS ARE	AWARDED T	AWARDED TO U.S. QUALIFIED URE RESPONSIBILITY IS REQ	S ARE AWARDED TO U.S. QUALIFIED PENDITURE RESPONSIBILITY IS REQUIRED	
胃	IS A QUZ	A QUALIFIED 50	1(C)(3) OR	501(C)(3) ORGANIZATION.	
		i			

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA

Employer identification number 58-1557995

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION IS A PUBLIC CHARITY FORMED TO BENEFIT THE CITIZENS OF
NORTHEAST GEORGIA THROUGH THE DEVELOPMENT OF ENDOWMENT FUNDS. THE
FOUNDATION RECEIVES CHARITABLE CONTRIBUTIONS THAT ARE THEN INVESTED
WITH THE INCOME DISBURSED TO NONPROFIT ORGANIZATIONS SERVING IN THE
AREAS OF HEALTH, HUMAN SERVICES, EDUCATION, COMMUNITY SERVICE AND THE
ARTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION IS A PUBLIC CHARITY FORMED TO BENEFIT THE CITIZENS OF
NORTHEAST GEORGIA THROUGH THE DEVELOPMENT OF ENDOWMENT FUNDS. THE
FOUNDATION RECEIVES CHARITABLE CONTRIBUTIONS THAT ARE THEN INVESTED
WITH THE INCOME DISBURSED TO NONPROFIT ORGANIZATIONS SERVING IN THE
AREAS OF HEALTH, HUMAN SERVICES, EDUCATION, COMMUNITY SERVICE AND THE
ARTS.
FORM 990, PART VI, SECTION A, LINE 2: TRACEY MASON BLASI - DIRECTOR &
VICE PRESIDENT
WAYNE H. MASON - DIRECTOR
MR. MASON IS MRS. BLASI'S UNCLE.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, THE FORM 990 IS

PRESENTED TO THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE FOR THEIR

APPROVAL BY THE CPA FIRM THAT PREPARED THE RETURN. IT IS THEN PRESENTED TO

THE BOARD OF DIRECTORS BY THE EXECUTIVE DIRECTOR OR THE DIRECTOR OF

FINANCE, WHICH MAY BE AFTER THE RETURN IS FILED. THE BOARD OF DIRECTORS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02:03-10

Schedule O (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA

Employer identification number 58-1557995

HAS ACKNOWLEDGED THAT THIS IS THE PREFERRED PROCESS.

FORM 990, PART VI, SECTION B, LINE 12C: AN INTERESTED PERSON MUST DISCLOSE
THE EXISTENCE AND NATURE OF ANY FINANCIAL INTEREST TO THE DIRECTORS AND
MEMBERS OF COMMITTEES. THE CHAIRPERSON OF THE BOARD MAY APPOINT A

DISINTEREDTED PERSON TO INVESTIGATE ALTERNATIVES TO THE PROPOSED

TRANSACTION. IF THE BOARD OR COMMITTEE HAS A REASONABLE CAUSE TO BELIEVE
THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE A FINANCIAL INTEREST, IT

SHALL INFORM THE PERSON AND TAKE APPROPRIATE CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR EMPLOYEES IS

DETERMINED AFTER REFERENCING THE "COUNCIL ON FOUNDATIONS" SALARY SURVEY.

THE SALARY FOR EACH EMPLOYEE IS THEN APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND INTERNAL POLICIES ARE GIVEN TO EMPLOYEES WHEN THEY ARE HIRED BY THE ORGANIZATION AND ARE AVAILABLE WITHIN THE ORGANIZATION'S OFFICE TO THOSE WHO FALL UNDER THEIR COVENENTS, BUT AS PROPRIETARY INFORMATION OF THE ORGANIZATION, THEY AND THE FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 2C:

THE AUDIT REVIEW PROCESS BY THE BOARD OF DIRECTORS HAS NOT CHANGED SINCE THE PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 58-1557995

Direct controlling

entity

Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income ਉ ▼ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) COMMUNITY FOUNDATION FOR NORTHEAST ▶ Attach to Form 990. Primary activity GEORGIA Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part Part II

Direct controlling status (if section Public charity 501(c)(3)) 70(B)(1) (A)(VI) Exempt Code 501(C)(3) Legal domicile (state or foreign country) SEORGIA SUPPORTING ORGANIZATION OF Primary activity CFNEG 26-2554446, 3425 DULUTH PARK LANE, DULUTH, HUDGENS SUPPORTING FOUNDATION, LP Name, address, and EIN of related organization 30096

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

932161 02-04-10

Schedule R (Form 990) 2009

COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA

Schedule R (Form 990) 2009

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

Page 2

58-1557995

Comparison Com	990) 2009	Schedule R (Form 990) 2009	_\s^	_				31		
(country) Sections of the tax year) Sections of the tax year of tax year of tax year of tax year of tax year of tax year of tax year of tax year of tax year of tax year of tax year of tax year of tax year of tax year year own or year of tax year of year year own year of year year own year own year year own year year own year own year year own year year own year year own year year year year year year year year										
(register, country) The tay and the country and the country and the country activity The tay year) The tay and the country activity The tay year) The tay tay tay the tay year) The tay tay tay the tay tay the										
(country) sections of the country o										
Continue Continue								Í		
(c) (d) (e) (d) (e) (e) (figure or location or locatio										
(country) (country)	(h) Percentage ownership		of total ome		(e) Type of entrice (C corp., S cc or trust)	Y			Prin	
(county) Legal commons Legal commons Legal commons Legal commons County) County County) County e related	it had one or mor	4 because it	Part IV, line	to Form 990, I	answered "Yes"	e organization a	Trust (Complete if th	poration or x year.)	ns Taxable as a Cor or trust during the ta	
Legal domicale Direct controlling Predominant income (state or fortal country) Legal domicale Direct controlling (figlied, unreflated, un	•									
Country Coun										
Country Coun										
(c) (d) (e) (e) Predominant income (state or entity (related, unrelated country) Legal domicile Direct controlling (related, unrelated, excluded from tax under country) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e										
	(j) General or managing partner? S) Yes No	Code V-UBi amount in bo 20 of Schedu K-1 (Form 106	(h) Disproportion ate allocations Yes No	(g) Share of and-of-year assets			Predominant in (related, unrel excluded from taxes sections 512-		(c) Legal domicile (state or foreign country)	(b) Primary activity

58-1557995

Schedule R (Form 990) 2009 GEORGIA

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Mar. Connected to a satural than 11 Date 11 11 and 17 States and addition		- N
Note: Complete line I if any entity is listed in Parts II, III, or IV or this scriedule 1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X X
 Definit, grant, or capital contribution from other organization(s) Giff, grant, or capital contribution from other organization(s) 		
d Loans or loan guarantees to or for other organization(s)		T P
e Loans or loan guarantees by other organization(s)		1e X
f Colo of accept to other arrangation(c)		×
		×
y Futuriase of assets from other organization (s). Fixehande of assets		
		;= X
		1
j Lease of facilities, equipment, or other assets from other organization(s)		1
k Performance of services or membership or fundraising solicitations for other organization(s)		∀ ×
r Periornalice of services of membership of idinataling solicitations by other organization(s). The Sharing of facilities, equipment, mailing lists, or other assets.		<u> </u>
n Sharing of paid employees		
o Reimbursement paid to other organization for expenses		1
p Reimbursement paid by other organization for expenses		4p
		>
q Other transfer of cash or property to other organization(s)		10 ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	saction thresholds.	┨
]	170	3
(a) Name of other organization(s)	(b) Transaction type (a·r)	(c) Amount involved
(1) HUDGENS SUPPORTING FOUNDATION, LP	ጸ	45,000.
C C		
(3)		
(4)		
(9)		
332163 02-04-10	Sche	Schedule R (Form 990) 2009

Page 4 58-1557995

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule R (Form 990) 2009

GEORGIA

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	lusion for certain investment partners	sdius					
(a)	(q)	(c)	(Đ	(0)		(6)	
Name, address, and EIN	Primary activity		Are all partners	Share of end-of-	Dispropor-	Code V-UBI	General or
of entity			organizations?	year assets		of Schedule K-1	- 1
		country)	Yes No	•	Yes No	(Form 1065)	Yes No
							_
							-
							•
							_
							-
					_		
						1	

Schedule R (Form 990) 2009

Community Foundation for Northeast Georgia, Inc. Summary of Gains & Losses for the Year Ending December 31, 2009

American Funds 1110 ost Capital Gain Distribution Washington Mutual Investors Regions Street 699,039 31 969,023 56 (63.5) Marrill Lynch #50A-74H26 110 ost Gains & Losses on Sales #791,2910 1,255,121 65 1,487,592 41 (5.1) SunTrust 110 ost Gains & Losses on Sales #791,2910 1,255,121 65 1,487,592 41 (701,332,501) GAISE Railway - SunTrust 110 ost Gains & Losses on Sales #1125,299 #1125,299 856,690 4 865,690 4 865,690 18 5,14 GAISE Railway - SunTrust 110 ost Gains & Losses on Sales #1125,299 856,665 28 856,690 4 865,690 4 10,0038 GAISE Railway - SunTrust 110 ost Gains & Losses on Sales #1125,299 856,665 28 856,665 28 851,690 18 5,14 GAISE Railway - SunTrust 110 ost Gains & Losses on Sales Proceeds by Agency Transactions 15,447,011.01 16,147,011.01 17,0038 Gains & Cass Sales Proceeds by Agency Transactions 15,456,562,42 16,147,011.01 17,0101.01 17,0038	Advisor	Audit WP#	Туре	Investment	Sales Price	Date Cost E	Cost Basis Da	Date	Gain (Loss)
#7912910 #7912910 #7912910 #7912967 #1123929 #1125299 Gross Sales Proceeds b4 Agency Transactions Partnership Growth & Income Pool 1,255,121 65 1,487,692 41 12,255,121 65 12,045,475 14 12,2437 22 86,569 04 86,569 0	American Funds	1310 05		Washington Mutual Investors	, ,	4		 - 	
#7912910 #7912910 #7912910 #1123929 #1123929 #1125299 #1125299 #1125299 Gross Sales Proceeds Gross Sales Proceeds b4 Agency Transactions #15,143,130 42 K-1 Gams/(Losses) K-1 UBI Gams/(Losses) K-1 UBI Gams/(Losses)	State Street	512	Gains & Losses on Sales		899,099 31	5	369,023 56	1	(69,924 25)
#7912910 #7912910 #7912967 #1123929 #1123929 #112599 #1125299 #1125299 Gross Sales Proceeds by Agency Transactions (15,143,130.42 (15,147,011.01) Gross Sales Proceeds by Agency Transactions (15,143,130.42 (15,147,011.01) K-1 Gams/(Losses) K-1 UBI Gams/(Losses)	Merrill Lynch #50A-74H26	1310 08	Gains & Losses on Sales	Partnership Growth & Income Pool	. •		5,198 60		(5,198 60)
#7912910 #7912910 #7912910 #7912967 #1123929 #1125299 #1125299 Gross Sales Proceeds Gross Sales Proceeds #15,143,130 42 (Less) Excluded Net Agency Transactions K-1 Gams/(Losses) K-1 Gams/(Losses) K-1 Gams/(Losses) K-1 UBI Gams/(Losses)	1	ļ					1		(5,198 60)
#1123929 #1123929 #112599 #1125299 #1125299 Gross Sales Proceeds	SunTrust	1310 01	Gains & Losses on Sales	#7912910 #7012067	1,255,121 65	1,41	187,692 41		(232,570 76)
#1125299 #56,865 28 #51,690 18 Gross Sales Proceeds 15,143,130 42 (Less) Excluded Net Agency Transactions 15,363,562.42 16,147,011.01 K-1 Gams/(Losses) K-1 UBI Gams/(Losses)		1310 03	Gains & Losses on Sales	#1123929	86,569 04	į	86,569 04		(
#1125299 Gross Sales Proceeds (Less) Excluded Net Agency Gains/(losses) Gross Sales Proceeds b4 Agency Transactions (Less) Excluded Net Agency Transactions			1		1 1	1		1	(933,932 84)
15,143,130 42 220,422 00 15,363,562.42 16,147,011.01 K-1 Ganns/(Losses) K-1 UBI Ganns/(Losses)	GA/SE Rallway - SunTrust	1310 06	Gains & Losses on Sales	#1125299	856,865 28	786	151,690 18		5,175 10
15,143,130 42 220,422 00 16,363,562.42 16,147,011.01 K-1 Ganns/(Losses) K-1 UBI Ganns/(Losses)									5,175 10
15,363,562.42 16,147,011.01 K-1 Gains/(Losses) K-1 UBl Gains/(Losses)				Gross Sales Proceeds (Less) Excluded Net Agency Gams/(losses)	15,143,130 42 220,422 00				(1,003,880 59) 220,422 00
				Gross Sales Proceeds b4 Agency Transactions	15,363,552.42	16,14	47,011.01		(783,458 59)
						_	K-1 Gams/(Lo K-1 UBI Gams/(Lo	sses)	178,595 00 92,708 00

(512,155 59)

Total

Community Foundation for NE GA Comprehensive Depreciation [Depreciation] GAAP

	er 31, 2009
JAAR	2009 to Decemb
5	For the Period January 1,

																Tolland Comment & Assessed	anipolous			
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000050	8/14/2000 DELL COMPLITER	g	/8¢'l	>	>	/80°.		0.0	/ec'i	>	2	<u>-</u>	6	•		•				
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	0/2/05/0	ļ	CC7'-			0001		3	2071		1			Ì	880 2				7 088	
Subtotal COMP (6)			7,988	0	•	996'/			005'/	-					905	>			2	
Class EQUIP 000130	50% of Telephone System 477ກຄາດ	ne System	4 500	c	c	4 500	4 500 St 100FM	10.0	4.500	0	100	e 0	3.938	7,500	3,938	450	0	0	- 4,388 113	•
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Subtotal EQUIP (1)			4,500	9	•	4,500			4,300	>						3				•
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Note There may be differences due to rounding

Grantee	Grant Date	Fund	Granted
Chestnut Mountain Presbyterian Chur	11/19/2009	Price	\$350,000.00
Cobb Community Foundation	12/31/2009	Must	\$251,612.35
Cobb Community Foundation	12/31/2009	Museum	\$202,839.17
Cobb Community Foundation	12/31/2009	East Cobb Park	\$200,821.21
Must Ministries	4/27/2009	Teague	\$200,000.00
Cobb Community Foundation	12/31/2009	Marietta Kıwanı	\$184,729.83
Cobb Community Foundation	12/31/2009	Sweet	\$176,714.19
Cobb Community Foundation	12/31/2009	Power	\$162,527.56
Cobb Community Foundation	12/31/2009	East Cobb	\$152,556.98
Polk School District	12/10/2009	Tripp	\$147,280.60
Cobb Community Foundation	12/31/2009	Cobb Library	\$143,121.86
Cobb Community Foundation	12/31/2009	Keeler	\$140,823.01
Polk School District	9/15/2009	Tripp	\$138,098.70
Polk School District	6/8/2009	Tripp	\$128,820.60
Cobb Community Foundation	12/31/2009	Simmons	\$112,465.69
Polk School District	9/15/2009	Tripp	\$104,149.80
Polk School District	2/25/2009	Tripp	\$101,000.00
Gwinnett Medical Center Foundation	4/15/2009	Strickland	\$100,000.00
Medici Center, Inc.	4/15/2009	Strickland	\$100,000.00
The Salvation Army	9/28/2009	Hudgens	\$100,000.00
Gwinnett Medical Center Foundation	11/4/2009	Strickland	\$100,000.00
Holy Cross Anglican Church	11/3/2009	Strickland	\$100,000.00
Hamilton Mıll United Methodist Chur	12/21/2009	McCart	\$100,000.00
Cobb Community Foundation	12/31/2009	Yates	\$99,967.38
Cobb Community Foundation	12/31/2009	Keeler	\$99,943.45
Cobb Community Foundation	12/31/2009	Blackwell	\$96,833.25
Polk School District	8/10/2009	Tripp	\$90,666.00
Cobb Community Foundation	12/31/2009	Leadership	\$89,706.41
Cobb Community Foundation	12/31/2009	United	\$84,639.24
Cobb Community Foundation	12/31/2009	Teague	\$78,615.58
First Baptist Church Of Lagrange	1/16/2009	Patton	\$75,000.00
Peachtree Christian Hospice	3/10/2009	Hudgens	\$50,000.00
CARENET	4/20/2009	Teague	\$50,000.00
Predmont Hospital Foundation, Inc.	9/3/2009	Hudgens	\$50,000 00
Gwinnett Council for the Arts	9/25/2009	Gwinnett	\$50,000.00
Peachtree Christian Hospice	9/25/2009	Hudgens	\$50,000.00
Gwinnett Tech Foundation	9/28/2009	Hudgens	\$50,000.00
Camp Twin Lakes	9/28/2009	Hudgens -	\$50,000.00
American Cancer Society	11/4/2009	Strickland	\$50,000.00
The IMPACT! Group	11/19/2009	Down	\$50,000.00
The Hope Clinic	11/3/2009	Strickland	\$50,000.00
Cobb Community Foundation	12/31/2009	Cobb Symphony	\$48,830.36
Cobb Community Foundation	12/31/2009	Blessings	\$45,655.31
Cobb Community Foundation	12/31/2009	Neisler	\$44,178.77
Cobb Community Foundation	12/31/2009	Mopsy	\$43,806.31
Medici Center, Inc.	1/28/2009) Medici	\$42,772.36
The Jackson Jinright Charitable Fou	2/1/2009) Jinrıght	\$42,000.00

Grantee	Grant Date	Fund	Granted
Cobb Community Foundation	12/31/2009	SJJ	\$39,358.41
Holy Cross Anglican Church	12/17/2009		\$39,121 00
Good Samaritan Health Clinic of Cob	4/27/2009	Teague	\$35,000.00
Hampden-Sydney College	6/16/2009	_	\$34,700.00
Pregnancy Resource Center	4/16/2009		\$30,000.00
Duluth High School Scholarship Fund	4/21/2009	-	\$30,000.00
Cobb Community Foundation	12/31/2009	-	\$28,097.24
Atlanta Youth Project	4/16/2009	Teague	\$26,245.00
The Atlanta Opera	6/4/2009	Yates	\$26,166.88
The Friends for The East Cobb Park	7/15/2009	East Cobb Park	\$25,216.00
Georgia Gwinnett College Foundation	1/23/2009	Georgia	\$25,000.00
Cobb Landmarks and Historical Socie	2/13/2009	Keeler	\$25,000.00
Georgia Gwinnett College Foundation	3/5/2009	Georgia	\$25,000.00
The IMPACT! Group	3/27/2009	Down	\$25,000.00
Gwinnett Community Symphony Orchest	4/15/2009	Strickland	\$25,000.00
The Justice Foundation	4/16/2009	Teague	\$25,000.00
Eagle Ranch, Inc.	4/16/2009	Teague	\$25,000.00
Metro Atlanta Urban Young Life	4/16/2009	Teague	\$25,000.00
The IMPACT! Group	5/1/2009	Down	\$25,000.00
The IMPACT! Group	5/28/2009	Down	\$25,000.00
The IMPACT! Group	7/16/2009	Down	\$25,000.00
The IMPACT! Group	8/7/2009	Down	\$25,000.00
The Hope Clinic	8/18/2009	Strickland	\$25,000 00
The IMPACT! Group	9/8/2009	Down	\$25,000.00
The IMPACT! Group	9/8/2009	Down	\$25,000.00
The IMPACT! Group	9/22/2009	Down	\$25,000.00
The IMPACT! Group	10/14/2009	Down	\$25,000.00
Marietta Schools Foundation	11/4/2009	Teague	\$25,000.00
Aurora Theatre, Inc.	11/3/2009	Strickland	\$25,000.00
The IMPACT! Group	11/30/2009	Down	\$25,000.00
The IMPACT Group	12/10/2009	Down	\$25,000 00
Polk School District	6/18/2009) Tripp	\$24,651.00
The IMPACT! Group	8/31/2009) Down	\$23,000.00
Cobb Community Foundation	12/31/2009	Stewart	\$22,584.87
Atlanta Youth Project	4/16/2009	_	\$21,614.10
Simpsonwood United Methodist Church	·	Simpsonwood	\$21,531.57
Brand Mortgage Fund	12/14/2009	Opteum	\$21,278.86
Aurora Theatre, Inc.) Strickland	\$20,000.00
American Cancer Society	· · ·	Strickland	\$20,000.00
Snowbird T.E.A.M. Ministries	4/16/2009) Teague	\$20,000.00
Holy Cross Anglican Church	* *	3 Strickland	\$20,000.00
Marietta Kiwanis Club Foundation	• •) Marietta	\$19,894.77
GRN Community Service Board	6/8/2009		\$18,000.00
The Atlanta Opera	10/14/2009		\$18,000.00
Cobb Community Foundation	12/31/2009		\$17,819.11
The IMPACT Group	1/21/2009		\$17,717.00
Polk School District	12/11/2009	3 Tripp	\$16,020.41

Grantee	Grant Date	Fund	Granted
Gwinnett Children's Shelter, Inc.	9/3/2009	Price	\$16,000.00
Sentinels of Freedom Gwinnett, Inc.	4/15/2009	Duluth	\$15,000.00
Georgia Family Council	4/16/2009	Teague	\$15,000.00
Safe Path Children's Advocacy Servi	4/27/2009	Teague	\$15,000.00
High Museum of Art	4/27/2009	-	\$15,000.00
Marietta Kiwanis Foundation	5/29/2009	Marietta Kıwanı	\$15,000.00
Cobb Community Foundation	12/31/2009	Kiser	\$14,289.16
The IMPACT Group	1/29/2009	Down	\$13,000.00
Cobb Community Foundation	12/31/2009	Regional	\$12,904.09
Eckerd College	4/23/2009	Stewart	\$12,500.00
AIDGwinnett	3/26/2009	Aids	\$10,771.43
Gwinnett County Public Schools Foun	6/29/2009	Wilbanks	\$10,260.49
Midtown Mission	1/9/2009	Wings	\$10,000.00
Teachers As Leaders	1/26/2009	_	\$10,000.00
Midtown Mission	2/4/2009		\$10,000.00
The IMPACT! Group	2/12/2009	GHRP	\$10,000.00
Midtown Mission	2/26/2009		\$10,000.00
First Baptist Church of Smyrna	3/9/2009	=	\$10,000.00
Midtown Mission	3/27/2009		\$10,000.00
Manuela Martinez Foundation	4/7/2009	Jinright	\$10,000.00
Master's Mission	4/27/2009	_	\$10,000.00
Paulding Pregnancy Services, Inc.	4/27/2009	-	\$10,000.00
Christ Church Episcopal	4/27/2009	=	\$10,000.00
Computers for Youth-Atlanta		Gen 3 Craw	\$10,000.00
Dream House for Medically Fragile C		Gen 3 Craw	\$10,000.00
Friends of Gwinnett Senior Services		Gen 3 Craw	\$10,000.00
The IMPACT! Group		Gen 3 Craw	\$10,000.00
Wellspring Living, Inc.		Gen 3 Craw	\$10,000.00
Peachtree Christian Hospice	5/13/2009		\$10,000.00
Bartow Morgan Family Fund Interfund	4/1/2009		\$10,000.00
Midtown Mission	6/2/2009	Wings	\$10,000.00
Lawrenceville Cooperative Ministry,	6/9/2009	Strickland	\$10,000.00
The Quinn House	6/23/2009		\$10,000.00
Gwinnett Children's Shelter, Inc.		Strickland	\$10,000.00
CFNEG Operating Interfund	8/7/2009		\$10,000.00
Lawrenceville Cooperative Ministry,	8/18/2009		\$10,000.00
Georgia Gwinnett College Foundation	10/16/2009		\$10,000.00
Lawrenceville Cooperative Ministry,	10/26/2009		\$10,000.00
Partnership Against Domestic Violen	11/4/2009	Strickland	\$10,000.00
First Bapist Church of Lawrencevill	11/30/2009		\$10,000.00
The Center for Family Resources	12/2/2009		\$10,000.00
Gwinnett Medical Center Foundation	12/10/2009		\$10,000.00
Fellowship of Christian Athletes	12/10/2009		\$10,000.00
Good Samaritan Health Center of Gwi	12/22/2009		\$10,000.00
Metro Atlanta YMCA	6/3/2009		\$9,827.88
Cobb Community Foundation	12/31/2009		\$9,483.10
The IMPACT Group	3/9/2009		\$8,449.00

Grantee	Grant Date	Fund	Granted
The IMPACT Group	2/19/2009	Down	\$8,412.00
The IMPACT Group	1/14/2009		\$8,350.00
The IMPACT! Group	3/25/2009		\$8,328.00
The IMPACT! Group	3/25/2009		\$8,310.00
The IMPACT! Group	4/7/2009		\$8,102.00
The IMPACT Group	2/20/2009		\$8,100.00
Leadership Gwinnett Foundation, Inc	6/30/2009	Leadership	\$7,750.00
Cobb Landmarks and Historical Socie	4/21/2009	•	\$7,377.00
KSU Foundation, Inc.	1/13/2009	Stewart	\$7,000.00
The Hope Clinic		Gen 3 Craw	\$7,000.00
Washington & Lee University	6/4/2009		\$7,000.00
The IMPACT Group	3/4/2009		\$6,949.00
Families First	6/3/2009		\$6,500.00
The IMPACT Group	1/28/2009		\$6,175.00
Parents With a Purpose	3/9/2009		\$6,000.00
Gwinnett Community Clinic	8/7/2009	•	\$6,000.00
Georgia Rotary Student Program, Inc	8/18/2009	•	\$5,660.00
The IMPACT Group	1/14/2009		\$5,472.00
Abundant Life Academy Ministries	1/20/2009		\$5,000.00
HomeAid Atlanta	2/16/2009		\$5,000.00
Milford Church of God	3/9/2009		\$5,000 00
Foster Children's Foundation, Inc		Gladiators	\$5,000.00
Duluth First United Methodist Churc	4/15/2009		\$5,000.00
Lawrenceville Tourism & Trade Assoc	4/15/2009		\$5,000.00
Bethesda United Methodist Church	4/15/2009		\$5,000.00
Welcome All Baptist Church	4/16/2009		\$5,000.00
University System of Georgia Founda	4/17/2009	Tucker	\$5,000 00
Gwinnett Student Leadership Team	4/20/2009	Gwinnett Studen	\$5,000 00
All God's Children, Inc.	5/7/2009	Gen 3 Craw	\$5,000.00
Family Promise of Gwinnett County,	5/7/2009	Gen 3 Craw	\$5,000.00
Spectrum Autism Support Group, Inc.	5/7/2009	Gen 3 Craw	\$5,000.00
Chinese American Service Agency, In	5/7/2009	Gen 3 Craw	\$5,000.00
Partnership Against Domestic Violen	5/7/2009	Gen 3 Craw	\$5,000.00
The East Lake Foundation, Inc.	6/3/2009	Yates	\$5,000 00
Agnes Scott College	6/4/2009	Belli	\$5,000.00
Emory University	6/4/2009	Belli	\$5,000.00
University of Georgia	6/5/2009	Belli	\$5,000.00
Georgia Gwinnett College Foundation	6/9/2009	Gen 3 Craw	\$5,000.00
Georgia State University	6/16/2009	Belli	\$5,000.00
Georgia College and State Universit	6/16/2009	Belli	\$5,000.00
University of Georgia	6/19/2009	Belli	\$5,000.00
High Museum of Art	9/3/2009	Fowler2	\$5,000 00
Georgia Southern University	9/1/2009	Belli	\$5,000.00
Mercer University	8/24/2009	Belli	\$5,000.00
World Wide Youth Camps	10/16/2009	Pack1	\$5,000.00
Core Foundations	12/2/2009	Underhill	\$5,000.00
Georgia Tech Foundation, Inc.	12/21/2009	Street	\$5,000.00

The Salvation Army 12/22/2009 Howard \$5,000.00	Grantee	Grant Date	Fund	Granted
Aurora Theatre, Inc. 12/22/2009 Howard \$5,000.00 Rainbow Village, inc. 11/22/2009 Belli \$5,000.00 Georgia Institute of Technology 12/30/2009 Belli \$5,000.00 Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,900.00 The IMPACT Group 1/20/2009 Down \$4,872.00 Cobb Community Foundation 12/31/2009 Canopy \$4,576.01 Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,300.00 Cobb Community Foundation 12/31/2009 Freeman \$3,818.46 The Center for Family Resources 1/22/2009 Kiser \$3,340.00 Cobb Community Foundation 12/31/2009 Freeman \$3,818.46 The Center for Family Resources 1/22/2009 Kiser \$3,300.00 Cobb Community Foundation 12/31/2009 Freeman \$3,818.46 The Center for Family Resources 1/22/2009 Gladiators \$3,000.00 Cobb Community Resources 1/2/2009 Gladiators \$3,000.00 Cure Childhood Cancer 4/2/2009 Gladiators \$3,000.00 Winder YMCA of Georgia'S Piedmont 4/2/2009 Gladiators \$3,000.00 W	The Salvation Army	12/22/2009	Howard	\$5,000.00
Rainbow Village, Inc. 12/22/2009 Howard \$5,000.00 Georgia Institute of Technology 12/30/2009 Belli \$5,000.00 Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,900.00 The IMPACT Group 1/14/2009 Down \$4,897.00 The IMPACT Group 1/20/2009 Down \$4,897.00 The IMPACT Group 1/20/2009 Down \$4,877.20 Cobb Community Foundation 12/31/2009 Canopy \$4,576.21 Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,300 00 Cobb Community Foundation 12/31/2009 Freeman \$3,818.46 The Center for Family Resources 1/22/2009 Kiser \$3,334 00 00 SPARC 8/13/2009 Spark \$3,117.93 Lawrenceville Cooperative Ministry, 1/20/2009 Hamby 1 \$3,000.00 SPARC 8/13/2009 Gladiators \$3,000.00 Leavenceville Cooperative Ministry, 1/20/2009 Gladiators \$3,000.00 Urinder YMCA of Georgia's Pledmont 4/28/2009 Gladiators \$3,000.00 Winder YMCA of Georgia's Pledmont 4/28/2009 Gladiators \$3,000.00 Winder YMCA of Georgia's Pledmont 4/28/2009 Gen 3 Craw \$3,000.00 Barrow County Habitat for Humanity 5/7/2009 Gen 3 Craw \$3,000.00 Barrow County Habitat for Humanity 5/7/2009 Gen 3 Craw \$3,000.00 Camp Kudzu, Inc. 5/7/2009 Gen 3 Craw \$3,000.00 Camp Kudzu, Inc. 5/7/2009 Gen 3 Craw \$3,000.00 Camp Kudzu, Inc. 5/7/2009 Gen 3 Craw \$3,000.00 Cennesaw State University 8/7/2009 Simmons \$3,000.00 Kennesaw State University 8/7/2009 Simmons \$3,000.00 Kennesaw State University 8/7/2009 Simmons \$3,000.00 Cennett Community Clinic 11/1/2009 Hamby1 \$3,000.00 Ceylinett Collibrate 3/25/2009 Boan \$2,500.00	Gwinnett Council for the Arts	12/22/2009	Howard	\$5,000.00
Seorgia Institute of Technology 12/30/2009 Belli \$5,000.00 Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,900.00 The IMPACT Group 1/14/2009 Down \$4,897.00 The IMPACT Group 1/20/2009 Down \$4,672.00 Cobb Community Foundation 12/31/2009 Canopy \$4,575.21 Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,300 00 Cobb Community Foundation 12/31/2009 Freeman \$3,818.46 The Center for Family Resources 1/22/2009 Kiser \$3,334 00 SPARC 8/13/2009 Spark \$3,117.93 Lawrenceville Cooperative Ministry, 1/20/2009 Hamby1 \$3,000.00 Cure Childhood Cancer 4/2/2009 Gladiators \$3,000.00 Foram House for Medically Fragile C 4/2/2009 Gladiators \$3,000.00 Keep Georgia Safe 4/2/2009 Gladiators \$3,000.00 Winder YMCA of Georgia's Piedmont 4/28/2009 Gen 3 Craw \$3,000.00 Barrow County Habitat for Humanity 5/7/2009 Gen 3 Craw \$3,000.00 Jesse's House 5/7/2009 Gen 3 Craw \$3,000.00 Lekotek of Georgia 5/7/2009 Gen 3 Craw \$3,000.00 Renovacion Conyugal, Inc. 5/7/2009 Gen 3 Craw \$3,000.00 Renovacion Conyugal, Inc. 5/7/2009 Gen 3 Craw \$3,000.00 Lekotek of Georgia 5/7/2009 Gen 3 Craw \$3,000.00 Lawrenceville Cooperative Ministry, 8/7/2009 Gen 3 Craw \$3,000.00 Lawrenceville Cooperative Ministry, 8/7/2009 Hamby1 \$3,000.00 Lawrenceville Cooperative Ministry, 11/1/2009 Hamby1 \$3,000.00 Lawrenceville Cooperative Ministry, 11/1/2009 Hamby1 \$3,000.00 Gwinnett Community Clinic 11/1/2009 Hamby1 \$3,000.00 Gwinnett Community Clinic 11/1/2009 Gen 3 Craw \$3,000.00 The IMPACTI Group 8/7/2009 Gen 3 Craw \$3,000.00 Pharr Elementary School 2/4/2009 Gen 3 Craw \$3,000.00 Friends of Disabled Adults & Childr \$7/7/2009 Gen 3 Craw \$3,000.00 Pharr Elementary School 2/4/2009 Gen 3 Craw \$2,500.00 Coughs University of Charlotte 3/25/2009 Gen 3 Craw \$2,500.00 Coughs University of Charlotte 3/25/2009 Gen 3 Craw \$2,500.00 Coughs University of Charlotte 3/25/2009 Gen 3 Cra	Aurora Theatre, Inc.	12/22/2009	Howard	\$5,000.00
Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,900.00 The IMPACT Group 1/14/2009 Down \$4,897.00 The IMPACT Group 1/20/2009 Down \$4,877.00 Cobb Community Foundation 12/31/2009 Canopy \$4,576.21 Leadership Gwinnett Foundation 10/5/2009 Leadership \$4,300.00 Cobb Community Foundation 12/31/2009 Freeman \$3,818.46 The Center for Family Resources 1/22/2009 Kiser \$3,334.00 SPARC 8/13/2009 Spark \$3,117.93 Lawrenceville Cooperative Ministry, 1/20/2009 Gladiators \$3,000.00 Cure Childhood Cancer 4/2/2009 Gladiators \$3,000.00 Cram House for Medically Fragile C 4/2/2009 Gladiators \$3,000.00 Keep Georgia Safe 4/2/2009 Gladiators \$3,000.00 Winder YMCA of Georgia's Pledmont 4/2/2009 Gladiators \$3,000.00 Barrow County Habitat for Humanity 5/7/2009 Gen 3 Craw \$3,000.00 Jesse's House 5/7/2009 Gen 3 Craw \$3,000.00 Lexic of Georgia 5/7/2009 Gen 3 Craw \$3,000.00 Renovacion Conyugal, Inc.	Rainbow Village, Inc.	12/22/2009	Howard	\$5,000.00
The IMPACT Group 1/14/2009 Down \$4,897.00 The IMPACT Group 1/20/2009 Down \$4,672.00 Cobb Community Foundation 12/31/2009 Canopy \$4,576.21 Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,300 00 Cobb Community Foundation 12/31/2009 Fiser \$3,384 00 FNE Center for Family Resources 1/22/2009 Kiser \$3,334 00 SPARC 8/13/2009 Spark \$3,117.93 Lawrenceville Cooperative Ministry, 1/20/2009 Gladiators \$3,000.00 Cure Childhood Cancer 4/2/2009 Gladiators \$3,000.00 Keep Georgia Safe 4/2/2009 Gladiators \$3,000.00 Keep Georgia Safe 4/2/2009 Gladiators \$3,000.00 Winder YMCA of Georgia's Pledmont 4/28/2009 Gen 3 Craw \$3,000.00 Barrow County Habitat for Humanity 5/7/2009 Gen 3 Craw \$3,000.00 Jessé's House 5/7/2009 Gen 3 Craw \$3,000.00 Lekotk of Georgia 5/7/2009 Gen 3 Craw \$3,000.00 Lekotk of Georgia 5/7/2009 Gen 3 Craw \$3,000.00 Kennesaw State University 8/7/2009 Gen 3 Craw	Georgia Institute of Technology	12/30/2009	Belli	\$5,000.00
The IMPACT Group	Leadership Gwinnett Foundation, Inc	10/5/2009	Leadership	\$4,900.00
Cobb Community Foundation 12/31/2009 Canopy \$4,576.21 Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,300 00 Cobb Community Foundation 12/31/2009 Freeman \$3,818.46 The Center for Family Resources 1/22/2009 Siser \$3,334 00 SPARC 8/13/2009 Spark \$3,117.93 Lawrenceville Cooperative Ministry, 1/20/2009 Hamby1 \$3,000.00 Cure Childhood Cancer 4/2/2009 Gladiators \$3,000.00 Keep Georgia Safe 4/2/2009 Gladiators \$3,000.00 Keep Georgia Safe 4/2/2009 Gladiators \$3,000.00 Barrow County Habitat for Humanity 5/7/2009 Gen 3 Craw \$3,000.00 Barrow County Habitat for Humanity 5/7/2009 Gen 3 Craw \$3,000.00 Jesse's House 5/7/2009 Gen 3 Craw \$3,000.00 Lextex of Georgia 5/7/2009 Gen 3 Craw \$3,000.00 Lextex of Georgia 5/7/2009 Gen 3 Craw \$3,000.00 Kennessaw State Universi	The IMPACT Group	1/14/2009	Down	\$4,897.00
Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,300 00 Cobb Community Foundation 12/31/2009 Freeman \$3,318.46 The Center for Family Resources 1/22/2009 Kiser \$3,334 00 SPARC 8/13/2009 Spark \$3,117.93 Lawrenceville Cooperative Ministry, 1/20/2009 Hamby1 \$3,000.00 Cure Childhood Cancer 4/2/2009 Gladiators \$3,000.00 Dream House for Medically Fragile C 4/2/2009 Gladiators \$3,000.00 Keep Georgia Safe 4/2/2009 Gladiators \$3,000.00 Winder YMCA of Georgia's Piedmont 4/28/2009 Gen 3 Craw \$3,000.00 Barrow County Habitat for Humanity 5/7/2009 Gen 3 Craw \$3,000.00 Jesse's House 5/7/2009 Gen 3 Craw \$3,000.00 Camp Kudzu, Inc. 5/7/2009 Gen 3 Craw \$3,000.00 Lekotek of Georgia 5/7/2009 Gen 3 Craw \$3,000.00 Renovacion Conyugal, Inc. 5/7/2009 Gen 3 Craw \$3,000.00 Kennesaw State University 8/7/2009 Hamby1 \$3,000.00 Lawrenceville Cooperative Ministry, 11/11/2009 Hamby1 \$3,000.00 Gwinnett Community C	The IMPACT Group	1/20/2009	Down	\$4,672.00
Leadership Gwinnett Foundation, Inc 10/5/2009 Leadership \$4,300 00 Cobb Community Foundation 12/31/2009 Freeman \$3,318.46 The Center for Family Resources 1/22/2009 Kiser \$3,334 00 SPARC 8/13/2009 Spark \$3,117.93 Lawrenceville Cooperative Ministry, 1/20/2009 Hamby1 \$3,000.00 Cure Childhood Cancer 4/2/2009 Gladiators \$3,000.00 Dream House for Medically Fragile C 4/2/2009 Gladiators \$3,000.00 Keep Georgia Safe 4/2/2009 Gladiators \$3,000.00 Winder YMCA of Georgia's Piedmont 4/28/2009 Gen 3 Craw \$3,000.00 Barrow County Habitat for Humanity 5/7/2009 Gen 3 Craw \$3,000.00 Jesse's House 5/7/2009 Gen 3 Craw \$3,000.00 Camp Kudzu, Inc. 5/7/2009 Gen 3 Craw \$3,000.00 Lekotek of Georgia 5/7/2009 Gen 3 Craw \$3,000.00 Renovacion Conyugal, Inc. 5/7/2009 Gen 3 Craw \$3,000.00 Kennesaw State University 8/7/2009 Hamby1 \$3,000.00 Lawrenceville Cooperative Ministry, 11/11/2009 Hamby1 \$3,000.00 Gwinnett Community C	Cobb Community Foundation	12/31/2009	Canopy	\$4,576.21
The Center for Family Resources		10/5/2009	Leadership	\$4,300 00
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	Joanna Mcafee Childhood Cancer Foun	•		\$2,000.00

Grantee	Grant Date	Fund	Granted
Duluth High School Scholarship Fund	4/15/2009	Duluth	\$2,000.00
Georgia Lions Lighthouse Foundation		Gen 3 Craw	\$2,000.00
Gwinnett Medical Center Foundation	5/15/2009		\$2,000.00
Atlanta Community Food Bank	6/3/2009		\$2,000.00
Peachtree Road United Methodist Chu	6/3/2009		\$2,000 00
The Westminister Schools	6/4/2009		\$2,000.00
University of Georgia	6/19/2009		\$2,000.00
Emory University	6/19/2009		\$2,000.00
University of Georgia	6/19/2009		\$2,000.00
Kennesaw State University	6/19/2009		\$2,000.00
Wofford College	6/19/2009	Gordon	\$2,000.00
Oxford College at Emory	6/19/2009	Gordon	\$2,000.00
University of South Carolina	6/30/2009	Todd	\$2,000.00
Iowa Wesleyan College	6/30/2009	Todd	\$2,000.00
Georgia Military College	7/1/2009	Todd	\$2,000.00
University of Georgia	7/13/2009	Todd	\$2,000.00
University of West Georgia	7/13/2009	Todd	\$2,000.00
Berry College	7/13/2009	Todd	\$2,000.00
Georgia State University	7/28/2009	Todd	\$2,000.00
Birmingham - Southern College	8/1/2009	Todd	\$2,000.00
The IMPACT! Group	9/3/2009	Down	\$2,000.00
The IMPACT! Group	9/8/2009	Down	\$2,000.00
Duluth First United Methodist Churc	10/28/2009	Willis	\$2,000.00
Samaritian's Purse	12/2/2009	Underhill	\$2,000.00
St. Stephen the Martyr Catholic Chu	12/10/2009	Blackwell	\$2,000.00
Must Ministries	12/17/2009	Neisler	\$2,000.00
The Sweetwater Valley C.A M.P	12/17/2009	Neisler	\$2,000.00
Gwinnett Children's Shelter, Inc.	12/22/2009	Howard	\$2,000.00
Annandale at Suwanne, Inc.	12/22/2009	Howard	\$2,000.00
Hi-Hope Service Center	12/22/2009	Howard	\$2,000.00
ReChrist Ministries	12/22/2009	Howard	\$2,000.00
Cobb Energy Performing Arts Centre	9/22/2009	Yates	\$1,820.00
Grayson High School	11/19/2009	Grayson	\$1,800.00
Starling Elementary School	11/19/2009	Grayson	\$1,774.45
The Next Stop Foundation, Inc.	5/7/2009	Gen 3 Craw	\$1,650.00
Gwinnett County Special Olympics	4/2/2009	Gladiators	\$1,500.00
Peachtree Christian Hospice	4/7/2009	Willis	\$1,500.00
Savannah College of Art & Design	7/13/2009	Murphy	\$1,500.00
Valdosta State University	8/1/2009		\$1,500.00
Suwanee Day Festival		Gladiators	\$1,500.00
Catholic Charities of the Archdioce	8/24/2009		\$1,500.00
North Georgia College & State Unive	9/24/2009	• •	\$1,500.00
Hi-Hope Service Center	12/1/2009		\$1,500.00
Mt. Paran Christian School	12/7/2009		\$1,500.00
Calvary Baptist Church	12/17/2009		\$1,500.00
The Earl Smith Strand Theatre	12/22/2009	• •	\$1,500.00
Special Olympics Georgia	12/30/2009	Cowart2	\$1,500.00

Grayson Elementary	Grantee	Grant Date	Fund	Granted
Gwinnett Tech Foundation 5/7/2009 House \$1,300.00 Hampden-Sydney College 10/14/2009 Brand \$1,300.00 Antı-Defamation League 12/2/2009 Yates \$1,000.00 Cobb Community Foundation 12/31/2009 Marietta \$1,073.35 Hampden-Sydney College 2/13/2009 Brand \$1,027.00 Cobb Community Foundation Operating 9/5/2009 Pass1 \$1,000.00 Holv Cross Anglican Church 1/12/2009 Strewland \$1,000.00 Khmer Buddhist Relief 1/22/2009 Chea \$1,000.00 The Texas Cambodian Buddhist Societ 1/22/2009 Chea \$1,000.00 University of Georgia 3/5/2009 Gain \$1,000.00 Parkview MCJROTC 4/1/2009 White \$1,000.00 Cobb Community Foundation 4/2/2009 Gladiators \$1,000.00 Grayson High School DECA 4/2/2009 Gladiators \$1,000.00 Camp Twin Lakes 4/2/2009 Gladiators \$1,000.00 Georgia Transplant Foundation 4/2/2009 Gladiators \$1,000.00 Georgia Transplant Foundation 4/2/2009 Gladiators \$1,000.00 Georgia Transplant Foundation 4/2/2009 Gl	Grayson Elementary	11/19/2009	Gravson	\$1,301.95
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Anti-Defamation League	Hampden-Sydney College			
Cobb Community Foundation 12/31/2009 Brand \$1,073.35 Hampden-Sydney College 2/13/2009 Brand \$1,027.00 Cobb Community Foundation Operating 9/5/2009 Pass1 \$1,026.93 Theatre in the Square 1/13/2009 Stewart \$1,000.00 Holy Cross Anglican Church 1/20/2009 Stewart \$1,000.00 Khmer Buddhist Relief 1/22/2009 Chea \$1,000.00 The Texas Cambodian Buddhist Societ 1/22/2009 Chea \$1,000.00 University of Georgia 3/5/2009 Can \$1,000.00 Parkview MCIROTC 4/1/2009 White \$1,000.00 Cobb Community Foundation 4/2/2009 Gladiators \$1,000.00 Grayson High School DECA 4/2/2009 Gladiators \$1,000.00 Camp Horizon 4/2/2009 Gladiators \$1,000.00 Camp Twin Lakes 4/2/2009 Gladiators \$1,000.00 Georgia Transplant Foundation 4/2/2009 Gladiators \$1,000.00 Georgia Transplant Foundation 4/2/2009 Gladiators \$1,000.00 Spectrum Autism Support Group, Inc. 4/2/2009 Gladiators \$1,000.00 North Metro Miracle League 4/2/2009 G				
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Harvard University2/25/2009 Cahoon\$500.00N. E. GA Council Boy Scouts of Amer3/30/2009 Howard\$500.00Pleasant Hill Presbyterian Church4/27/2009 LoPresti\$500.00The Salvation Army of Gwinnett Coun4/29/2009 Strickland\$500.00	N E. GA Council Boy Scouts of Amer			
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Pleasant Hill Presbyterian Church 4/27/2009 LoPresti \$500.00 The Salvation Army of Gwinnett Coun 4/29/2009 Strickland \$500.00	N. E. GA Council Boy Scouts of Amer	3/30/2009	Howard	
The Salvation Army of Gwinnett Coun 4/29/2009 Strickland \$500.00	Pleasant Hill Presbyterian Church			
	American Red Cross	5/29/2009	Gladiators	\$500.00

Grantee	Grant Date	Fund	Granted
Emory Winship Cancer Institute	6/3/2009	Yates	\$500.00
Prevent Child Abuse, Georgia	6/3/2009		\$500.00
United Way of Gwinnett	7/15/2009		\$500.00
St. Vincent - St. Mary High School	7/16/2009		\$500.00
Duluth Fall Festival		Gladiators	\$500.00
Gwinnett Community Clinic	8/18/2009		\$500.00
Families First	10/14/2009	Yates	\$500.00
FCS Urban Ministries	10/14/2009	LoPresti	\$500.00
GRN Safety Gap Fund	11/24/2009	GRN	\$500.00
Atlanta Union Mission	11/30/2009	Fowler2	\$500.00
Harmony Elementary	12/9/2009	Gladiators	\$500.00
Kıngdom Kıds Charity, Inc.	12/14/2009	Pack1	\$500.00
Gwinnett Council for the Arts	12/30/2009	Freid	\$500.00
Gwinnett Community Clinic	12/30/2009	Freid	\$500.00
The Hope Clinic	12/30/2009	Freid	\$500 00
CFNEG Operating Interfund	12/31/2009	Freid	\$500.00
Gwinnett County Public Schools Foun	7/30/2009	Wilbanks	\$463.12
Gwinnett Technical College	11/9/2009	Belli	\$386.12
Gwinnett Technical College	8/17/2009	Belli	\$356.20
Metropolitan Opera Guild	6/3/2009		\$350.00
SPARC	10/19/2009	Spark	\$350.00
St. Stephen the Martyr Catholic Chu		Blackwell	\$300.00
Foster Children's Foundation, Inc	2/12/2009		\$250.00
Heifer International	2/12/2009		\$250.00
Share Our Strength	2/12/2009		\$250.00
Tiny Stitches		Gladiators	\$250.00
Lekotek of Georgia		Gladiators	\$250.00
T Carl Buice School		Gladiators	\$250.00
American Cancer Society	4/15/2009		\$250.00
Covington Family YMCA	5/21/2009		\$250.00
Georgia Gwinnett College Foundation	5/21/2009		\$250.00
Button Gwinnett Boy Scouts	5/21/2009		\$250.00
Emory University (Emory at Oxford)	6/3/2009		\$250.00
Shepherd Spinal Center Foundation	6/4/2009		\$250.00
Gwinnett Rotary Club Fund	9/22/2009		\$250.00
Georgia Gwinnett College Foundation	12/30/2009		\$250.00
Cobb Community Foundation	10/23/2009		\$232.00
Penn State Cancer Institute	12/30/2009		\$200 00
CFNEG Operating Interfund	12/31/2009		\$195.06
Missionaries of Charity Gift of Gra	1/14/2009	•	\$100.00
Aurora Theatre, Inc. Washington Retreat House	3/26/2009 3/26/2009		\$100.00 \$100.00
_			
American Cancer Society GPTV	11/30/2009 11/30/2009		\$100.00 \$100.00
Special Olympics Georgia	11/30/2009		\$100.00
Gwinnett Technical College	2/12/2009		\$88.20
CFNEG Operating Interfund	12/31/2009		\$55.48
or reco operating interrunt	12/31/2009	ritelu	\$33.48

Grantee	Grant Date	Fund	Granted		

		Total Grants	\$7,263,265.82		
		Less agency grants	-\$3,726,695.69		
		Audıt Adjustment	-\$2.13		
			\$3,536,568.00		
		Total	\$3,536,570.13		
		TB balance	\$3,536,568.00		
		Difference	\$2.13		

Form 8868 (Rev. 4-2009)	• •	-				Page 2
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 automat						–
If you are filing for an Automatic 3-Month Extension, complete only						
Part II Additional (Not Automatic) 3-Month Extens			original (no co	oles nee	eded).	
Name of Exempt Organization				Employ	er identific	cation number
Type or COMMUNITY FOUNDATION FOR NORTHE	AST					
print GEORGIA				58	-15579	95
File by the extended Number, street, and room or suite no. If a P.O. box, see instr	uctions.			For IRS	use only	
due date for 6500 STIGARLOAF PKWY, NO. 220						
return See Instructions City, town or post office, state, and ZIP code. For a foreign a 30097	ddress, see inst	tructions.				
Check type of return to be filed (File a separate application for each ret	rian).					
X Form 990 Form 990-EZ Form 990-T (sec. 401)		t) For	n 1041-A	For	n 5227	Form 8870
Form 990-BL Form 990-PF Form 990-T (trust other	•	, = · · ·	n 4720	= `	n 6069	
STOP! Do not complete Part II if you were not already granted an au	tomatic 3-mom	in extension	on a previous	siy nied	rorm 886	<u>. </u>
BEVERLY ESTAFEN, I	IR. OF F	INANCE	}			
• The books are in the care of ▶ 6500 SUGARLOAF PKW	\mathbf{Y} , \mathbf{NO} , \mathbf{Z}	220 - D	ULUTH,	GA 3	0097	
Telephone No. ► (770) 813-3380	FAX No.	-				
• If the organization does not have an office or place of business in the	United States,	check this b	ox			▶ □
• If this is for a Group Return, enter the organization's four digit Group	Exemption Num	nber (GEN)	. If th	is is for	the whole g	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	membe	rs_the exter	nsion is for.
4 I request an additional 3-month extension of time until NOVE	MBER 15	, 2010.				
5 For calendar year 2009, or other tax year beginning			and ending_			
	nitial return	Fin	al return		hange in a	ccounting period
7 State in detail why you need the extension				_		
THE TAXPAYER IS STILL WAITING FOR	INFORM	NOITA	THAT IS	NEC	SSARY	IN ORDER
TO FILE A COMPLETE AND ACCURATE I	RETURN					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 606	9, enter the tent	ative tax, les	s 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 e	stimated	T		
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 paymen	t with this form,	or, if require	d, deposit			
with FTD coupon or, if required, by using EFTPS (Electronic Fede	ral Tax Payment	t System). Se	e instructions	. 8c	\$	_N/A
Signature	and Verifica	ation	_			
Under penalties of perjury, I declare that I have examined this form, including act its true, correct, and complete, and that I am authorized to prepare this form.	companying sched	dules and state	ements, and to th	e best o	f my knowled	lge and belief,
	LPA			Date	► 08 ·	110/10
The same of the sa						8868 (Rev. 4-2009)

923832 05-26-09

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

GEORGIA Number, street, and room or surte no. If a P.O. box, see instructions.	• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box			▶ 🗓
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part 1 only A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part 1 only A corporation (including 1/20-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns A component of the form 990-T file Form 990-T). However, you cannot file Form 9886 electronically file form 990-T), However, you cannot file Form 9886 electronically file form 990-T). However, you cannot file Form 9886 electronically file form 990-T), However, you cannot file Form 9886 electronically file form 9868. For more details on the electronic filing of this form, vast varies operated and soke not elife or Charidisa & Abnorporitis. Prove or war sporches and calcidor not elife Charidisa & Abnorporitis. Prove or Charidisa & Form 990-T (Charidisa & Form 990-T) (Chari			form).		
A corporation required to file Form 990-T and requesting an automatic 6-month extension of check this box and complete Part I only At other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fax returns Electronic Filing (-File), Generally, you can electronically file Form 9805 flyou want a 3-month automatic extension of time to file rome of 20 you file Forms 990-Til, However, you cannot file Form 8808 electronically (1) you want the additional (not automatic) another baseline of 20 you file Forms 990-Til, extensive, you cannot file form 8808 electronically (1) you want the additional (not automatic) and or 20 you file Forms 990-Til, extensive, you cannot file form 8808 electronically (1) you want to additional (not automatic) and or 20 you file Forms 990-Til or 8807 or 8807, group entities, or a composite or consolidated from 990-Til instead, you must submit the fully completed and signed page 2 (Part I) of Form 8808. For more details on the electronic filing of this form, visit was used to the file of t	Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	led For	m 8868.	
## All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time or file income tax returns Electronic Filing (e-file), Generally, you can electronically file Form 8888 if you want a 3-month automatic extension of time to file one of the returns noted below (in months for a corporation required to file Form 990-T). However, you cannot file Form 8888 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-T). However, you cannot file Form 8888 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-T). However, you cannot file Form 8888 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-Tims each you must suburn the file file for Charities 3 Nonprofits. **Type or Name of Exempt Organization **COMMUNITY FOUNDATION FOR NORTHEAST **GEORGIA** **DUBLITH GRA** **Non-POSITION FOR NORTHEAST **GEORGIA** **SETATEN NON-POSITION FOR NORTHEAST **GEORGIA** **The books are in the care of ▶ 6500 SUGARLOAF PKWY, NO. 220 **Form 990-EZ Form 990-T (trust other than above) Form 8070 **The books are in the care of ▶ 6500 SUGARLOAF PKWY, NO. 220 - DULUTH, GA 30097 **The books are in the care of ▶ 6500 SUGARLOAF PKWY, NO. 220 - DULUTH, GA 30097 **Telephone No ▶ (770) 813-3380 Form 990-T (trust other than above) Form 8070 **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	Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			-
All other corporabons (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns The income ta	А соп	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and corr	plete		
to file income tax returns Interchoria [Filing 6—file]. Generally, you can electronically file Form 8888 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 990-7). However, you cannot file Form 8868 electronically if (1) you want the additional florid automatics) 3-month extension of (2) you file Form 990-7). However, you preturns, or a composate or considered Form 990-71. 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, wast war xopverfiled and click on e-file for Charlies & Nonprofits. Name of Exempt Organization nd the Nonprofits. Selection of the Nonprofit of Selection of Selection of Selection of Selections. Profit Selection of Selection of Selection of Selection of Selection of Selections. Name of Exempt Organization of Selection of	Part I	only			. ▶ □
noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8866 electronically if (1) you want the additional finds automatics)			exten	sion of time	
COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA Series by the carester fairney over the stear of poor suite no. If a P.O. box, see instructions. 5500 SUGARLOAF PKWY, NO. 2.20 City, town or post office, state, and ZIP code For a foreign address, see instructions. DULIUTH, QA 30097 Check type of return to be filed(file a separate application for each return): Form 990	noted (not a you m	below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroni atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co- ust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file	ically if nsolida	(1) you want ti ted Form 990-	ne additional
GEORGIA Number, street, and room or suite no. If a P.O. box, see instructions.	Туре	or Name of Exempt Organization	Empl	oyer identific	ation number
Number, street, and room or suite no. If a P.O. box, see instructions. 6500 SUGARLOAF PKWY, NO. 220 City, town or post office, state, and ZIP code For a foreign address, see instructions. DULIUTH, GA 30097 Check type of return to be filed (file a separate application for each return): Form 990	print		_		
Number, street, and room or sute no. If a P.O. box, see instructions. City, town or post office, state, and ZIP code For a foreign address, see instructions.	File by f		5	<u>8-15579</u>	95
Check type of return to be filed (file a separate application for each return): X Form 990	due dat	Number, street, and room or suite no. If a P.O. box, see instructions. 1 6500 STIGART, OAF PKWY NO. 220		_	
Check type of return to be filed (file a separate application for each return): X Form 990		Ons City, town or post office, state, and ZIP code For a foreign address, see instructions.			
X Form 990		DULUTH, GA 30097			
Form 990-BL	Chec	k type of return to be filed (file a separate application for each return):			
Form 990-BL	X	Form 990 Form 990-T (corporation)	720		
Form 990-EZ					
BEVERLY ESTAFEN, DIR. OF FINANCE The books are in the care of ▶ 6500 SUGARLOAF PKWY, NO. 220 − DULUTH, GA 30097 Telephone No ▶ (770) 813-3380 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box	覀				
BEVERLY ESTAFEN, DIR. OF FINANCE The books are in the care of ▶ 6500 SUGARLOAF PKWY, NO. 220 - DULUTH, GA 30097 Telephone No ▶ (770) 813-3380 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box	Ħ				
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Telephone No ► (770) 813-3380 FAX No. ► If the organization does not have an office or place of business in the United States, check this box		BEVERLY ESTAFEN, DIR. OF FINANCE			
If the organization does not have an office or place of business in the United States, check this box	• Ìh	books are in the care of \triangleright 6500 SUGARLOAF PKWY, NO. 220 - DULUTH,	GA	30097	
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	Te	ephone No ▶ <u>(770) 813-3380</u> FAX No. ▶			
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 AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2009 or ▶ 1 tax year beginning , and ending 2 If this tax year is for less than 12 months, check reason:	If t	he organization does not have an office or place of business in the United States, check this box			.▶□.
I 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 above. The extension is for the organization's return for: X calendar year 2009 or Tax year beginning , and ending	• If t	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	ıs ıs fo	r the whole gro	oup, check this
AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2009 or	box 🕽	▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and EINs of all	memb	ers the extens	ion will cover.
AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2009 or					
Is for the organization's return for: X Calendar year 2009 or	1		tıl		
▶ X calendar year 2009 or , and ending . 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 \$ 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 \$ 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 \$ N/A 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			above.	The extension	
tax year beginning , and ending If this tax year is for less than 12 months, check reason:					
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 \$ 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 \$ 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 \$ N/A 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					
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See instructions. 3c \$ N/A 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	С	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			
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			3c	\$	N/A
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 4-2009)	Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	ı 8879-	EO for paymer	nt instructions
	LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	-	Form 8	368 (Rev. 4-2009

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