

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

2009

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

OMB No 1545-0052

For calen	dar year 2009, or tax year beginning	, 200	9, and endir	rg	,	, 20
G Check	all that apply Initial return Initial ret	turn of a former pub	lic charity	I	Final return	
	Amended return Add	ress change	Name o			
Use the	IRS Name of foundation			A Employer i	dentification number	
labe	I IBBIORD IMITEL TOURDINIZON, INC			58-2053		
Otherw prin		eet address)	Room/suite	B Telephone	number (see page 10 of th	ne instructions)
or typ	e. 399 CROSS CREEK DR					
See Spe	cific City or town, state, and ZIP code			C If exemption	n application is pending,	check here . >
Instruct	100001, 011 000				organizations, check here	
	type of organization X Section 501(c)(3) exempt priv			check he	organizations meeting the ere and attach computation	on
		taxable private foun	dation			
	arket value of all assets at J Accounting method	X Cash	Accrual	under secti	oundation status was term on 507(b)(1)(A), check her	e · · · · · •
	year (from Part II, col (c), Other (specify)			F If the foun	dation is in a 60-month te	ermination —
line 16		e on cash basis)	,	under sect	dation is in a 60-month te ion 507(b)(1)(B), check he	re ▶
Part I	, -	(a) Revenue and				(d) Disbursements
	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		investment ncome	(c) Adjusted net income	for charitable purposes
- ,	the amounts in column (a) (see page 11 of the instructions))	DOOKS				(cash basis only)
1	Contributions, gifts, grants, etc , received (attach schedule)	100,0	00			
2	Check ► if the foundation is not required to attach Sch B					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities	50,5	29	50,529		
5a	Gross rents					
R b	Net rental income or (loss)					ļ
e 6a V h	Net gain or (loss) from sale of assets not on line 10					
e "	Gross sales price for all assets on line 6a		····		·····	
n 7	Capital gain net income (from Part IV, Iirle 2) - RECEIV			-		
8 9 10a	Not short term capital gam	*				
3 9	Income modifications	10			 	
€ ^{10a}	' I ' I 	111				
€Ø þ	Less Cost of goods sold					
c 到 11	Gross profit or (loss) (attach schedule) OGDEN		<u> </u>			
를 11	Other meetine (attack)		20	F0 F00		
12	Total. Add lines 1 through 11	150,5	29	50,529		
13 14 25 d 15 5 m 16a	Compensation of officers, directors, trustees, etc					
¥A 14 € d 15	Other employee salaries and wages					
d 15 m 160	Pension plans, employee benefits					
n	Legal fees (attach schedule)	1,2	0.0	1,200		
Oi D	Accounting fees (attach schedule)	1,2	00	1,200		
ps c et rr 17	Other professional fees (attach schedule)					
r r 17 a a 18	Taxes (attach schedule) (see page 14 of the instructions)		50	450		
a a 18 i i 19	Depreciation (attach schedule) and depletion		- U	#30		
n v 🗀	Occupancy					·
3 24	Travel, conferences, and meetings					
a E 21 n x 22	Printing and publications					-
d p 23	Other expenses (attach schedule)	3	57	357		
n 24	Total operating and administrative expenses.	<u> </u>	- /	337		
s e	Add lines 13 through 23	2,0	0.7	2,007		0
s 25	Contributions, gifts, grants paid	38,4		2,007		38,450
26	Total expenses and disbursements. Add lines 24 and 25	40,4		2,007		38,450
27	Subtract line 26 from line 12	10/1		2,007		1
a	Excess of revenue over expenses and disbursements	110,0	72			
"	Net investment income (if negative, enter -0-)	110,0		48,522		1
6	Adjusted net income (if negative, enter -0-)			,		0
	cv Act and Paperwork Reduction Act Notice, see page/30 of th	he instructions.		EEA		Form 990-PF (2009)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of y	year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	16,984	25,206	25,206
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			_
	4	Pledges receivable >			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	···		
		disqualified persons (attach schedule) (see page 16 of the			
Α		instructions)			
s	7	Other notes and loans receivable (attach schedule)		-	
S	'	` 	228,830		
e t	8	Less allowance for doubtful accounts ▶	220,030		
S	-	<u> </u>			
	9	Prepaid expenses and deferred charges			
	10a				
	Ь	· · · · · · · · · · · · · · · · · · ·	623,845	939,466	713,166
	ł	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers - see the			
		ınstructions Also, see page 1, item I)	869,659	964,672	738,372
L	17	Accounts payable and accrued expenses			
	18	Grants payable			
a b i	19	Deferred revenue			
ĺ	20	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other notes payable (attach schedule)			
t i	22	Other liabilities (describe >			
e	23	Total liabilities (add lines 17 through 22)		0	
<u>s</u>	23				
		Foundations that follow SFAS 117, check here · · ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
e u t -	25	Temporarily restricted			
	26	Permanently restricted			
A		Foundations that do not follow SFAS 117, check here > X			
Sp		and complete lines 27 through 31.			
s a e i	27	Capital stock, trust principal, or current funds			
•	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ч s п		[**	060 650	964,672	
c	29	Retained earnings, accumulated income, endowment, or other funds	869,659	302,0/2	
o e	30	Total net assets or fund balances (see page 17 of the instructions)	252 552	064 670	
rs			869,659	964,672	
	31	Total liabilities and net assets/fund balances (see page 17			
_		of the instructions)	869,659	964,672	
	rt II				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	e 30 (must agree with		
		of-year figure reported on prior year's return)			869,659
		r amount from Part I, line 27a			110,072
		r increases not included in line 2 (itemize)			
		lines 1, 2, and 3			979,731
		eases not included in line 2 (itemize) >STM116		5	15,059
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	964,672
			ÉEA		Form 990-PF (2009

Part IV Capital Gains	and Losses for Tax on Inve	estment incom		,	
	ribe the kind(s) of property sold (e.g., real est arehouse, or common stock, 200 shs MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr , mo , day)	(d) Date sold (yr , mo , day)
1a					
b					
С					
d					
e			<u> </u>		
(e) Gross sales price	(f) Deprectation allowed (or allowable)	(g) Cost or o plus expen			n or (loss)) minus (g)
а					
_ b					
С					
d					
е					
Complete only for assets sh	owing gain in column (h) and owned	by the foundation of	on 12/31/69	(I) Gains (Co	ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess overcol (j		col (k), but not	less than -0-) or rom col (h))
a					
Ь					
С					
d					
e					
2 Capital gain net income or (net canital loss I	so enter in Part I, lir enter -0- in Part I, li	ì	2	
3 Net short-term capital gain	or (loss) as defined in sections 1222(5	5) and (6)			
	ne 8, column (c) (see pages 13 and 1		s) 1		
-	line 8		}	3	
	Jnder Section 4940(e) for Re		Net Investm	ent Income	
f "Yes," the foundation does no	e section 4942 tax on the distributable t qualify under section 4940(e) Do no	t complete this part	·		Yes X No
	nt in each column for each year, see	page 18 of the instr	uctions before m	aking any entries	
(a) Base period years Calendar year (or tax year beginnin	g in) Adjusted qualifying distribution	ns Net value of r	(c) ioncharitable - use as		(d) tribution ratio divided by col (c))
2008	41,4	100	777,3	397	0.053255
2007	39,7	797	860,0	35	0.046274
2006					
2005					
2004					·
				2	0.099528
-	r the 5-year base period - divide the	-			
number of years the founda	tion has been in existence if less than	5 years		3	0.019906
4 Enter the net value of nonch	naritable-use assets for 2009 from Par	rt X, line 5		4	903,409
5 Multiply line 4 by line 3				5	17,983
6 Enter 1% of net investment	income (1% of Part I, line 27b)			6	485
7 Add lines 5 and 6				7	18,468
8 Enter qualifying distributions	s from Part XII, line 4			8	38,450
If line 8 is equal to or greate Part VI instructions on page	r than line 7, check the box in Part VI 18	, line 1b, and comp	lete that part usir	ng a 1% tax rate See	the

	1990-PF(2009) TELFORD FAMILY FOUNDATION, INC 58-2053	506	F	² age 5
	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			_
14	The books are in care of ▶ GORDON M. TELFORD, SR. Telephone no ▶ 706-	491-6	572	
	Located at ▶ 399 Cross Creek Dr TOCCOA, GA ZiP+4 ▶ 305	77		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here			<u>▶ </u>
	and enter the amount of tax-exempt interest received or accrued during the year			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		ľ	
	disqualified person?		ŀ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1ь		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2009?	1c		ĺ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	And the second state of th			
	6e, Part XIII) for tax year(s) beginning before 2009?		-	
	If "Yes," list the years ▶ , , , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b		Ì
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009)	3b		•
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		Х
	, ,			

Form	990-PF(2009) TELFORD FAMILY FOUN	DATION	, INC		• •		58-2053	3506	Page 6
Pa	t VII-B Statements Regarding Activities	s for '	Which Forr	n 4720	May Be	Requi	red (continued)		
5a	During the year did the foundation pay or incur any	amount	to		_			777	
	(1) Carry on propaganda, or otherwise attempt to in	nfluence	legislation (sec	tion 494	15(e))?	[Yes X No		
	(2) Influence the outcome of any specific public ele	ction (se	e section 4955), or to c	carry on,				
	directly or indirectly, any voter registration drive?					[Yes X No		
	(3) Provide a grant to an individual for travel, study,	or other	sımılar purpos	ses?		[Yes X No		
	(4) Provide a grant to an organization other than a	charitable	e, etc , organiz	atıon de	scribed in				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see	page 22 of the	instruct	tions)	[Yes X No	1 1	
	(5) Provide for any purpose other than religious, ch	arıtable,	scientific, litera	ry, or ec	ducational				
	purposes, or for the prevention of cruelty to child	dren or a	ınımals?			[Yes X No		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the tra	insaction	s fail to qualify	under t	he exception	ns descri	bed in		
	Regulations section 53 4945 or in a current notice re	garding	disaster assist	ance (se	e page 22 o	f the inst	ructions)?	5b	
	Organizations relying on a current notice regarding of	disaster a	assistance che	ck here			▶ 📋		
¢	If the answer is "Yes" to question 5a(4), does the fou	undation	claim exemption	on from	the tax	_			
	because it maintained expenditure responsibility for	the gran	t?			[Yes No		
	If "Yes," attach the statement required by Regulation	s section	n 53 4945-5(d)						
6a	Did the foundation, during the year, receive any fund	ds, direct	tly or indirectly	to pay	premiums	_			
	on a personal benefit contract?					[Yes X No		
þ	Did the foundation, during the year, pay premiums,	directly o	or indirectly, on	a perso	nal benefit o	ontract?		6b	
	If "Yes" to 6b, file Form 8870					_			
7a	At any time during the tax year, was the foundation	a party to	a prohibited t	ax shelt	er transactio	n? . [Yes X No		
b	If yes, did the foundation receive any proceeds or h	ave any	net income atti	ributable	to the trans	action?		7b	
Pa	t VIII Information About Officers, Dire	ectors,	Trustees,	Found	lation Ma	nagers	, Highly Paid	Emplo	yees,
	and Contractors								
_1 L	ist all officers, directors, trustees, foundation man					,			
	(a) Name and address		le, and average rs per week		mpensation paid, enter		Contributions to yee benefit plans		nse account,
			ed to position	`	-0-)		erred compensation	Other a	llowances
	OON M TELFORD SR	CHAIR	MAN						
399	Cross Creek Dr TOCCOA, GA 30577		1		0		0		0
MAR	GARET S TELFORD	VICE-	CHAIR						
399	Cross Creek Dr TOCCOA, GA 30577		0		0		0		0
	OON M TELFORD JR	TREAS	URER						
531	2 Legends Dr BRASELTON, GA 30577	ļ	0		0		0		0
	Y T PIGGOTT	SECRE							
	Deerfield Lane, NC 27896		0		00		0		0
	compensation of five highest-paid employees (oth	er than 1	those include	d on lin	e 1 - see pa	ige 23 of	the instructions)).	
	none, enter "NONE."		·			····			
			(b) Title, and				(d) Contributions to employee benefit	(e) Exper	nse account,
	(a) Name and address of each employee paid more than \$50,00	00	hours per v devoted to po		(c) Compe	nsation	plans and deferred compensation		lowances
							Compensation	 -	
NON	3					ł			
									
									
								-	
					 				
Total	number of other employees paid over \$50,000	:	l						
. ~	,,a,,,a,, o, -,,-, -,,-,-,-,-,-,-,-,-,-,-,-,-,-								

Form 990-PF (2009) TELFORD FAMILY FOUNDATION, INC		053506 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundaries and Contractors (continued)	ation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional services (see page 2	3 of the instructions). If none, e	nter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		
	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Il information such as the number of	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page 24 c	of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on line		Amount
1		
2		
•		
All other program-related investments See page 24 of the instructions		
3		

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part Foreign fou	ndatio	ins,
	see page 24 of the 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	896,071
ь	Average of monthly cash balances	1b	21,095
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	917,166
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	917,166
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
	the instructions)	4	13,757
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	903,409
6	Minimum investment return. Enter 5% of line 5	6	45,170
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private op	eratınç	3
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	45,170
2a	Tax on investment income for 2009 from Part VI, line 5 2a 485		
ь	Income tax for 2009 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	485_
3	Distributable amount before adjustments Subtract line 2c from line 1	3	44,685
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	44,685
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	44,685
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	38,450
b	Program-related investments - total from Part IX-B	1b	
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		
а	Suitability test (prior IRS approval required)	3a	
Ь	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	38,450
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 (see page 26 of the instructions)	5	485
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	37,965
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the fo	undation
	qualifies for the section 4940(e) reduction of tax in those years		

Form	990-PF(2009) TELFORD FAMILY FO	NDATION, INC		58-2053506	Page 9
Pai	rt XIII Undistributed Income (see page	26 of the instructions)			
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				44,685
2	Undistributed income, if any, as of the end of 200	9			
а	Enter amount for 2008 only				
b	Total for prior years,,				
3	Excess distributions carryover, if any, to 2009				
а	From 2004	95			
b	From 2005 12,8	12			
С	From 2006				
d	From 2007				
е	From 2008	71			
f	Total of lines 3a through e	51,478			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 38,450				
а	Applied to 2008, but not more than line 2a				
þ	Applied to undistributed income of prior years			ţ	
	(Election required - see page 26 of the instruction	ns)			
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				
	Applied to 2009 distributable amount	· · · · · · · · · · · · · · · · · · ·			38,450
	Remaining amount distributed out of corpus	-			
5	Excess distributions carryover applied to 2009 .	6,235			6,235
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a)			,	
6	Enter the net total of each column as				
_	indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5.	45 242			
	Prior years' undistributed income Subtract	45,243		:	
D	line 4b from line 2b				
_	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)			1	
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions			-	
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1. This amount must be		-		
	distributed in 2010				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			1	
	instructions)			· · · · · · · · · · · · · · · · · · ·	1.4
8	Excess distributions carryover from 2004 not		,		
	applied on line 5 or line 7 (see page 27 of the				
	instructions)	11,660			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	33,583			
10	Analysis of line 9		1	†	
а	Excess from 2005 12,8	12			
b	Excess from 2006	_			
C	Excess from 2007				
d	Excess from 2008	71	1	1	
е	Excess from 2009	-		<u> </u>	

Part	XIV Private Operating Four	ndations (see page	27 of the instructions	and Part VII-A, questio	on 9)	
1a	If the foundation has received a ruling	or determination letter	that it is a private ope	rating		-
	foundation, and the ruling is effective for	or 2009, enter the date	of the ruling		•	
b	Check box to indicate whether the four	ndation is a private ope	erating foundation des	scribed in section	4942(j)(3) or 4	1942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	_	Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	each year listed					
ь	85% of line 2a		-			
c	Qualifying distributions from Part XII,					
·	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income			_		
Part		tion (Complete th	nis part only if th	e foundation had	\$5,000 or more	in assets at
	any time during the yea	•	•		•	
1	Information Regarding Foundation N	<u>_</u>		<u> </u>		
a	List any managers of the foundation w	ho have contributed m	ore than 2% of the tot	al contributions receive	d by the foundation	
	before the close of any tax year (but or	nly if they have contribu	uted more than \$5,000)) (See section 507(d)((2))	
ь	List any managers of the foundation w	ho own 10% or more o	f the stock of a corpo	ration (or an equally lar	ge portion of the	
	ownership of a partnership or other en	tity) of which the found	lation has a 10% or gr	eater interest		
2	Information Regarding Contribution,	Grant, Gift, Loan, Scl	holarship, etc., Progi	rams:		
		nly makes contributions				
	unsolicited requests for funds If the fo			28 of the instructions) t	to individuals or	
	organizations under other conditions, o				<u>-</u>	
a	The name, address, and telephone nu	mber of the person to	whom applications sh	ould be addressed		
	990APP					
	The form in which applications should	be submitted and info	rmation and materials	they should include		
_	The second second second second	and the second second second				
С	Any submission deadlines					
	·					
d	Any restrictions or limitations on award	s, such as by geograp	hical areas, charitable	fields, kinds of instituti	ons, or other	
	factors					

Part XV | Supplementary Information (continued)

Reci	pient	If recipient is an individual, show any relationship to any foundation manager		Purpose of grant or contribution	Amount
Name and address (home or business)		or substantial contributor	recipient		
Paid during the year					
Nancy Hart Litera	сy			Operating	
Hartwell	GA				1,00
Toccoa Falls Colle	ege			Operating	
Toccoa Falls	GA				5,00
Shirleys Shelter				Operating	
Toccoa	GA				1,00
Stephens Co Partne	ers			Operating	
Toccoa	GA				50
Boys and Girls Cl	np			Operating	
Toccoa	G A				2,00
Fellowship of Chr	istian Athlet			Operating	
Toccoa	GA				50
Rotary Club				Operating	
Toccoa	GA				1,80
Relay for Life Car	ncer			Operating	
Toccoa	GA				2,00
				▶ 3a	
Approved for future payr	nent				
		1		1	

Part XV | Supplementary Information (continued)

Grants and Contribution	ns Paid During the	Tear or Approved	a for Future F	ayment	
Recipient		If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or l	ousiness)	or substantial contributor			
a Paid during the year					
White Co Historical S	ociety			Operating	
Cleveland	GA				1,000
Stephens Co High Scho	ool			Operating	
Toccoa	GA				1,000
CASA				Operating	
Clayton	GA				500
SELF				Operating	
Toccoa	GA				1,000
Stephens Co YMCA				Operating	
Toccoa	GA				1,000
Stephens Co United Wa	У			Operating	
Toccoa	GA				1,500
Salvation Army		-		Operating	
Toccoa	GA				1,000
Opportunity House				Operating	
Cumming	GA				1,500
Total					
b Approved for future payment					
			L 		

Part XV | Supplementary Information (continued)

3. Grants and Contributions Paid During the Ye

Grants and Contributio	ns Paid During the	Tear or Approve	d for Future F	Payment	
Recipient		If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)		or substantial contributor	•		
Paid during the year					
Compassion				Operating	
Cumming	GA	:			500
United Way Forsyth Co				Operating	
Cumming	GA				1,000
Boys and Girls Club				Operating	
Atlanta	GA				500
Challenged Child and	Friends			Operating	
Cummings	GA				5,000
Special Olympics				Operating	
Toccoa	GA				300
First Methodist Churc	h			Operating	
Hartwell	GA				4,000
Gwinnett Childrens Sh	elter			Operating	
Lawrenceville	GA				1,000
Eagle Ranch				Operating	
Gainesville	GA				1,250
					
b Approved for future payment					
Total				▶ 3b	

Form 990-PF (2009) TELFORD FAMILY FOUNDATION, INC 58-2053506 Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year Ga College and State Univ Operating Milledgeville GA 100 Wilmed Health Care Foundation Operating NC 2,500 Wilson Total 3a 38,450

b Approved for future payment		

Total

3Ь

Fait AVI-A Allalysis of Income-Floudeling	T		T =		
Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income (See page 28 of
1 Program service revenue	code		code		the instructions)
a b					
e				-	
<u> </u>			 		
g Fees and contracts from government agencies					
2 Membership dues and assessments					<u> </u>
3 Interest on savings and temporary cash investments .					
4 Dividends and interest from securities			14	50,529	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory.					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					_
e					
12 Subtotal Add columns (b), (d), and (e)				50,529	
13 Total. Add line 12, columns (b), (d), and (e)				13	50,529
(See worksheet in line 13 instructions on page 28 to verify ca	alculations)				
Part XVI-B Relationship of Activities to the	Accompl	ishment of Exe	empt Purpos	ses	
Explain below how each activity for which in accomplishment of the foundation's exempt instructions)					
instructions)					
					
				·- <u></u>	
			. <u>-</u>		
				_	
					
	·		 		
	•				
		 		_	
					<u> </u>
1					

	n 990-PF			FOUNDATION, INC			58-205		Pa	ge 1 3
Pa	rt XVII		n Regarding Tra ganizations	ansfers To and Tr	ansactions ar	d Relation	ships With No	ncharita	ble	
1	Did the	organization dire	ectly or indirectly eng	gage in any of the follow	ing with any other	organization o	lescribed		Yes	No
	ın sectio	n 501(c) of the (Code (other than sec	ction 501(c)(3) organizat	ions) or in section	527, relating t	o political			
	organiza	ations?								
а	Transfer	s from the repor	ting foundation to a	noncharitable exempt o	rganization of					
	(1) Cas	h						. 1a(1)		Х
	(2) Oth	er assets						. 1a(2)		X
ь	Other tra	ansactions								
	(1) Sale	s of assets to a	noncharitable exemp	pt organization				. 1ь(1)		Х
	(2) Puro	hases of assets	from a noncharitabl	e exempt organization				. 1b(2)		Х
	(3) Ren	tal of facilities, e	quipment, or other a	ssets				. 1b(3)		Х
	(4) Reir	nbursement arra	ingements					. 1b(4)		Х
	(5) Loa	ns or loan guara	ntees					. 1b(5)		Х
	(6) Perf	ormance of serv	ices or membership	or fundraising solicitation	ons			. 1b(6)		Х
С	Sharing	of facilities, equi	ipment, mailing lists,	other assets, or paid er	mployees			. 1c		Х
d	If the an	swer to any of th	ne above is "Yes," co	omplete the following sci	hedule Column (k) should alwa	ys show the fair ma	rket		
		•		given by the reporting f						
(-) I		any transaction Amount involved		nent, show in column (d)			ssets, or services re sfers, transactions, and		naomo	nto
(a) L	.me no (b)	Ambantinvoivea	(c) Name of not	neriantable exempt organizat	(4) 20	escription or train	orero, transactions, and	3riaring arro	ingenie	
						-				
				 · - · · · · · · · · · · · · · · ·						
		*** * ***		* ***						
									-	
							-			
2a	Is the fo	undation directly	or indirectly affiliate	d with, or related to, one	e or more tax-exe	mpt organizati	ons			
	describe	ed in section 501	(c) of the Code (oth	er than section 501(c)(3)) or in section 523	77		. \ \ Ye	s X	No
b	If "Yes,"	complete the fo	llowing schedule							
		(a) Name of organ	nization	(b) Type of org	ganization		(c) Description of re	lationship		
		7,								
	Under pe	ties of perjury, I	declare that I have exam	ined this return, including ac f preparer (other than taxpay	companying schedule	s and statements	s, and to the best of my	knowledge a	and dedge	
	Deller, bri			A A	er or nauciary) is but		ion of which proparer	as any know	lougo	
•			<u> </u>	′/ \		T 10	CHAIRMAN			
,	Signatu	ire of officer or trus	stee		Date	<u></u>	Title			
ו			\overline{T}	\rightarrow	Date			er's identifyi r (see Signa t		
1	Paid	/	() //	<i>' J</i>		Check if	page 3	r (see Signal 0 of the instr		
	Prepar- er's	Preparer's	V ~	11/2 /	1000	self-employ		<u>.</u>	–	
•	Use	signature	ronald.	House	5-13-701	<u> </u>		5010		
	Only	Firm's name (or y self-employed),	ours if address. RONAL	D L HAYES CPA			EIN > 58-2			2
		and ZIP code	Canon	, GA 305-20			Phone no 706-	356-482		
					EE.	A		Form 99	0-PF	(2009

Schedule B

· , · ,

(Form 990, 990-EZ, or 990-PF)

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2009

Name of the organization		Employer identification number
TELFORD FAMILY FO	JNDATION, INC	58-2053506
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) orga	ınızatıon
	4947(a)(1) nonexempt charitable to	rust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	n
	4947(a)(1) nonexempt charitable to	rust treated as a private foundation
	501(c)(3) taxable private foundation	n
Check if your organization	s covered by the General Rule or a Special l	Rula
_		for both the General Rule and a Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that rece one contributor Complete Parts I and II	ived, during the year, \$5,000 or more (in money or
Special Rules		
sections 509(a)(1)	and $170(b)(1)(A)(vi)$, and received from any or	EZ that met the 33 1/3% support test of the regulations under the contributor, during the year, a contribution of the greater ne 1h or (ii) Form 990-EZ, line 1 Complete Parts I and
the year, aggregat		r 990-EZ that received from any one contributor, during clusively for religious, charitable, scientific, literary, or animals Complete Parts I, II, and III
the year, contribut aggregate to more year for an exclusi applies to this orga	ons for use exclusively for religious, charitable, than \$1,000 If this box is checked, enter here ely religious, charitable, etc., purpose Do not nization because it received nonexclusively re	r 990-EZ that received from any one contributor, during etc., purposes, but these contributions did not the total contributions that were received during the complete any of the parts unless the General Rule ligious, charitable, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but it	must answer "No" on Part IV, line 2 of its Forn	the Special Rules does not file Schedule B (Form 990, in 990, or check the box on line H of its Form 990-EZ, equirements of Schedule B (Form 990, 990-EZ, or

Name of organization **Employer identification number** 58-2053506 TELFORD FAMILY FOUNDATION, INC Part I Contributors (see instructions) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person 1 Mary J Piggott Payroll П Noncash 2710 Deerfield Lane 100,000 (Complete Part II if there is a noncash contribution) Wilson, NC 27896 (d) (c) (a) (b) Name, address, and ZIP + 4 Type of contribution Aggregate contributions No. Person Payroll П Noncash (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Aggregate contributions No. Name, address, and ZIP + 4 Type of contribution Person Payroll \Box Noncash (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Pavroll Noncash (Complete Part II if there is a noncash contribution) (d) (c) (a) (b) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash П (Complete Part II if there is a noncash contribution)

Federal Supporting Statements		2009 PG 01
Name(s) as shown on return		FEIN
TELFORD FAMILY FOUNDATION, INC		58-2053506
Form 990PF, Part III, Line 5 Other Decreases Schedule		Statement #116
Correct previous year book values	15,059	
Total	15,059	

Form 990PF, Part II, Line 10(b)
Investments: Corporate Stock Schedule

PG 01 Statement #137

Category	BOY	Book Value	EOY FMV
FIRST CITIZENS JEFFERIES GE CON EDISON COUSINS MERRILL LYNCH EDWARD JONES FIRST CITIZENS	127,000 197,743 46,463 49,375 93,380 109,884	236,861 218,253 100,629 100,000 79,893 203,830	155,584 149,043 26,750 89,910 88,049 203,830
Totals	623,845	939,466	713,166

		Federal Su	Federal Supporting Statements	nents		
Name(s) as shown on return TELFORD FAMILY FOUNDATION, INC					Your Social Security Number 58-2053506	
	Form 990PF, Part I,		Line 23 - Other Expenses Schedule	ule	Statement #103	
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
SUPPLIES BROKERS FEE	300	300	0	0		
Totals	357	357	0	0		
	Form 990PF,	Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule	Accounting Fees Sch	edule	PG 01 Statement #108	
Description ACCOUNTING FEES	Revenue and expenses	Net investment 1,200	Adjusted net income	Charitable purpose 0		
Totals	1,200	1,200	0	0		·
						• •
STM LD						

		Federal Su	Federal Supporting Statements	nents	2009 PG 01	
Name(s) as shown on return TELFORD FAMILY FOUNDATION, INC					Your Social Security Number 58-2053506	
	Form 99	Form 990PF, Part I, Line 18 - Taxes Schedule	18 - Taxes Schedule		Statement #110	
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
TAXES	450	750	0	0		
Totals	450	450	0	0		
						-
						•
						•
						•
						-

Federal Supporting Statements **2009** PG 01 Name(s) as shown on return Your Social Security Number TELFORD FAMILY FOUNDATION, INC 58-2053506

Form 990PF, Part XV, Line 2 Application Submission Information 990APP

Grant Program

Applicant Name GORDON M TELFORD SR

<u>Address</u> 399 Cross Creek Dr

TOCCOA GA 30577

<u>Telephone</u> 706-491-6572

Form & Content NONE SPECIFIC

Submission Deadline NONE

Restrictions on Award NONE

990	Overflow Statement	2009 Page 1
Name(s) as shown on return		FEIN
TELFORD FAMILY	FOUNDATION, INC	<u>58</u> -2053506

DIVIDENDS & INTEREST

Description	7	Amount
COUSINS	\$	4,376
GE		1,640
JEFFERIES		9,031
MERRILL LYNCH		5,513
SUNTRUST		8,613
CON EDISON		3,450
FIRST CITIZENS		16,306
MBIA		1,600
Total:	\$	50,529