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Form 990-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0052

For calendar year 2009, or tax year beginning and ending Final return G Check all that apply Initial return initial return of a former public charity Amended return Address change J Name change A Employer identification number Name of foundation Use the IRS label. Otherwise, R. A. GRIFFIN FAMILY FOUNDATION, 58-1977357 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number print 229-293-4063 or type. 3821 SKIPPER BRIDGE ROAD See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. VALDOSTA, GA 31605 D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method X Cash Accrual under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination 3,813,437. (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) income expenses per books income N/A 0 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 44,626. 44,626. STATEMENT Dividends and interest from securities 5a Gross rents Net rental income or (loss) <250,944. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 708,941. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) <7,361. STATEMENT <7,361**.**Þ 11 Other income <213,679.37,265. Total. Add lines 1 through 11 10,400. 5,200. 5,200. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,932. 1,933. STMT 3 3,865. **b** Accounting fees 10,415. 5,208. 5,207. STMT 4 c Other professional fees 17 Interest Ō. STMT 5 <189.> <189 € 18 Taxes RECEIVE 19 Depreciation and depletion ၁ 20 Occupancy SEP 2 1 2010 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses
24 Total operating
expenses Add
25 Contributions of STMT 6 2,100. 2,023 77. OGDEN. UII 24 Total operating and administrative 14,175 26,591 12,416. expenses Add lines 13 through 23 254,000. 254,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 280,591 14,175 266,416. Add lines 24 and 25 27 Subtract line 26 from line 12 <494,270. 2 Excess of revenue over expenses and disbursements 23,090 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A

SCANNED SEP 2

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2009)

Form 990-PF (20	009) R. A. GRIFFIN FAMILY FO	UNDATION, INC.		977357 Page 2
Daniel B	alance Sheets Attached schedutes and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
Part II	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
2 Saving	non-interest-bearing s and temporary cash investments nts receivable ►	63,944.	37,131.	37,131.
4 Pledge Less a 5 Grants 6 Receive disqual 7 Other note	Illowance for doubtful accounts s receivable Illowance for doubtful accounts receivable ables due from officers, directors, trustees, and other lifted persons and loans receivable Illowance for doubtful accounts			
9 Prepaid 10a Investr b Investr c Investren 11 Investmen	d expenses and deferred charges ments - U S and state government obligations ments - corporate stock ments - corporate bonds sis-land, buildings, and equipment basis imulated depreciation	3,933,887. 509,019.	3,410,471. 605,359.	3,151,399. 610,832.
13 Investr 14 Land, I Less accu	ments - mortgage loans ments - other buildings, and equipment basis umulated depreciation assets (describe STATEMENT 10)	11,199.	11,199.	14,075.
17 Account 18 Grants 19 Deferre 20 Loans fr 21 Mortga	nts payable and accrued expenses payable de revenue rom officers, directors, trustees, and other disqualified persons ages and other notes payable labilities (describe	4,518,049.	4,064,160.	3,813,437.
23 Total I	labilities (add lines 17 through 22)	0.	0.	
and co	orarily restricted nently restricted			
and co 27 Capital 28 Paid-in 29 Retain	ations that do not follow SFAS 117, check here mplete lines 27 through 31. I stock, trust principal, or current funds or capital surplus, or land, bldg, and equipment fund ed earnings, accumulated income, endowment, or other funds net assets or fund balances	0. 0. 4,518,049. 4,518,049.	0. 0. 4,064,160. 4,064,160.	
	iabilities and net assets/fund balances Analysis of Changes in Net Assets or Fund E	4,518,049.	4,064,160.	
1 Total net ass (must agree	sets or fund balances at beginning of year - Part II, column (a), line with end-of-year figure reported on prior year's return)	30	1	4,518,049.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	4,518,049.
2	Enter amount from Part I, line 27a	2	<494,270.>
	Other increases not included in line 2 (itemize) SEE STATEMENT 7	3	48,667.
4	Add lines 1, 2, and 3	4	4,072,446.
5	Decreases not included in line 2 (itemize) ► ALLIANCEBERNSTEIN PY ADJUSTMENT	5	8,286.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,064,160.
_			222

923511 02-02-10

	d Losses for Tax on Inv			TIN	<u>. </u>			0-137	1351	Page 3
(a) List and describe	the kind(s) of property sold (e g ,	real estate,		(b) I	How ac	nase i		acdniréq	(d) Dat	
• 2-story brick wareh	ouse, or common stock, 200 shs	MLC Co)		D	- Dona	ation	(mo , d	ay, yr)	(mo , d	ay, yr)
1a	ישאבו אים		· · · · · · · · · · · · · · · · · · ·	├-						
b SEE ATTACHED S	STATEMENT			├-						
<u>c</u>				-						
e				┼-						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	st or other basis expense of sale					ain or (loss) s (f) minus (
a			<u></u>							
b										
С		 								
d			0.50						-0.5.0	0.4.4
e 708,941.			959,88	35.						,944.
Complete only for assets showing g								ol (h) gain iot less thai		
(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			007		(from col (
a										
b										
C										
d										
е									<250	,944.
2 Capital gain net income or (net capita 3 Net short-term capital gain or (loss) a	((7 7	}	2				<250	,944.
If gain, also enter in Part I, line 8, colu		· - 7		}				27 / 2		
If (loss), enter -0- in Part I, line 8 Part V Qualification Und	las Cantian 4040/a) fau l	7	Tay on Not		3	ant Inc		N/A		
If section 4940(d)(2) applies, leave this p Was the foundation liable for the section If "Yes," the foundation does not qualify to	4942 tax on the distributable amounder section 4940(e) Do not corr	plete this pa	rt						Yes	X No
1 Enter the appropriate amount in each (a)		ctions before	making any entri						(d)	
Base period years Calendar year (or tax year beginning i			Net value of no		rıtable-			Distrit (col (b) div	ution ratio	
2008		3,302.				6,732				78978
2007		,236.				9,064 5,330		-		78010 75456
2006		,843. 3,004.				9,216				$\frac{73436}{65220}$
2005 2004		3,540.				0,861				49615
2 Total of line 1, column (d)		7340.			100	0,001	2			47279
3 Average distribution ratio for the 5-ye		line 2 by 5,	or by the number	r of ye	ars					69456
the foundation has been in existence	•						3			
4 Enter the net value of noncharitable-u	ise assets for 2009 from Part X, lir	ne 5					4			,276.
5 Multiply line 4 by line 3							5		240	<u>,129.</u>
6 Enter 1% of net investment income (1	1% of Part 1, line 27b)						6			231.
7 Add lines 5 and 6							7		240	,360.
B Enter qualifying distributions from Pa	rt XII, line 4						8		266	,416.
If line 8 is equal to or greater than line See the Part VI instructions	e 7, check the box in Part VI, line 1	b, and comp	lete that part usin	ıg a 1'	% tax ı	rate				
023521 02-02-10								F	orm 990-	PF (2009)

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	40(e), or 4	948 -	see instru	ction	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1) 1				•
	Date of ruling or determination letter (attach copy of letter if necessary-see instruction	ns)			່ າ	7 1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%)	. 1			31.
	of Part I, line 27b					•
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col	(b) J				Λ
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	•	2			31.
	Add lines 1 and 2		3			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		5		2	31.
	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-			. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····	<u> </u>
	Credits/Payments 2009 estimated tax payments and 2008 overpayment credited to 2009 6a	4,182.				
	2009 estimated tax payments and 2008 overpayment credited to 2009 Exempt foreign organizations - tax withheld at source 6b	1/102.				
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d		7		4,1	82.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8		- / -	<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			
-	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		3,9	51.
	Enter the amount of line 10 to be Credited to 2010 estimated tax	Refunded -	11		-,-	0.
	irt VII-A Statements Regarding Activities	Itoluliu cu P	<u></u>			
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participation	ate or intervene	ın		Yes	No
	any political campaign?			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	or definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate		d or			
	distributed by the foundation in connection with the activities.	•				
	Did the foundation file Form 1120-POL for this year?			10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ 0 • (2) On foundation managers ▶ \$	0.				
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on fo	oundation				
	managers > \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	<u> </u>	X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	incorporation, o)r			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	ļ	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	X	12
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	ļ	X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	ct with the state	alaw			v
_	remain in the governing instrument?			6	X	X
	Did the foundation have at least \$5,000 in assets at any time during the year?			7	<u> </u>	
	If "Yes," complete Part II, col. (c), and Part XV.					
ва	Enter the states to which the foundation reports or with which it is registered (see instructions) GA	~				
		olanato\				
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or de	signate)		0.	Х	1
0	of each state as required by General Instruction G? If "No," attach explanation	40/i\/E\ for onle	nde-	8b	<u> </u>	-
		42())(3) for cale	nuar			х
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
ĮŪ	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and	addresses		10_	ــــــــــــــــــــــــــــــــــــــ	_ <u> </u>

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be P	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), or		ctly.	1	
any voter registration drive?		∑ Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	'
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?	,	☐ Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru	·	v	N/A 5	b
Organizations relying on a current notice regarding disaster assistance check h			▶ 🔲 🦷	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned		
expenditure responsibility for the grant?		/A	s 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494			İ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		6	b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A 7	b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>'</i>	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	allowances
R. A. GRIFFIN, JR.	CEO			
3821 SKIPPER BRIDGE ROAD				
ALDOSTA, GA 31605	2.00	0.	0.	0.
AMY KING	DIRECTOR			
3900 SKIPPER BRIDGE ROAD	_			
/ALDOSTA, GA 31605	10.00	2,100.	0.	0.
VENDY ROGERS	DIRECTOR			
625 GILSTRAP LANE		i		
ATLANTA, GA 30318	15.00	6,550.	0.	0.
THOMAS REED	DIRECTOR		1	
3854 ORCHARD WAY				•
ALDOSTA, GA 31605	5.00	1,750.	0.	0.
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(a) Evpansa
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
				
	-			
	-			
#F0 000	1	L		0
otal number of other employees paid over \$50,000			•	0

0.

Total. Add lines 1 through 3

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.) *
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		,
а	Average monthly fair market value of securities	1a	3,438,412. 57,438.
b	Average of monthly cash balances	1b	57,438.
C	Fair market value of all other assets	10	14,075.
d	Total (add lines 1a, b, and c)	10	3,509,925.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,509,925.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	52,649.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	3,457,276.
6	Minimum investment return. Enter 5% of line 5	6	172,864.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	172,864.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b 14.		
C	Add lines 2a and 2b	2c	245.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	245. 172,619.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	172,619.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	172,619.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	266,416. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	·- <u>-</u>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	266,416.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	231. 266,185.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	266,185.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	r the section

4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see	nstructions)			
•	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				172,619.
2 Undistributed income, if any, as of the end of 2009			0.	
a Enter amount for 2008 only	······································			
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009	····	.		·· / ··· · · · · · · · · · · · · · · ·
a From 2004				
b From 2005 67,819.			į	
c From 2006 113,708. d From 2007 148,793.				
121 465				
	461,785.			
f Total of lines 3a through e 4 Qualifying distributions for 2009 from	101/1031			
Part XII, line 4 ►\$ 266, 416.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior	1/1 1. 1 11 in 1-111			Harmittan a aras aras
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			. <u> </u>	v dande
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount			un ruchtsaule.	172,619.
e Remaining amount distributed out of corpus	93,797.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	555,582.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		

assessed d Subtract line 6c from line 6b Taxable amount - see instructions

e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see instr

f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must

be distributed in 2010 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by

section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2004 not applied on line 5 or line 7

9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a

0	Analysis of line 9	
U	Allalysis of life 5	

a Excess from 2005	67,819.
b Excess from 2006	113,708.
c Excess from 2007	148,793.
d Excess from 2008	131,465.
e Excess from 2009	93,797.

Form **990-PF** (2009)

0.

0.

0.

555,582.

0.

	RIFFIN FAMI			N/A	77337 Tage 10
Part XIV Private Operating Fo			A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			tion	4942(j)(3) or 49	942(j)(5)
b Check box to indicate whether the found	r	ig toundation described if	Prior 3 years	4942())(3) 01 43	1
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
income from Part I or the minimum	(4) 2009	(1) 2000	(6) 2007	(4) 2000	(0) 10.01
investment return from Part X for					
each year listed				ļ	
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				<u> </u>	
d Amounts included in line 2c not				1	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets					1
(2) Value of assets qualifying					
under section 4942(J)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed]	
c "Support" alternative test - enter					
(1) Total support other than gross		1			
investment income (interest,					
dividends, rents, payments on				İ	
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt]				
organizations as provided in					
sečtion 4942(j)(3)(B)(iii)				 	
(3) Largest amount of support from					
an exempt organization			<u> </u>		
(4) Gross investment income				1 105 000	<u> </u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t		instructions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			ributions received by the	e foundation before the clo	ose of any tax
year (but only if they have contributed in	nore than \$5,000) (See s	section 507(a)(2))			
NONE			<u></u>		
b List any managers of the foundation wh			or an equally large porti	on of the ownership of a j	partnership or
other entity) of which the foundation ha	s a 10% or greater intere	ST			
NONE					
2 Information Regarding Contribut					
Check here $ ightharpoonup$ If the foundation o					
the foundation makes gifts, grants, etc	(see instructions) to indiv	viduals or organizations u	nder other conditions, c	omplete items 2a, b, c, an	d d
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed		
		_			
b The form in which applications should b	e submitted and informa	tion and materials they sh	nould include		
c Any submission deadlines		•			
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors	
923601 02-02-10					Form 990-PF (2009)

923611 02-02-10

er gross amounts unless otherwise indicated	Unrelated bu	isiness income		by section 512, 513, or 514	(e) ´
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exemp function income
Program service revenue	code	AINOUR	code	Allowit	
·		 			
·					
			 		
			 		
Fees and contracts from government agencie	<u>, , , , , , , , , , , , , , , , , , , </u>				
embership dues and assessments	, · · · · · · · · · · · · · · · · · · ·				
iterest on savings and temporary cash					
vestments					
ividends and interest from securities			14	44,626.	
et rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal					
roperty					
ther investment income	523000	1,096.	14	<8,457.	<u> </u>
ain or (loss) from sales of assets other				050 044	
nan inventory			18	<250,944.	<u> </u>
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
Other revenue					
···			+		
	1 1		 		
ubtotal Add columns (b), (d), and (e)		1,096.		<214,775.	•
otal. Add line 12, columns (b), (d), and (e)	<u> </u>			13	<213,6
worksheet in line 13 instructions to verify calcu	ulations)				
	ivities to the Accom	nlishment of F	cempt F	urnoses	
		·			
			contribute	d importantly to the accom	plishment of
No. Explain below how each activity for				•	
No. Explain below how each activity for					
No. Explain below how each activity for					
No. Explain below how each activity for					
No. Explain below how each activity for					
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No. Explain below how each activity for					
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e No. Explain below how each activity for					
No. Explain below how each activity for					
No. Explain below how each activity for					

923621 02-02-10

Form 990-PF (2009) 58-1977357 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) Х Х 1a(2) (2) Other assets **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) X 16(2) (2) Purchases of assets from a noncharitable exempt organization X (3) Rental of facilities, equipment, or other assets 1b(3) X 1b(4) (4) Reimbursement arrangements (5) Loans or loan guarantees 1b(5) X 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 10 d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, Title Signature of officer or trustee Check if Preparer's identifying number Date Preparer's self-employed ► [reparer's Use Only 1 10 253 56 3582 signature FOWLER, HOLLEY, RAMBO & STALVEY, EIN ▶ Firm's name (or yours 3208 WILDWOOD PLANTATION DRIVE if self-employed)

Form 990-PF (2009)

(229) 244-1559

VALDOSTA, GA 31605

Phone no

Part W Capital Gains and Los	ses for Tax on Investment Income				
	describe the kind(s) of property sol ck warehouse, or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a ISHARES TRUST F	RUSSELL 3000 IND	EX		06/28/07	
b AETOS CAPITAL C	ROWTH FUND			07/02/07	
c HARBOR INTL FUN				10/05/07	
	TERM TREASURY				07/20/09
e VANGUARD TOTAL				12/24/08	
1 ARTISAN INTL FI				07/02/07	11/10/09
g CAPITAL GAINS I	DIVIDENDS				
<u>h</u>				<u> </u>	
<u> </u>					
k				 	
1			+		
_ 				<u> </u>	
				 	
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)	
a 112,914.		214,563.	• • • • • • • • • • • • • • • • • • • •	<	101,649.
ь 200,000.		200,000.			0.
c 105,000.		184,885.			<79,885.
d 50,000.		54,101.			<4,101.
e 100,000.		99,804.			196.
f 135,000.		206,532.			<71,532.>
g 6,027.				 	6,027.
<u>h</u>					
1					
k		:		····	
1				· · · · · · · · · · · · · · · · · · ·	
m					
n					
0					
Complete only for assets showing	gain in column (h) and owned by t			sses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		of col (h) gain ove not less than "-0-")	
a	- 				101,649.
b					0.
<u>c</u>		<u> </u>			<79,885.
<u>d</u>					<4,101.2 196.
e			·		<71,532.
<u>f</u>					$\frac{\sqrt{11,332.}}{6,027.}$
9 h					0,021.
<u>'' </u>					
i					
k					
ı					
n					
n					
o				·	
2 Capital gain net income or (net cap	ital loss) { If gain, also enter if (loss), enter -0	in Part I, line 7 -" in Part I, line 7	2	<	250,944.
Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c if (loss), enter "-0-" in Part I, line 8		d (6)		N/A	

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	.)
DIVIDEND INCOME INTEREST INCOME	-		50,542. 111.		6,027.	44,5	15. 11.
TOTAL TO FM 990-PF, PART I, L	N 4		50,653.		6,027.	44,6	26.
FORM 990-PF	O'.	THER I	NCOME			STATEMENT	2
DESCRIPTION		:	(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
FLAG PRIVATE EQUITY III, LP FLAG PRIVATE EQUITY III, LP				457.> 096.	<8,457. 1,096.		
TOTAL TO FORM 990-PF, PART I,	LINE	11	<7,	361 . >	<7,361.	>	
FORM 990-PF	ACC	COUNTI	NG FEES			STATEMENT	3
	(/	A)	NG FEES (B) NET INV		(C) ADJUSTED NET INCOME	(D) CHARITA	BLE
DESCRIPTION FOWLER, HOLLEY, RAMBO,&	EXPEN PER I	A) NSES	(B) NET INV MENT IN		ADJUSTED NET INCOME	(D) CHARITA	BLE ES
DESCRIPTION FOWLER, HOLLEY, RAMBO, & STALVEY	EXPEN PER I	A) NSES BOOKS	(B) NET INV MENT IN	СОМЕ	ADJUSTED NET INCOME	(D) CHARITA PURPOS	BLE ES
DESCRIPTION FOWLER, HOLLEY, RAMBO,& STALVEY TO FORM 990-PF, PG 1, LN 16B	EXPEN PER I	A) NSES BOOKS 3,865.	(B) NET INV MENT IN	,933.	ADJUSTED NET INCOME	(D) CHARITA PURPOS	BLE ES
DESCRIPTION FOWLER, HOLLEY, RAMBO,& STALVEY TO FORM 990-PF, PG 1, LN 16B FORM 990-PF	EXPEN PER I	A) NSES BOOKS 3,865. 3,865. PROFESS	(B) NET INV MENT IN 1 1 SIONAL F	,933. ,933. EES	ADJUSTED NET INCOME	(D) CHARITA PURPOS 1,9 1,9 STATEMENT (D) CHARITA	BLE ES 32.
DESCRIPTION FOWLER, HOLLEY, RAMBO,& STALVEY TO FORM 990-PF, PG 1, LN 16B	EXPEN PER I	A) NSES BOOKS 3,865. 3,865. PROFESS	(B) NET INV MENT IN 1 1 SIONAL F. (B) NET INV MENT IN	,933. ,933. EES	ADJUSTED NET INCOME (C) ADJUSTED NET INCOME	(D) CHARITA PURPOS 1,9 1,9 STATEMENT (D) CHARITA	BLE 32. 32.

FORM 990-PF	TAX	ES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
INCOME	<189.	> <189.	>		0.
TO FORM 990-PF, PG 1, LN 18	<189.	> <189.	>	_	0.
FORM 990-PF	OTHER E	XPENSES	·	STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI E PURPOSI	
INVESTMENT EXPENSES LICENSES INSURANCE PREMIUMS BANK CHARGES OFFICE SUPPLIES	1,373. 30. 479. 129. 89.				0. 15. 0. 18.
TO FORM 990-PF, PG 1, LN 23	2,100.	2,023.			77.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND E	ALANCES	STATEMENT	7
DESCRIPTION				AMOUNT	
FLAG PRIVATE EQUITY III BOOK	TO TAX ADJU	STMENTS	-	48,6	67.
TOTAL TO FORM 990-PF, PART I	II, LINE 3		=	48,6	67.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	8
DESCRIPTION		вс	OOK VALUE	FAIR MARKE VALUE	T
CORPORATE STOCK FLAG PRIVATE EQUITY, III LP ALLIANCE BERNSTEIN HOLDINGS LEHMAN COMMODITIES LP			2,799,434. 361,037. 0. 250,000.	2,673,6 322,4 155,2	42. 0.
TOTAL TO FORM 990-PF, PART I			3,410,471.		

FORM 990-PF	ORPORATE BONDS		STATEMENT	9
DESCRIPTION		BOOK VALUE	FAIR MARKET	ŗ
BONDS		605,359.	610,83	32.
TOTAL TO FORM 990-PF, PART II, LI	605,359.	610,83),832.	
FORM 990-PF	OTHER ASSETS		STATEMENT	10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET	r
LIFE INSURANCE POLICIES	11,199.	11,199.	14,07	75.

	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 11
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ATLANTA CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE ALPHARETTA, GA 30004	N/A GENERAL	501(C)	10,000.
COMMUNITY FOUNDATION OF S.GA. P.O. BOX 2654 THOMASVILLE, GA 31799	N/A GENERAL	501(C)	8,000.
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129		501(C)	5,000.
FUTURE NOW P.O. BOX 2980 VALDOSTA, GA 31604	N/A GENERAL	501(C)	90,000.
MAIL BOX CLUB 404 EAGER ROAD VALDOSTA, GA 31602	N/A GENERAL	501(C)	100,000.
MINISTRY VENTURES, INC. 1080 HOLCOMB BRIDGE RD. BLDG. 200, STE 140 ROSWELL, GA 30076	N/A GENERAL	501(C)	1,000.
NATIONAL BREAST CANCER FOUNDATION, INC. 2600 NETWORK BLVD. SUITE 300 FRISCO, TX 75034	N/A GENERAL	501(C)	2,500.
PREGNANCY SUPPORT CENTER P.O. BOX 5907 VALDOSTA, GA 31601	N/A GENERAL	501(C)	10,000.

R. A. GRIFFIN FAMILY FOUNDATION	N, INC.		58-1977357
PROVERBS 31 MINISTRIES 616-G MATTHEWS MINT HILL ROAD MATTHEWS, NC 28105	N/A GENERAL	501(C)	10,000.
TEEN CHALLENGE COLUMBUS 2021 6TH AVENUE COLUMBUS, GA 31094	N/A GENERAL	501(C)	2,500.
THE SMILE TRAIN 41 MADISON AVE, 28TH FL NEW YORK, NY 10010	N/A GENERAL	501(C)	2,500.
VALDOSTA BLOCK CLUB FEDERATION 306 VARDEDOE ST VALDOSTA, GA 31601	N/A GENERAL	501(C)	12,500.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A	=	254,000.

Deplement 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

	filing for an Automatic 3-Month Extension, complete only Part I and check this both	
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (plete Part II unless you have already been granted an automatic 3-month extension on a	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee	
A corporation	on required to file Form 990-T and requesting an automatic 6-month extension—check	this box and complete
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to request an extension of
one of the i electronicall returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auditereturns noted below (6 months for a corporation required to file Form 990-T). Howery if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed are details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file.	ver, you cannot file Form 8868 s 990-BL, 6069, or 8870, group id signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	R. A. GRIFFIN FAMILY FOUNDATION, INC.	58-1977357
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions	
filing your return See	3821 SKIPPER BRIDGE ROAD	
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	VALDOSTA, GA 31605	· · · · · · · · · · · · · · · · · · ·
	of return to be filed (file a separate application for each return):	
☐ Form 990		☐ Form 4720
☐ Form 99		☐ Form 5227
☐ Form 99	= ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	☐ Form 6069
X Form 99	0-PF	☐ Form 8870
Telephone If the orga If this is fo	s are in the care of ▶R. A. GRIFFIN, JR, VALDOSTA, GA 3160 No. ▶ 229-293-4063 FAX No. ▶ nization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN), group, check this box ▶ ☐ . If it is for part of the group, check this box . e names and EINs of all members the extension will cover.	box ▶ □
until for the ► 🖾 o	est an automatic 3-month (6 months for a corporation required to file For AUGUST 15, 2010, to file the exempt organization return for the organization organization's return for: calendar year 2009 or tax year beginning, 20, and endingax year is for less than 12 months, check reason: Initial return Final return [named above. The extension is
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax	1 1.
	y nonrefundable credits. See instructions.	3a \$ 0
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta its made. Include any prior year overpayment allowed as a credit.	x 3b \$ 0
c Balance deposit	e Due . Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer). See instructions.	
Caution. If yo	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.	
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)

Form's	Rev 4-2009)			Page 2			
• If y	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	box		► X			
•	Note. Cary complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.						
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	neede	ed).			
Туре	Name of Exempt Organization	Em	ployer	identification number			
print	R. A. GRIFFIN FAMILY FOUNDATION, INC.	, ,	8-3	1977357			
File by t extende due dat filing the	d Number, street, and room or suite no. If a P.O. box, see instructions of 13208 WILDWOOD PLANTATION DRIVE	For	IRS us	se only			
return S	Eee City, town or post office, state, and ZIP code. For a foreign address, see instructions	, ξ ,					
	k type of return to be filed (File a separate application for each return) Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5 orm 6				
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ously fil	ed Fo	rm 8868.			
Tel ● If ti ● If ti box ▶ 4 5	R. A. GRIFFIN, JR. be books are in the care of ▶ 3821 SKIPPER BRIDGE ROAD - VALDOSTA, Gephone No ▶ (229) 293-4063 FAX No ▶ the organization does not have an office or place of business in the United States, check this box and is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the part of the group, check this box ★ and attach a list with the names and EINs of a request an additional 3-month extension of time until NOVEMBER 15, 2010. For calendar year 2009, or other tax year beginning, and ending this tax year is for less than 12 months, check reason: Initial return Final return State in detail why you need the extension	this is f	or the bers t	whole group, check this			
b	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. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid.	8a	\$	0.			
	previously with Form 8868	8b	\$	4,182.			
	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			^			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instruction	s 8c	\$_	0.			
	Signature and Verification penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to e, correct, and complete, and that I am authorized to prepare this form	the best	of my	knowledge and belief,			
Signati	ire > Curto & Dowler Title > COA	Dat	te 🕨	7/26/10			
				Form 8868 (Rev 4-2009)			