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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

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

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

## A For the 2009 calendar year, or tax year beginning

and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.		<b>D</b> Employer identification number 58-2124143
		Number and street (or P O box, if mail is not delivered to street address) 5019 GA HIGHWAY 42		<b>E</b> Telephone number 678-569-5704
		City or town, state or country, and ZIP + 4 ELLENWOOD, GA 30294		<b>F</b> Group Exemption Number ▶

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

**G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.GEORGIAGUARDFAMILY.ORG

**H** Check ☐ if the organization is not

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 297,683.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	223,317.
	2	Program service revenue including government fees and contracts	2	16,064.
	3	Membership dues and assessments	3	
	4	Investment income	4	8,209.
	5a	Gross amount from sale of assets other than inventory STMT 3	5a	50,093.
	b	Less cost or other basis and sales expenses	5b	50,094.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<1.>
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	247,589.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 6	10	97,274.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	11,195.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5	14	68.
	15	Printing, publications, postage, and shipping	15	951.
	16	Other expenses (describe ▶) SEE STATEMENT 1	16	9,347.
	17	Total expenses. Add lines 10 through 16	17	118,835.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	128,754.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	772,024.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	68,221.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	968,999.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	430,852.	169,804.
23 Land and buildings		
24 Other assets (describe ▶) SEE STATEMENT 2	346,172.	805,695.
25 Total assets	777,024.	975,499.
26 Total liabilities (describe ▶) DUE TO FAMILY READINESS	5,000.	6,500.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	772,024.	968,999.

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02-08-10

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

Form 990-EZ (2009)

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28a 97,274.

28a

29a

30a

31a

32

Form **990-EZ** (2009)

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	N/A
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	0.
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	N/A
<b>39</b> Section 501(c)(7) organizations Enter	<b>39a</b>	N/A
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39b</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 I	<b>40b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed <b>GA</b>		
<b>42a</b> The organization's books are in care of <b>HARRIET MORGAN</b> Telephone no <b>678-569-5704</b> Located at <b>5019 HIGHWAY 42, STE 203-C, ELLENWOOD, GA</b> ZIP + 4 <b>30294</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>42b</b>	X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	<b>43</b>	N/A
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>45</b>	X

Form 990-EZ (2009)

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |   | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46  | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a | X  |
| b If "Yes," was the related organization a section 527 organization?  | 49b |    |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f Total number of other employees paid over \$100,000 ▶
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			Date <b>12 NOV 2010</b>
	Signature of officer <i>[Signature]</i>			
	Type or print name and title <b>JAY A. PENO, PRESIDENT</b>			
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>[Signature]</i>	Date <b>11/9/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See Instr)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>JONES AND KOLB 10 PIEDMONT CTR, STE 100 ATLANTA, GA 30305</b>			EIN ▶
				Phone no <b>(404) 262-7920</b>

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **GEORGIA NATIONAL GUARD FAMILY SUPPORT  
FOUNDATION, INC.**

Employer identification number  
**58-2124143**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

**GEORGIA NATIONAL GUARD FAMILY SUPPORT**

Schedule A (Form 990 or 990-EZ) 2009 **FOUNDATION, INC.**

58-2124143 Page 2

**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.)

**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 not include any "unusual grants.")	433,161.	775,352.	260,809.	171,663.	223,317.	1864302.
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3	433,161.	775,352.	260,809.	171,663.	223,317.	1864302.
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)						10,221.
6 <b>Public support.</b> Subtract line 5 from line 4						1854081.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	433,161.	775,352.	260,809.	171,663.	223,317.	1864302.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278.	18,521.	39,829.	<17,179.>	8,208.	49,657.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						1913959.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.87	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.56	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009



Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization 990-EZ**  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2009**Attachment  
Sequence No 67

Name(s) shown on return

**GEORGIA NATIONAL GUARD FAMILY SUPPORT  
FOUNDATION, INC.**

Business or activity to which this form relates

**FORM 990-EZ PAGE 1**

Identifying number

**58-2124143****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	68.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	68.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**GEORGIA NATIONAL GUARD FAMILY SUPPORT  
FOUNDATION, INC.**

Form 4562 (2009)

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**Part V**

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2009 tax year:


**43** Amortization of costs that began before your 2009 tax year **43**

**44** Total. Add amounts in column (f). See the instructions for where to report **44**

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
BANK FEES	1,418.
OFFICE EXPENSE	1,497.
CONFERENCES AND MEETINGS	3,501.
FUNDRAISING EXPENSE	2,931.
TOTAL TO FORM 990-EZ, LINE 16	9,347.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	2,229.	4,801.
OTHER NOTES AND LOANS RECEIVABLE	54,260.	35,127.
INVESTMENTS - PUBLICLY-TRADED SECURITIES	289,615.	765,767.
OTHER DEPRECIABLE ASSETS	68.	0.
TOTAL TO FORM 990-EZ, LINE 24	346,172.	805,695.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PACHOLDER HIGH YLD				
FD INC	50,000.	50,000.	0.	0.
MFS VALUE A	93.	94.	0.	<1.>
TO FORM 990-EZ, LINE 5	50,093.	50,094.	0.	<1.>

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	68,221.
TOTAL TO FORM 990-EZ, LINE 20	68,221.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
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DESCRIPTION	AMOUNT
DEPRECIATION	68.
TOTAL TO FORM 990-EZ, LINE 14	68.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SPECIFIC ASSISTANCE TO GUARD MEMBERS	UNRELATED	97,274.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	97,274.
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FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

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STATEMENT 8

GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC. PROVIDES EMERGENCY RELIEF ASSISTANCE TO THE MEMBERS AND FAMILIES OF THE GEORGIA NATIONAL GUARD, GEORGIA'S RESERVISTS AND QUALIFIED ACTIVE DUTY MEMBERS THAT LIVE IN GEORGIA.

990-EZ PG 2

STATEMENT 9

THE PRIMARY PURPOSE IS TO PROVIDE EMERGENCY FINANCIAL RELIEF TO MEMBERS OF THE GA NATIONAL GUARD. DURING 2009, 123 GRANTS AND 95 INTEREST FREE LOANS WERE PROVIDED TO NATIONAL GUARD MEMBERS AND THEIR FAMILIES.

**2009 Georgia National Guard Family Support Foundation, Inc**  
**Board of Directors**  
**As of August 20, 2009**

*\*Family Support Emergency Relief Committee (FSERC)*  
*\*\*Investment Committee (IC)*

<b>Board Member</b>	<b>Board Position</b>	<b>Contact Information</b>
<u><b>Col. Jay A. Peno</b></u> <b>*FSERC; **IC</b> Term:	President  Apr 2008 – Apr 2011	Human Resources Office 5019 GA Hwy 42, Suite 203 Ellenwood, GA 30294-3438 678-569-5701
<u><b>Mr. Joseph Stevens</b></u> <b>*FSERC</b> Term:	Vice President  Oct 2008 – Oct 2011	HRO-AGR 5019 GA Hwy 42 Ellenwood, GA 30294-3438 678-569-5718
<u><b>Mrs. Altamese H. Finch</b></u> <b>*FSERC; **IC</b> Term:	Secretary  Feb 2008-Feb 2011	Retirement Services 5019 GA Hwy 42 Ellenwood, GA 30294-3438 678-569-5733
<u><b>Mrs. Harriet Morgan</b></u> <b>**IC</b> Term:	Treasurer  Oct 2007 – Oct 2009	Human Resources Office 5019 GA Hwy 42, Suite 203 Ellenwood, GA 30294-3438 678-569-5704
<u><b>Mrs. Venus Terry</b></u>  Term:	Assistant Secretary  Feb 2009 – Feb 2012	Retirement Services 5019 GA Hwy 42 Ellenwood, GA 30294-3438 678-569-5732
<u><b>Mr. Darrell Partee</b></u> <b>*FSERC</b> Term:	State Family Program Director  Jan 2008 – Jan 2011	Family Readiness Office 5019 GA Hwy 42 Ellenwood, GA 30294-3438 678-569-5065
<u><b>CSM James Nelson</b></u> <b>*FSERC</b> Term:	GA ARNG STATE CSM  Aug 2009 – Aug 2012	JFHQ HHD 5019 GA Hwy 42 Ellenwood, GA 30294-3438 678-569-5008
<u><b>CCMS Betty Morgan</b></u> Term:	GAANG STATE COMMAND CHIEF FEB 2009 – FEB 2012	768 Grant Street Savannah, GA 31419 912-265-4848
<u><b>CSM John Smiley</b></u> Term:	HQ 48 <sup>TH</sup> BDE Unit Director Oct 2008 – Oct 2011	Need Address
<u><b>MAJ Rosa Parkinson</b></u> Term:	HQ 78 <sup>th</sup> Troop CMD Unit Director Apr 2008 – Apr 2011	Macom S-1 3736 Durham Park Rd Decatur, GA 30332 678-569-7024

8/19/2009



<b><u>SGM Meinrad Kuettell</u></b> <b>*FSERC</b>	1 <sup>st</sup> Aviation GP <b>Unit Director</b>	1000 Halsey Way, Hangar 1 NAS Marietta, GA 30069
Term:	October 2007-October 2009	
<b><u>LtCol Michael Rumsey</u></b>	116 <sup>th</sup> Air Control Wing <b>Unit Director</b>	116 <sup>th</sup> ACW 555 Borghese Drive, Bldg 2078 Robins AFB, GA 31098 478-201-2795
Term:	May 2009 – May 2012	
<b><u>LtCol Jon Rawlinson</u></b>	165 <sup>th</sup> Airlift Wing <b>Unit Director</b>	165 <sup>th</sup> Airlift Wing 1401 Robert B. Miller, Jr. Dr. Garden City, GA 31408 912-966-8499
Term:	April 2008-April 2011	
<b><u>COL Steve Joyce</u></b>	<b>ARNG Public Director</b>	48 <sup>th</sup> BDE (R) CDR MACON ARMORY Macon, GA 678-431-8503 BB
Term:	Mar 2009 – Mar 2012	
<b><u>LTC April Asher</u></b>	<b>ARNG Public Director</b>	Deputy G1 5019 GA Hwy 42 Ellenwood, GA 30294-3438 678-569-5304
Term:	April 2008 – April 2011	
<b><u>Lt Col (R) Frank Baker</u></b> <b>*FSERC</b>	<b>ANG Public Director</b>	Family Support Office 1401 Robert B. Miller, Jr. Dr. Garden City, GA 31408 912-966-8363, 866-812-8363 (Toll Free)
Term:	JAN 2009 – JAN 2012	
<b><u>Mrs. Eileen Byrd</u></b> <b>*FSERC</b>	<b>ANG Public Director</b>	Family Support Office 555 Borghese Drive, Bldg 2078 Robins AFB, GA 31098 478-201-1286
Term:	FEB 2009 – FEB 2012	
<b><u>COL (Ret) Steven Blanton</u></b>	Public Director at Large	Family Readiness Office 5019 GA Hwy 42 Ellenwood, GA 30294 678-
Term:	JAN 2009 – JAN 2012	
<b><u>CW2 Larry Dawson</u></b>	Public Director at Large	5019 GA Hwy 42 Ellenwood, GA 30294 678-
Term:	JAN 2009 – JAN 2012	
<b><u>Mr. David Golden</u></b>	Public Director at Large	Troutman Sanders LLP 600 Peachtree St., NE, Suite 5200 Atlanta, Ga 30308 404-885-3344
Term:	August 2007 – August 2009	

<b><u>SGT Donald Hammond</u></b>	Public Director at Large	Human Resources Office-EDS 5019 GA Hwy 42 Ellenwood, GA 30294-3438 678-569-5735
Term:	August 2007 – August 2009	
<b><u>CMSgt Billy Pinkney</u></b>	Public Director at Large	-- 5019 GA Hwy 42 Ellenwood, GA 30294-3438 678-
Term:	JAN 2009 – JAN 2012	
<b><u>Mrs. Diane Robinson</u></b>	Public Director at Large	Human Resources Office 5019 GA Hwy 42, Suite 203 Ellenwood, GA 30294-3438 678-569-5702
Term:	August 2007 – August 2009	
<b><u>Ms. Andrea Ruef</u></b> <b>**IC</b>	Public Director at Large	3022 Gaston Circle Marietta, GA 30067 404-233-3710
Term:	August 2007 – August 2009	
<b><u>CSM (Ret) Neil Russell</u></b>	Public Director at Large	
Term:	August 2009 - 2012	
<b><u>Ms. Ann Williams</u></b>	Public Director at Large	P O Box 18 Parrott, GA 39877 229-623-5715
Term:	Oct 2007 – Oct 2009	
<b><u>Mr. Mike Worley</u></b> <b>**IC</b>	Public Director at Large	GA POWER CO 241 Ralph McGill Blvd # 10240 Atlanta, GA 30308 404-506-7914
Term:	April 2008 – April 2011	
<b><u>COL Dan Zachman</u></b>	Public Director at Large	Chief, JS 5019 GA Hwy 42, Suite 205 Ellenwood, GA 30294 6780569-5223
Term:	May 2009 – May 2012	
<b><u>Mr. Tim Mixon</u></b> <b>**IC</b>	Financial Advisor <i>Non-Voting</i>	MorganStanley 200 Northpoint Ctr East, Suite 500 Alpharetta, GA 30022 770-754-6336
Term:	April 2008 – April 2011	
<b><u>Ms. Shannon Thomason</u></b> <b>**IC</b>	Financial Advisor <i>Non-Voting</i>	MorganStanley 200 Northpoint Ctr East, Suite 500 Alpharetta, GA 30022 770-754-6336
	May 2009 -- May 2012	

**Col (R) Ed Wexler**

*Emeritus Director*  
*Non-Voting*  
April 2008 – April 2011

8 East Back Street  
Savannah, GA 31419-3343  
912-308-2940

Term:

**Col (R) Ed Chamberlain**

*Honorary Director*  
*Non-Voting*  
July 2008-July 2011

Term:

**Mrs. Sandy Milote**

*Honorary Director*  
*Non-Voting*  
March 2009-March 2011

64 Allgood Road  
Newnan, GA 30263  
770-251-8568

**Col (R) Lois Stark**

*Honorary Director*  
*Non-Voting*  
October 2008 – October 2011

Term:

**Mrs. Betty Waters**

*Honorary Director*  
*Non-Voting*  
Mar 2009 – Mar 2011

317 Ellis Point Way  
Brunswick, GA 31520  
912-265-4848

Term:

**2009 BOARD MEETINGS**

JANUARY 30, 2009 SAVANNAH, GA

MAY 19, 2009 MORROW, GA

AUGUST 20, 2009 MORROW, GA