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Form **990-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

For calen	dar year 2009, or tax year beginning		, and ending		
6 Check	all that apply: Initial return	Initial return of a fo	rmer public charity	Final return	
	Amended return	Address chang	je	Name change	
Use the	Name of foundation			A Employer identification	number
label.	MILE INTERNITING TO BANTI	Y FOUNDATION]	
Otherwis				58-2274100	}
print	Number and street (or P O box number if mail is not del	livered to street address)	Room/suite	B Telephone number	
or type				770 951-20	02
See Spec	City or town, state, and ZIP code		···	C If exemption application is p	
Instructio	ons. ATLANTA, GA 30324			D 1. Foreign organizations	
H Check	type of organization: X Section 501(c)(3) ex	empt private foundation		Foreign organizations me check here and attach co	setting the 85% test,
	_	Other taxable private founda	tion	Į.	
	rket value of all assets at end of year J Accountr		Accrual	E If private foundation sta under section 507(b)(1)	
	· 1 —	her (specify)		F If the foundation is in a	
▶\$	1,085,747. (Part I, colui		pasis.)	under section 507(b)(1	
Part I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	534,290.			(**************************************
2	Check If the foundation is not required to attach Sch B				, , ,
3	Interest on savings and temporary cash investments	15,461.	15,461.		STATEMENT 1
14	Dividends and interest from securities	88.	88.	<u> </u>	STATEMENT 2
5a					
Ь	Net rental income or (loss)			 	
68	Net gain or (loss) from sale of assets not on line 10				7
- § b	Gross sales price for all assets on line 6a			<u> </u>	<u> </u>
Revenue 2	Capital gain net Income (from Part IV, line 2)		0.		•
æ 8	Net short-term capital gain				3 1
	Income modifications		·		<u> </u>
	Grane coles loss returns			, ,	,
	Less Cost of goods sold			?	
	Gross profit or (loss)		· · · · · · · · · · · · · · · · · · ·		
7	Other income	3,578.	3,578.	0.	STATEMENT 3
112	Total, Add lines 1 through 11	553,417.	19,127.	0.	
13	Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
1114	Other employee salaries and wage of ED		<u></u> _	 	
<u> </u>	Paraian plana amplayes basefin				
-111			· · · · · · · · · · · · · · · · · · ·	 	
12	Accounting fees DEC 0 3 2010 10	\			
6 0	Other professional fees	<u> </u>		 	
g 17	Interest OGDEN UT	677.	677.	0.	0.
17 18 19 20 21 22 23 24 25	Taxes STMT 4	181.	0.	0.	0.
19	Depreciation and depletion			1	7 11
€ 20	Occupancy				
21	Travel, conferences, and meetings			<u> </u>	
22	Printing and publications				
P 23	Other expenses STMT 5	69.	69.	0.	0.
量 24	Total operating and administrative				
₹	expenses. Add lines 13 through 23	927.	746.	0.	0.
-පි ₂₅	Contributions, gifts, grants paid	74,260.	· · · · · · · · · · · · · · · · · · ·	7, 7,	74,260.
	Total expenses and disbursements.				
	Add lines 24 and 25	75,187.	746.	0.	74,260.
26 NW 27 & b	Subtract line 26 from line 12:			E 5/17 (1)	
₹.	Excess of revenue over expenses and disbursements	478,230.	•	With the second	
	Net investment income (If negative, enter -0-)	2.0,200	18,381.		\$ 1 m
1	Adjusted net income (if negative, enter -0-).			O.	No Teles Train Spirit
	vielences and impatted to makenia, dated -0-1' ""				•

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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C/O ROMAN DEVILLE

	5	8-	2	2	7	41	00	Page 2
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Par	Balance Sheets Attached schedules and amounts in the description column should be the end of wear amounts only	Beginning of year	End o	f year
	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	27,186.	3,072.	3,072.
8	Accounts receivable ► 1,000.		-	,
	Less: allowance for doubtful accounts ▶	1,000.	1,000.	1,000.
4	Pledges receivable			
-	Less: allowance for doubtful accounts			
	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
- } `				
Ι,	disqualified persons			
- 1 '	Less: allowance for doubtful accounts			-
، ا ـ	Investories for calculation			
Assets				
§ 3	Prepaid expenses and deferred charges			
۱۱۱ -	a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
-	c Investments - corporate bonds			ļ
1	Investments - land, buildings, and equipment basis			•
	Less actumulated depreciation			
12	! Investments - mortgage loans		···	
13	Investments - other STMT 6	478,293.	1,083,005.	1,081,675.
14	Land, buildings, and equipment; basis			
	Less accumulated depreciation			
18	Other assets (describe ►)			
10	Total assets (to be completed by all filers)	506,479.	1,087,077.	1,085,747.
13	1			
18	r			
g 1			<u> </u>	×
				`
튛 2				4
<u>ت</u> ت	2 Other liabilities (describe ► STATEMENT 7)	3.	102,371.	;
-			102/3/11	
25	Total liabilities (add lines 17 through 22)	3.	102,371.	* .
 -	Foundations that follow SFAS 117, check here		+02/3/14	There is
- 1	and complete lines 24 through 26 and lines 30 and 31.			447. Jun 2.
8 2	Unrestricted			
2	Tanananath unathatai	-		
E .				
or Fund Balances			 	Sant Park
5	• • • • • • • • • • • • • • • • • • • •			
<u>ہ</u> ا	and complete lines 27 through 31.		^	
		0.	0.	
88 2		0.	0.	
Net Assets	· · · · · · · · · · · · · · · · · · ·	506,476.	984,706.	
울 30	Total net assets or fund balances	506,476.	984,706.	* , * ,
		FOC 470	1 000 000	
[3	Total liabilities and net assets/fund balances	506,479.	1,087,077.	* * * * * * * * * * * * * * * * * * * *
Pai	t III Analysis of Changes in Net Assets or Fund Ba	alances		
. T.	belond speeds on fined belonger at homisping of more Port (Logicory (s.) line)	20		
	tal net assets or fund balances at beginning of year - Part II, column (a), line 3) U		ENE 476
	ust agree with end-of-year figure reported on prior year's return)		· · · · · · · · 1	506,476
	ter amount from Part I, line 27a		2	478,230.
	ner increases not included in line 2 (itemize)		3	0.
	d lines 1, 2, and 3		4	984,706.
	creases not included in line 2 (itemize)			0.
<u>3 To</u>	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		984,706.
				Form 990-PF (2009)

THE DZIEWIENSKI FAMILY FOUNDATION

Form 990-PF (2009) C/O ROMAN DEVILLE

Part IV Capital Gains and Losses for Tax on Investment Income

58-2274100 Page 3

(a) List and descr 2-story brick wa	rbe the kind rehouse; or	d(s) of property sold (e.g. common stock, 200 shs	., real estate, MLC Co.)		P	How ac - Purc - Dona	quired hase ition	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
<u>1a</u>										
p NO	NE									
<u> </u>				 	<u> </u>					
_d					<u> </u>					
<u>e</u>					Ц,		<u> </u>			
(e) Gross sales price		preciation allowed (or allowable)		t or other basis xpense of sale					in or (loss (f) minus (
a										· · · · · · · · · · · · · · · · · · ·
b										
С			 							
d		·······························								
<u>e</u>								_		
Complete only for assets showin	g gain in co	olumn (h) and owned by t	the foundation	on 12/31/69					ol. (h) gain	
(i) F.M.V. as of 12/31/69		Adjusted basis is of 12/31/69		cess of col. (i) col. (j), if any			COI.		ot less that from col. (
8						<u> </u>				
b						ļ				
C						<u></u>				
d										
e										
- 2 Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-			}	2				
3 Net short-term capital gain or (los	•	•								
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c)		iu (o).		}	3	!			
Part V Qualification U	nder Se	ection 4940(e) for	Reduced	Tax on Net	Inv	estn	ent Inc	ome		
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation does not qual 1 Enter the appropriate amount in a	bon 4942 ta ify under se	ux on the distributable ame	mplete this pa	rt			••••			Yes X No
(a)	sacii colulii		acaons neiore	making any enur						(d)
Base periód years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dis		Net value of no	(c) oncha	ritable-			Distrit col. (b) div	uitión ratio ided by col. (c))
2008			0.				3,117			.000000
2007			3,000.				<u>8,755</u>			.017839
2006			6,892.				2,272			.052532
2005			4,987.				7,735			.051623
2004		3	4,798.			67	<u>3,859</u>	٠ -		.051640
2 Total of line 1, column (d)						. 		2		.173634
3 Average distribution ratio for the			on line 2 by 5,	or by the number	r of ye	ears				00450
the foundation has been in existe	nce if less t	han 5 years				•••		3		.034727
4 Enter the net value of noncharitat	ole-use asse	ets for 2009 from Part X,	line 5					4		935,205.
5 Multiply line 4 by line 3								. 5		32,477.
6 Enter 1% of net investment incon	1e (1% of P	art I, line 27b)						6		184.
7 Add lines 5 and 6,								7		32,661.
8 Enter qualifying distributions from	n Part XII, li	ine 4		*** *** * * *				8		74,260.
If line 8 is equal to or greater than See the Part VI instructions.								_		

THE DZIEWIENSKI FAMILY FOUNDATION

_	1 990-PF (2009) C/O ROMAN DEVILLE	58	<u>8 – 2</u>	2741	<u>00</u>		Page 4
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 494	18 -	see ins	itru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔙 and enter "N/A" on line 1.	- }	ļ				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ļ	- (·		•	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	<u> </u>	1			1	84.
	of Part I, line 27b	[- [-			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		- 1		,		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	[2				<u>0.</u>
3	Add lines 1 and 2]i	3			<u> </u>	84.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	- <u> </u>	5			<u> </u>	84.
6	Credits/Payments;	j		,			
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a		- }				
	Exempt foreign organizations - tax withheld at source		- {		. ,		
	Tax paid with application for extension of time to file (Form 8868)		- 1				
d	Backup withholding erroneously withheld		- {				_
7		[7				<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	· -	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	· —	9			1	84.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_	10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax		11				
_	art VII-A Statements Regarding Activities					Vac	Ma
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or integral of the foundation of the foundation attempt to influence any national, state, or local legislation or did it participate or integral of the foundation attempt to influence any national, state, or local legislation or did it participate or integral of the foundation attempt to influence any national, state, or local legislation or did it participate or integral of the foundation attempt to influence any national, state, or local legislation or did it participate or integral of the foundation attempt to influence any national, state, or local legislation or did it participate or integral of the foundation attempt to influence any national, state, or local legislation or did it participate or integral of the foundation attempt to influence any national, state, or local legislation or did it participate or integral of the foundation attempt to influence any national attention at the foundation attention attention at the foundation attention at the foundation attention at	rvene in		-		1 85	No
	any political campaign?			⊢	1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definitions)			├-	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put	olisnea a)r	1	1		1
_	distributed by the foundation in connection with the activities.				.		
	; Did the foundation file Form 1120-POL for this year?		· · · · · · · · · · · · · · · · · · ·	· · · ·	1c		X
a	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	^					1
_	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$	<u>0.</u>					[
e	 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► 						ļ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		x
2	If "Yes," attach a detailed description of the activities.			·····- -	-		A
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	tion or			,		,
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	uon, oi] ^	3		x
A o	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•		···· -	4a		X
h	If "Van " has it filed a try return on Form 000 T for this year?		RT /	/ A . [4h		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			~~ ~	5		X
•	If "Yes," attach the statement required by General Instruction T.	•	•••	· · · · -	7		
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 with the	state lav	w	.		1"	1
	remain in the governing instrument?				8	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	X	
	If "Yes," complete Part II, col. (c), and Part XV.			Γ	, ,	, <u>,</u> ,	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			}	· ·	, i	
	GA				· ;	,	1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)];		4	
	of each state as required by General Instruction G? If "No," attach explanation				8b]	X	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for			F	\neg		· ·
	2000 and the triple year house in 2000 (are instructions for Doct VIVIO 15 NV - II 1-4 Doct VIVIO			L	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			<u></u>	10		X
				Form	990	-PF	(2009)

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	1990-PF (2009) C/O ROMAN DEVILLE 58 art VII-A Statements Regarding Activities (continued)	<u>-227410</u>	<u>U</u>	Page 5
				
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 instructions)	<u>1</u> :		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?	•••••		 _
	Website address ► N/A		<u> </u>	
14	The books are in care of ▶ ROMAN DEVILLE Telephone no. ▶ (770) 95	1-20	002
		4 ▶3032		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here)	•
	and enter the amount of tax-exempt interest received or accrued during the year		N/A	
Pa	art 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
18	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?	X No	İ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	
	a disqualified person? Yes	X No		1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No	. -	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			ł
	for the benefit or use of a disqualified person)?	X No		,
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		- 1	į.
	if the foundation agreed to make a grant to or to employ the official for a period after	_	1	
	termination of government service, if terminating within 90 days.) Yes	X No		Į
- 1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	Ì
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A 1	b	↓
	Organizations relying on a current notice regarding disaster assistance check here	▶└─┤		
•	c 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?	<u>1</u>	C .	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	İ		
	defined in section 4942(j)(3) or 4942(j)(5)):			1
	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009?	K No		1
	If "Yes," list the years ,,,			,
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	AT / 3	. '	-
	statement - see instructions.)	N/A. 2	<u> </u>	1
1	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		~ 1	
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		(;
3		₹	, , ,	-]
	during the year? Yes L's b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after	ין שורים	1 '	1
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispos		,] -	
	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,		-	
		N/A 3	,	1
,	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X
	b 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?	1 .	ь	x

Form **990-PF** (2009)

THE DZIEWIENSKI FAMILY FOUNDATION Form 990-PF (2009) C/O ROMAN DEVILLE 58-2274100 Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes 🗶 No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ..N/A ... Yes No If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (e) Expense (If not paid, (a) Name and address account, other enter -0-1 allowances ROMAN DEVILLE TRUSTEE 600 VILLAGE TRACE, BLDG 23, SUITE 200 MARIETTA, GA 300674069 0. 0.00 0. 0.

2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		-
(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				
	7			
]			
			l i	
	1			
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·			0
			Form §	990-PF (2009)

Form **990-PF** (2009)

Total. Add lines 1 through 3

All other program-related investments. See instructions.

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		·- ·- · · · · · · · · · · · · · · · · ·
	Average monthly fair market value of securities	1a	937,765.
	Average of monthly cash balances	1b	11,682.
	Fair market value of all other assets	1¢	
	Total (add lines 1a, b, and c)	1d	949,447.
	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	949,447.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,242.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	935,205.
6	Minimum investment return. Enter 5% of line 5	6	46,760.
Pi	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	46,760.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	184.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	46,576.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	46,576.
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	46,576.
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	<u>74,260.</u>
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	
Ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	74,260.
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	184.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	74,076.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for th	

Form **990-PF** (2009)

art XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
Dustributable and out for 0000 for an Dark VI	Corpus	Years prior to 2008	2008	2009
Distributable amount for 2009 from Part XI,				AC 576
line 7				46,576.
Undistributed income, if any, as of the end of 2009 Enter amount for 2008 only			48,790.	
Total for prior years:			40,790.	
Total for prior years.		^		
Excess distributions carryover, if any, to 2009:	· · · · · · · · · · · · · · · · · · ·	0.		
From 2004 From 2005				,
From 2006				
From 2007		·		
From 2008				
	0			
Total of lines 3a through e	0.			
Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 74, 260.			40 700	,
Applied to 2008, but not more than line 2a			48,790.	
Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
Treated as distributions out of corpus				
(Election required - see instructions)	0.	· · · · · · · · · · · · · · · · · · ·		05 450
Applied to 2009 distributable amount				25,470.
Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
Enter the net total of each column as indicated below:				
Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		,
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.		
Subtract line 6c from line 6b. Taxable				* * * * * * * * * * * * * * * * * * * *
amount - see instructions		0.		و مرحور ال
Undistributed income for 2008. Subtract line				ę
4a from line 2a. Taxable amount - see instr.				•
Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must			,	
be distributed in 2010				21,106.
Amounts treated as distributions out of	ļ			,
corpus to satisfy requirements imposed by				•
section 170(b)(1)(F) or 4942(g)(3)	0.			
Excess distributions carryover from 2004			*	· · ·
not applied on line 5 or line 7	0.		1,1	<u>'</u>
Excess distributions carryover to 2010.			,7 × VI	
Subtract lines 7 and 8 from line 6a	0.		, ,	5 1 8 -E
Analysis of line 9:		•	,	
Excess from 2005				, , , , , , , , , , , , , , , , , , , ,
Excess from 2006			, ,	
Excess from 2007			•	*
Excess from 2008		•		i i me i i i
Excess from 2009			,	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	Antount
a Paid during the year				
				1
		ļ		
]		
		}		
		ļ		1
SEE STATEMENT 8]		
Total				74,260.
Approved for future payment				
	ĺ			
NONE				

		ł		
		1		
		}		
	İ	}		
	i			
				ĺ
		}		
		1		
Total	,			0.
923811 02-02-10			F:	orm 990-PF (2009)

er gross amounts unless otherwise indicated.	Ullrelated	business income		led by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exemp function income
		··· <u>·</u>	1		
			+	··· ·	
			11		-
		-			
			1 1		
Fees and contracts from government agencies					
embership dues and assessments					
terest on savings and temporary cash				,	
vestments			14	15,461.	
vidends and interest from securities			14	88.	
et rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal operty					
ther investment income	<u> </u>		14	3,578.	
ain or (loss) from sales of assets other an inventory		-		3,3.00	
		· · · · · · · · · · · · · · · · · · ·	+		
race profit or (loce) from calce of inventory	 		+		
ther revenue:		·	+	······································	
	{				
			+-	· · · · · · · · · · · · · · · · · · ·	
			†		
			+		
		0	•	19,127.	
ubtotal. Add columns (b), (d), and (e)				13	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to No. Explain below how each activity for which incor	o the Acco	mplishment of E	xemp	t Purposes	19,1
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to No. Explain below how each activity for which incor	o the Acco	mplishment of E	xemp	t Purposes	19,1
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to No. Explain below how each activity for which incor	o the Acco	mplishment of E	xemp	t Purposes	19,1
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to No. Explain below how each activity for which incor	o the Acco	mplishment of E	xemp	t Purposes	19,1
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to No. Explain below how each activity for which incor	o the Acco	mplishment of E	xemp	t Purposes	19,1
nbtotal. Add columns (b), (d), and (e) ntal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) The instruction of Activities to the instruction of Activities to the instruction of Activities to the instruction of Activities to the instruction of Activities to the instruction of Activities to the instruction of Activity for which incompared to the instruction of Activity for which incompared to the instruction of Activities and the instruction of Activities and the instruction of Activitie	o the Acco	mplishment of E	xemp	t Purposes	19,1
otal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to No. Explain below how each activity for which incor	o the Acco	mplishment of E	xemp	t Purposes	19,1
nbtotal. Add columns (b), (d), and (e) ntal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) The instruction of Activities to the instruction of Activities to the instruction of Activities to the instruction of Activities to the instruction of Activities to the instruction of Activities to the instruction of Activity for which incompared to the instruction of Activity for which incompared to the instruction of Activities and the instruction of Activities and the instruction of Activitie	o the Acco	mplishment of E	xemp	t Purposes	19,1
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to No. Explain below how each activity for which incor	o the Acco	mplishment of E	xemp	t Purposes	19,1
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to No. Explain below how each activity for which incor	o the Acco	mplishment of E	xemp	t Purposes	19,1
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to No. Explain below how each activity for which incor	o the Acco	mplishment of E	xemp	t Purposes	19,1
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to no. Explain below how each activity for which incor	o the Acco	mplishment of E	xemp	t Purposes	19,1

	<u> </u>	Exempt Organ		and transactions a	ind Relationships with Noncha	Intabie	•	
1	Did ti	·—·	rectly engage in any of the followin	g with any other organizatio	on described in section 501(c) of	\top	Yes	No
)(3) organizations) or in section 52	· · · · · ·	• •			
a	Trans	sfers from the reporting founda	ation to a noncharitable exempt or	ganization of:				
	(1) (Cash		- 		1a(1)		х
	(2)	Other assets				18(2)		X
b		transactions:						
	(1) 8	Sales of assets to a noncharital	ble exempt organization			16(1)		X_
	(2)	Purchases of assets from a no	ncharitable exempt organization			1b(2)		X
	(3)	Rental of facilities, equipment,	or other assets			1b(3)		X
	(4)	Reimbursement arrangements				1b(4)		X
	(5) 1	oans or loan guarantees .				1b(5)		X
	(6) f	Performance of services or me	embership or fundraising solicitation	ons .		1b(6)		X
C	Shari	ing of facilities, equipment, ma	uling lists, other assets, or paid em	ployees		1c		X
d	If the	answer to any of the above is	"Yes," complete the following sche	edule. Column (b) should alv	vays show the fair market value of the goods,		sets,	
	or se	rvices given by the reporting fo	oundation. If the foundation receiv	ed less than fair market valu	e in any transaction or sharing arrangement,	show in		
	colur	nn (d) the value of the goods,	other assets, or services received.					
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and	sharing ar	rangeme	ents
			N/A					
28	ls the	e foundation directly or indirec	tly affiliated with, or related to, one	or more tax-exempt organi	zations described			
	in se	ction 501(c) of the Code (othe	r than section 501(c)(3)) or in sec	tion 527?		Yes	X] No
Ŀ	lf Ye	s," complete the following sch		· · · · · · · · · · · · · · · · · · ·				
		(a) Name of org	ganization	(b) Type of organization	(c) Description of relation	ship		
		N/A_						
				<u> </u>				
			have examined this return, including according to the taxpayer or fiduciary) is based on		ents, and to the best of my knowledge and belief, it is these only knowledge	s true, corre	ect,	
	and co	mbiere necratarion or brabarer form	er trials (axpayer or siductary) is based on	an elimination of which propare	nas ally knowledge.			
	N -							
9	S	ignature of officer or trustee		Date	Title			
Sign Here		Preparer's		, ,	ooff-	rer's identif	ying nun	aber
ᇙ	aid arer's Ontv	signature			3 //6 //0 employed ▶ L]			
	Paid spare	Firm's name (or yours HABI	F, AROGETI, & W		/ /			
	Paid Preparer's		CONCOURSE PARK		000			
		address, and ZIP code ATLA	<u>NTA, GEORGIA 30</u>	328	Phone no.			
					RECEI	<u>9m</u> 990	-PF _\	2009)
					1,12321		— l	
					9 5-3	00.0	RS-OSC	
					05 DEC 03	2010	깄	
	and						그딸	
	822 02-10				OGDEN	I. UT		

Schedule B

or 990-PF)
Department of the Treasury

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

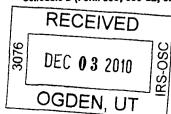
Internal Revenue Service Name of the organization **Employer identification number** THE DZIEWIENSKI FAMILY FOUNDATION C/O_ROMAN DEVILLE 58-2274100 Organization type (check one): Filers of: Section: Form 990 or 990-EZ _ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions of \$5,000 or more during the year.

purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2009)



#23451 02-01-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization THE DZIEWIENSKI FAMILY FOUNDATION

C/O ROMAN DEVILLE

58-2274100

Employer identification number

Part I	Contributors	(see instructions)
--------	--------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF ROSA DZIEWIENSKI 600 VILLAGE TRACE NE MARIETTA, GA 30067	\$ 534,290.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

					
FORM 990-PF INTEREST ON SAVI	INGS AND T	EMPORARY C	ASH I	NVESTMENTS	STATEMENT
SOURCE					AMOUNT
SOUTHTRUST (66-989-389) UBS - A3387 UBS - A3387 - ACCRUED INT PAI	rn.			-	25,259 -9,807
TOTAL TO FORM 990-PF, PART I		COLUMN A		-	15,461
FORM 990-PF DIVIDENT	OS AND INT	EREST FROM	SECU	RITIES	STATEMENT
SOURCE	GRO	SS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
UBS - A3387		88.		0.	88
TOTAL TO FM 990-PF, PART I, I	LN 4	88.		0.	81
FORM 990-PF	OTHER	INCOME	·····		STATEMENT
DESCRIPTION		(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME	
ANNUITY INCOME		3,	578.	3,578	. (
TOTAL TO FORM 990-PF, PART I	, LINE 11	3,	578.	3,578	. (
FORM 990-PF	T	AXES			STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOK			(C) ADJUSTED NET INCOM	(D) CHARITABI E PURPOSES
IRS	18	1.	0.	· · · · · · · · · · · · · · · · · · ·	0.
TO FORM 990-PF, PG 1, LN 18	18	1.	0.		0.
-				 	

FORM 990-PF	OTH	ER E	XPENSES			STATEMENT 5		
DESCRIPTION	(A) EXPENSI PER BOO		(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM			
OFFICE EXPENSES		69.	-	69.		0.	0.	
TO FORM 990-PF, PG 1, LN 23		69.		69.		0.	0.	
FORM 990-PF	OTHER	INV	ESTMENTS			STATEMENT	6	
DESCRIPTION		_	LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T	
STATE OF ISRAEL BONDS UBS - A3387			COST	1	15,000. 1,068,005.	15,0 1,066,6		
TOTAL TO FORM 990-PF, PART II	, LINE 1	L3	•	1	.,083,005.	1,081,6	75.	
FORM 990-PF	OTHER	LIA	BILITIES			STATEMENT	7	
DESCRIPTION				воз	AMOUNT	EOY AMOUNT		
FEDERAL TAX LIABILITY UBS - LOAN DUE TO - CAPITAL SOUTH					3. 0. 0.	101,9	84. 87.	
TOTAL TO FORM 990-PF, PART II	L. LINE 2	22	,		3.	102,3	71.	



FORM 990-PF	GRANTS AND CONTRIBUTIONS	STATEMENT 8
	PAID DURING THE YEAR	

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	NONE UNRESTRICTED	N/A	1,000.
ADDLESTONE HEBREW ACADEMY 1639 WALLENBERG BLVD CHARLESTON, SC 29407	NONE UNRESTRICTED	N/A	6,000.
	NONE UNRESTRICTED	N/A	1,800.
THE JEWISH ENDOWMENT FUND 121 STEUART STREET SAN FRANCISCO, CA 94105	NONE UNRESTRICTED	N/A	1,000.
EMORY UNIVERSITY: HILLEL 732 GATEWOOD ROAD NORTHEAST ATLANTA, GA 30329	NONE UNRESTRICTED	N/A	1,000.
TEMPLE BETH TIKVAH 9955 COLEMAN ROAD ROSWELL, GA 30075	NONE UNRESTRICTED	N/A	50.
OCCIDENTAL COLLEGE 1600 CAMPUS ROAD LOS ANGELES, CA 90041	NONE UNRESTRICTED	N/A	250.
HATZOLAH EMERGENCY RESCUE 1491 CONEY ISLAND AVE BROOKLYN, NY 11230	NONE UNRESTRICTED	N/A	360.

THE DZIEWIENSKI FAMILY FOUNDATE	ION C/O RO		58-2274100
TEMPLE SINAI OF ATLANTA 5645 DUPREE DRIVE ATLANTA, GA 30327	NONE UNRESTRICTED	N/A	4,600.
UNION MISSION OF ATLANTA 2353 BOLTON ROAD ATLANTA, GA 30318	NONE UNRESTRICTED	N/A	1,000.
SALVATION ARMY 400 LUCKIE STREET NW ATLANTA, GA 30313	NONE UNRESTRICTED	N/A	1,000.
JEWISH FEDERATION OF ATLANTA 1440 SPRING STREET ATLANTA, GA 30309		N/A	4,500.
WILLIAM BREMAN JEWISH HERITAGE 1440 SPRING STREET ATLANTA, GA 30309		N/A	1,000.
TORAH DAY SCHOOL 1985 LAVISTA ROAD ATLANTA, GA 30329	NONE UNRESTRICTED	N/A	10,000.
US HOLOCAUST MEMORIAL MUSEUM 60 EAST 42ND STREET NEW YORK, NY 10165		N/A	6,000.
MERCER UNIVERSITY LAW SCHOOL 1400 COLEMAN AVENUE MACON, GA 31207	NONE UNRESTRICTED	N/A	7,000
EMORY PULMONARY DIVISION 201 DOWMAN DRIVE ATLANTA, GA 30322	NONE UNRESTRICTED	N/A	3,000
ATLANTA SCHOLARS KOLLEL 1959 LAVISTA ROAD ATLANTA, GA 30329	NONE UNRESTRICTED	N/A	7,200

THE DZIEWIENSKI FAMILY FOUNDATI	ION C/O RO		58-2274100
COLLEGE OF ARTS EMORY 201 DOWMAN DRIVE ATLANTA, GA 30322	NONE UNRESTRICTED	N/A	3,000.
M.A.R.R 2815 CLEARVIEW PLACE SUITE 1000 DORAVILLE , GA 30340	NONE UNRESTRICTED	N/A	5,500.
AHAVATH ACHIM SYNAGOGUE 600 PEACHTREE BATTLE AVENUE ATLANTA, GA 30327	NONE UNRESTRICTED	N/A	7,200.
CONGREGATION BETH JACOB 1855 LAVISTA ROAD NW ATLANTA, GA 30329	NONE UNRESTRICTED	N/A	1,800.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A		74,260.

THE DZIEWIENSKI FAMILY FOUNDATION SCHEDULE OF AVERAGE FAIR MARKET VALUE FYE 12/31/09

ЕОУ		SOUTHTRUST CASH	AVG. CASH	EQUITABLE	ISRAEL BONDS	AVG. SECURITIES
DECEMBER	8000	28 185 62		408 441 03	15.000.00	
JANUARY	2009	27.187.85	27,686.74	389,574.79	15,000.00	414,007.91
FEBRUARY	2009	27,189.94	27,188.90	874,176.26	15,000.00	646,875.53
MARCH	2009	8,491.34	17,840.64	883,285.74	15,000.00	893,731.00
APRIL	2009	7,451.67	7,971.51	945,769.81	15,000.00	929,527.78
MAY	2009	2,451.88	4,951.78	973,267.47	15,000.00	974,518.64
JUNE	2009	10,140.03	6,295.96	983,435.63	15,000.00	993,351.55
JULY	2009	10,128.46	10,134.25	1,015,499.58	15,000.00	1,014,467.61
AUGUST	2009	10,128.89	10,128.68	1,040,242.50	15,000.00	1,042,871.04
SEPTEMBER	2009	7,128.89	8,628.89	1,064,269.67	15,000.00	1,067,256.09
3076 OCTOBER	2009	7,129.18	7,129.04	1,070,397.86	15,000.00	1,082,333.77
NOVEMBER.	2009	7,129.48	7,129.33	1,095,708.71	15,000.00	1,098,053.29
DECEMBER	2009	3,070.14	5,099.81	1,066,674.56	15,000.00	1,096,191.64
CEIVED		"	140,185.49			11,253,185.82
S-OSC AVERAGE MONTHLY VALUE	LY VALUE		11,682.12		•	937,765.48
					•	

Form, **8868** '(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Rever	ble Service File a separate application for each return.		<u> </u>		
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box				X
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).			
Do not co	mplete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Fon	n 88	58 .	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				· · · · · · · · · · · · · · · · · · ·
A corpora	ion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete			
Part I only				▶	· []
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an me tax returns.	exten:	sion d	f time	
noted bek (not autor you must	s Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Charities & Nonprofits.	cally if rsolida	(1) yo ted F	ou want the action 990-T. In	ditional
Type or	Name of Exempt Organization	Empl	oyer	identification	number
print	THE DZIEWIENSKI FAMILY FOUNDATION	_		054400	
File by the	C/O ROMAN DEVILLE	5	8-2	274100	
due date for filing your return See	Number, street, and room or suite no. If a P.O box, see instructions 1538 CHANTILLY DRIVE			<u>.</u>	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30324				·
Check typ	e of return to be filed (file a separate application for each return):				
Forr	n 990 Form 990-T (corporation) Form 47	20			
For	n 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52	27			
=	n 990-EZ Form 990-T (trust other than above) Form 60				
X For	n 990-PF Form 1041-A Form 88	70			
Teleph If the o If this is box ▶	oks are in the care of 1538 CHANTILLY DRIVE - ATLANTA, GA 3032 one No. (770) 951-2002 FAX No. rganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the control of the group, check this box and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of time united to the group of the group of time united to the group of the group of the group of time united to the group of the gro	 is is for memb			
	AUGUST 15, 2010 , to file the exempt organization return for the organization named a		The e	xtension	
_	r the organization's return for:				
▶Ì	X calendar year 2009 or				
►L	tax year beginning, and ending		- ·		
2 If th	is tax year is for less than 12 months, check reason.		Chan	ge in account	ing period
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		•		0
	refundable credits. See instructions. is application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$_		0.
	payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0.
	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,				
dep	osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).				^
See	instructions.	3c	\$		0.
Caution.	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form		EO fo	r payment inst	tructions.
LHA F	or Privacy Act and Paperwork Reduction Act Notice, see Instructions.) 	1	Form 8868 (F	Rev. 4-2009)
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