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**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

<p>For calendar year 2009, or tax year beginning <b>, 2009, and ending</b></p> <p>G Check all that apply. <input type="checkbox"/> Initial return <input type="checkbox"/> Initial Return of a former public charity <input type="checkbox"/> Final return  <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change</p> <p>Use the IRS label. Otherwise, print or type. See Specific Instructions.</p> <p>THE MARENA FOUNDATION, INC. 650 PROGRESS INDUSTRIAL BLVD. LAWRENCEVILLE, GA 30043</p>		<p><b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation  <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation</p> <p><b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16) <b>J</b> Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual  <input type="checkbox"/> Other (specify) <b>Part I, column (d) must be on cash basis.</b></p> <p><b>A</b> Employer identification number <b>58-2379368</b></p> <p><b>B</b> Telephone number (see the instructions) <b>678-990-1946</b></p> <p><b>C</b> If exemption application is pending, check here ► <input type="checkbox"/></p> <p><b>D</b> 1 Foreign organizations, check here ► <input type="checkbox"/>  <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/></p> <p><b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/></p> <p><b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/></p>			
<p><b>Part I</b> <b>Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)</p> <p><b>REVENUE</b></p> <p>1 Contributions, gifts, grants, etc, received (att sch) <b>197,711.</b></p> <p>2 Ck ► <input checked="" type="checkbox"/> if the foundn is not req to att Sch B</p> <p>3 Interest on savings and temporary cash investments <b>40.</b> <b>40.</b> <b>40.</b></p> <p>4 Dividends and interest from securities</p> <p>5a Gross rents</p> <p>b Net rental income or (loss)</p> <p>6a Net gain/(loss) from sale of assets not on line 10</p> <p>b Gross sales price for all assets on line 6a</p> <p>7 Capital gain net income (from Part IV, line 2)</p> <p>8 Net short-term capital gain</p> <p>9 Income modifications</p> <p>10a Gross sales less returns and allowances</p> <p>b Less Cost of goods sold</p> <p>c Gross profit/(loss) (att sch)</p> <p>11 Other income (attach schedule)</p> <p>12 Total. Add lines 1 through 11 <b>197,751.</b> <b>40.</b> <b>40.</b></p>		<p>(a) Revenue and expenses per books</p> <p>(b) Net investment income</p> <p>(c) Adjusted net income</p> <p>(d) Disbursements for charitable purposes (cash basis only)</p> <p><b>RECEIVED</b>  <b>OCT 18 2010</b>  <b>OGDEN, UT</b></p>			
<p><b>ADMINISTRATIVE AND EXPENSES</b></p> <p>13 Compensation of officers, directors, trustees, etc <b>0.</b></p> <p>14 Other employee salaries and wages</p> <p>15 Pension plans, employee benefits</p> <p>16a Legal fees (attach schedule)</p> <p>b Accounting fees (attach sch) SEE ST 1 <b>3,391.</b> <b>40.</b></p> <p>c Other prof fees (attach sch) SEE ST 2 <b>20.</b></p> <p>17 Interest</p> <p>18 Taxes (attach schedule)(see instr)</p> <p>19 Depreciation (attach sch) and depletion</p> <p>20 Occupancy</p> <p>21 Travel, conferences, and meetings</p> <p>22 Printing and publications <b>811.</b></p> <p>23 Other expenses (attach schedule) SEE STATEMENT 3 <b>1,343.</b></p> <p>24 Total operating and administrative expenses. Add lines 13 through 23 <b>5,565.</b> <b>40.</b></p> <p>25 Contributions, gifts, grants paid STMT 4 <b>193,987.</b></p> <p>26 Total expenses and disbursements. Add lines 24 and 25 <b>199,552.</b> <b>40.</b> <b>0.</b> <b>193,987.</b></p> <p>27 Subtract line 26 from line 12:</p> <p>a Excess of revenue over expenses and disbursements <b>-1,801.</b></p> <p>b Net investment income (if negative, enter 0) <b>0.</b></p> <p>c Adjusted net income (if negative, enter 0) <b>40.</b></p>					

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Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end of year amounts only (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash – non-interest-bearing		-1,256.	
	2	Savings and temporary cash investments	545.		
	3	Accounts receivable	402.		
		Less allowance for doubtful accounts		402.	402.
	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 the instructions)			
	7	Other notes and loans receivable (attach sch)	2,060.		
		Less. allowance for doubtful accounts		2,060.	2,060.
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	141.		141.
	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	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 instructions. Also, see page 1, item I)	3,148.	1,347.	1,347.	
LIABILITIES	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
NET ASSETS	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.		<input type="checkbox"/>		
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		<input checked="" type="checkbox"/>		
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	3,148.	1,347.	
	30	Total net assets or fund balances (see the instructions)	3,148.	1,347.	
	31	Total liabilities and net assets/fund balances (see the instructions)	3,148.	1,347.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,148.
2	Enter amount from Part I, line 27a	2	-1,801.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	1,347.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	1,347.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)			(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(I) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).	[ If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8 ]		3		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

N/A

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008			
2007			
2006			
2005			
2004			

2 Total of line 1, column (d)	2
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4
5 Multiply line 4 by line 3	5
6 Enter 1% of net investment income (1% of Part I, line 27b)	6
7 Add lines 5 and 6	7
8 Enter qualifying distributions from Part XII, line 4	8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1	(attach copy of letter if necessary - see instr.)	1	0.
Date of ruling or determination letter _____		2	0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b		3	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	4	0.	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	5	0.	
3 Add lines 1 and 2			
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			
6 Credits/Payments.			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	0.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	0.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be Credited to 2010 estimated tax ►	Refunded	► 11	

**Part VII-A Statements Regarding Activities**

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes	No
1a	X	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	Yes	No
1b	X	
c Did the foundation file Form 1120-POL for this year?	Yes	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	0.	
(1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.	2	X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3	X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T	5	X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	6	X
• 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 law remain in the governing instrument?		
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XIV	7	X
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) ►	8b	N/A
GA	9	X
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) of each state as required by General Instruction G? If 'No,' attach explanation	10	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		

**Part VII-A Statements Regarding Activities Continued**

11		X
12		X
13	X	
Website address	► N/A	
14	Telephone no. ► 678-990-1946	
Located at ► 650 PROGRESS IND BLVD, LAWRENCEVILLE, GA	ZIP + 4 ► 30043	
15	N/A ►	
	► 15	N/A

**Part 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 the instructions)?	1b	N/A
	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?	1c	X
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)).		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If 'Yes,' list the years ► 20__ , 20__ , 20__ , 20__ .		
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 the instructions.)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20__ , 20__ , 20__ , 20__ .		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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 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	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	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?	4b	X

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**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, any voter registration drive?

(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 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

 Yes  No Yes  No Yes  No Yes  No Yes  No

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)?

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  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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  No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b N/A

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
VERA WATKINS 650 PROGRESS INDUSTRIAL BLVD LAWRENCEVILLE, GA 30043	PRESIDENT-DI 10.00	0.	0.	0.
WILLIAM WATKINS 650 PROGRESS INDUSTRIAL BLVD LAWRENCEVILLE, GA 30043	SECRETARY-DI 10.00	0.	0.	0.
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
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2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). 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	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Total number of other employees paid over \$50,000

►

0

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter '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**

0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

## Expenses

Organizations and other beneficiaries served, conferences convened, research papers produced, etc.	
1	N/A
2	
3	
4	

**Part IX.B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

---

**Amount**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	N/A	
2		
All other program-related investments. See instructions.		
3		
<b>Total.</b> Add lines 1 through 3.		►

All other program-related investments. See instructions.

3

---

**Total.** Add lines 1 through 3

0.

BAA

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes  
 a Average monthly fair market value of securities

1a	
1b	3,000.
1c	
1d	3,000.
1e	0.
2	0.
3	3,000.
4	45.
5	2,955.
6	148.

b Average of monthly cash balances  
 c Fair market value of all other assets (see instructions)  
 d Total (add lines 1a, b, and c)  
 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  
 3 Subtract line 2 from line 1d

4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3  
 (for greater amount, see instructions)

5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4

6 Minimum investment return. Enter 5% of line 5

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1 Minimum investment return from Part X, line 6

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

3 Distributable amount before adjustments Subtract line 2c from line 1

4 Recoveries of amounts treated as qualifying distributions

5 Add lines 3 and 4

6 Deduction from distributable amount (see instructions)

7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1

1	148.
2a	
2b	
2c	
3	148.
4	
5	148.
6	
7	148.

**Part 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

b Program-related investments — total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes

3 Amounts set aside for specific charitable projects that satisfy the.

a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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 instructions)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

1a	193,987.
1b	
2	
3a	
3b	
4	193,987.
5	
6	193,987.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				148.
2 Undistributed income, if any, as of the end of 2009.			0.	
a Enter amount for 2008 only		0.		
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009.				
a From 2004	45,356.			
b From 2005	106,338.			
c From 2006	81,271.			
d From 2007	113,381.			
e From 2008	166,515.			
f Total of lines 3a through e	512,861.			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ 193,987.			0.	
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount				148.
e Remaining amount distributed out of corpus	193,839.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	706,700.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5			0.	
b Prior years' undistributed income Subtract line 4b from line 2b			0.	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed			0.	
d Subtract line 6c from line 6b. Taxable amount – see instructions			0.	
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
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 instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	45,356.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	661,344.			
10 Analysis of line 9.				
a Excess from 2005	106,338.			
b Excess from 2006	81,271.			
c Excess from 2007	113,381.			
d Excess from 2008	166,515.			
e Excess from 2009	193,839.			

**Part XIV** **Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**Part XV** **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

N/A

## 1 Information Regarding Foundation Managers:

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

## 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here ▶  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a. The name, address, and telephone number of the person to whom applications should be addressed.

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<sup>14</sup> Some authors and institutions use events, such as geographical areas, charitable funds, kinds of institutions, or other factors.

**Part XV | Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
<b>Total</b>				► 3a
<i>b Approved for future payment</i>				
<b>Total</b>				► 3b

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments				40.	
4 Dividends and interest from securities					
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)				40.	
13 Total. Add line 12, columns (b), (d), and (e)					13
					40.

(See worksheet in the instructions for line 13 to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**



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**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
HOFFMAN AND ASSOC	\$ 3,391.	\$ 40.	\$ 0.	\$ 0.
TOTAL	<u>\$ 3,391.</u>	<u>\$ 40.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 16C**  
**OTHER PROFESSIONAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GA SOS	\$ 20.	\$ 0.	\$ 0.	\$ 0.
TOTAL	<u>\$ 20.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	\$ 1,193.			
MERRILL LYNCH ANNUAL FEE	150.			
TOTAL	<u>\$ 1,343.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 4**  
**FORM 990-PF, PART I, LINE 25**  
**CONTRIBUTIONS, GIFTS, AND GRANTS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: NON PUBLIC  
 DONEE'S NAME: SUBOTIC VIOLETA  
 DONEE'S ADDRESS: MILOSA OBLICA 97 26300 VRSAC  
 MONTENEGRO, YG  
 RELATIONSHIP OF DONEE: N/A  
 ORGANIZATIONAL STATUS OF DONEE: NON PUBLIC  
 AMOUNT GIVEN: \$ 21,500.

CLASS OF ACTIVITY: PUBLIC  
 DONEE'S NAME: USMA CYCLING PROGRAM  
 DONEE'S ADDRESS: 698 MILLS ROAD  
 WEST POINT, NY 10096  
 RELATIONSHIP OF DONEE: N/A  
 ORGANIZATIONAL STATUS OF DONEE: PUBLIC  
 AMOUNT GIVEN: 6,000.

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**STATEMENT 4 (CONTINUED)**  
**FORM 990-PF, PART I, LINE 25**  
**CONTRIBUTIONS, GIFTS, AND GRANTS**

CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	MARC GRENON & FAMILY
DONEE'S ADDRESS:	C/O LYNX AIR P.O. BOX 407052 FT. LAUDERDALE, FL 33315
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	\$ 26,000.
CLASS OF ACTIVITY:	PUBLIC
DONEE'S NAME:	YOUNG LIFE
DONEE'S ADDRESS:	1834 BUFORD DR LAWRENCEVILLE, GA 30043
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	PUBLIC
AMOUNT GIVEN:	14,450.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	SENOVIA PUCKETT
DONEE'S ADDRESS:	320 CIRCLE RD DACULA, GA 30019
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	800.
CLASS OF ACTIVITY:	PUBLIC
DONEE'S NAME:	WEST POINT FUND
DONEE'S ADDRESS:	698 MILLS ROAD WEST POINT, NY 10996
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	PUBLIC
AMOUNT GIVEN:	5,000.
CLASS OF ACTIVITY:	PUBLIC
DONEE'S NAME:	CYCLESPORT
DONEE'S ADDRESS:	ONE HAWTHORN AVE DEPOT SQ PARK RIDGE, NJ
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	PUBLIC
AMOUNT GIVEN:	7,000.
CLASS OF ACTIVITY:	PUBLIC
DONEE'S NAME:	COACH SPEAKS
DONEE'S ADDRESS:	, GA
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	PUBLIC
AMOUNT GIVEN:	1,000.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	BRANKO & ZORA MAGAZIN
DONEE'S ADDRESS:	ZITNI POTOKE-PROKUPLJE , SERBIA
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	200.
CLASS OF ACTIVITY:	NON PUBLIC

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**STATEMENT 4 (CONTINUED)**  
**FORM 990-PF, PART I, LINE 25**  
**CONTRIBUTIONS, GIFTS, AND GRANTS**

DONEE'S NAME:	GOSPAVA LAZAREVIC		
DONEE'S ADDRESS:	GROBLJANSKA 82		
RELATIONSHIP OF DONEE:	DOBRINCI RUMA 22912, SERBIA		
ORGANIZATIONAL STATUS OF DONEE:	N/A		
AMOUNT GIVEN:	NON PUBLIC		\$ 100.
CLASS OF ACTIVITY:	NON PUBLIC		
DONEE'S NAME:	MILORAD BORENOVIC		
DONEE'S ADDRESS:	SANSKI MOST		
RELATIONSHIP OF DONEE:	PRIJEDOR, BOSNIA-HERZEGOVINA		
ORGANIZATIONAL STATUS OF DONEE:	N/A		
AMOUNT GIVEN:	NON PUBLIC		500.
CLASS OF ACTIVITY:	NON PUBLIC		
DONEE'S NAME:	ANKICA MISIC		
DONEE'S ADDRESS:	UL BALKANSKA BB UDOVICE		
RELATIONSHIP OF DONEE:	11300 SMEDEREVO, SERBIA		
ORGANIZATIONAL STATUS OF DONEE:	N/A		
AMOUNT GIVEN:	NON PUBLIC		600.
CLASS OF ACTIVITY:	NON PUBLIC		
DONEE'S NAME:	JELA MATIJASSVIC		
DONEE'S ADDRESS:	VOJVODJANSKA 20		
RELATIONSHIP OF DONEE:	LRENJANIN, RB		
ORGANIZATIONAL STATUS OF DONEE:	N/A		
AMOUNT GIVEN:	NON PUBLIC		200.
CLASS OF ACTIVITY:	NON PUBLIC		
DONEE'S NAME:	LARRY ROUSE		
DONEE'S ADDRESS:	1441 CHARTER OAKS LANE		
RELATIONSHIP OF DONEE:	LAWRENCEVILLE, GA		
ORGANIZATIONAL STATUS OF DONEE:	N/A		
AMOUNT GIVEN:	NON PUBLIC		1,400.
CLASS OF ACTIVITY:	NON PUBLIC		
DONEE'S NAME:	PAULINA DIAZ OTANO		
DONEE'S ADDRESS:	SANTO DOMINGO		
RELATIONSHIP OF DONEE:	DOMINICAN REPUBLIC,		
ORGANIZATIONAL STATUS OF DONEE:	N/A		
AMOUNT GIVEN:	NON PUBLIC		1,750.
CLASS OF ACTIVITY:	PUBLIC		
DONEE'S NAME:	COME ALIVE MINISTRIES OF BARROW		
DONEE'S ADDRESS:			
RELATIONSHIP OF DONEE:	, GA		
ORGANIZATIONAL STATUS OF DONEE:	N/A		
AMOUNT GIVEN:	PUBLIC		
CLASS OF ACTIVITY:	NON PUBLIC		
DONEE'S NAME:	ADRIANNE DESREGENE		

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**STATEMENT 4 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS**

DONEE'S ADDRESS:

PORT AU PRINCE, HAITI

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

NON PUBLIC

AMOUNT GIVEN:

\$ 17,050.

CLASS OF ACTIVITY:

PUBLIC

DONEE'S NAME:

COLLINS HILL LACROSSE BOOSTER CLUB

DONEE'S ADDRESS:

COLLINS HILL, GA

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

PUBLIC

AMOUNT GIVEN:

3,000.

CLASS OF ACTIVITY:

PUBLIC

DONEE'S NAME:

DANZ 4 LIFE

DONEE'S ADDRESS:

, GA

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

PUBLIC

AMOUNT GIVEN:

150.

CLASS OF ACTIVITY:

PUBLIC

DONEE'S NAME:

JULEYE

DONEE'S ADDRESS:

, GA

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

PUBLIC

AMOUNT GIVEN:

81.

CLASS OF ACTIVITY:

PUBLIC

DONEE'S NAME:

NPT BREAST CANCER 3 DAY

DONEE'S ADDRESS:

, GA

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

PUBLIC

AMOUNT GIVEN:

500.

CLASS OF ACTIVITY:

NON PUBLIC

DONEE'S NAME:

LORETTA BARNES

DONEE'S ADDRESS:

54 PEACHTREE PK DRIVE

ATLANTA, GA

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

NON PUBLIC

AMOUNT GIVEN:

29,916.

CLASS OF ACTIVITY:

PUBLIC

DONEE'S NAME:

US ARMY TRIATHALON TEAM

DONEE'S ADDRESS:

WEST POINT, NY

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

PUBLIC

AMOUNT GIVEN:

5,000.

CLASS OF ACTIVITY:

NON PUBLIC

DONEE'S NAME:

STEPHANIE JONES

DONEE'S ADDRESS:

3160 BUFORD HWY

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**STATEMENT 4 (CONTINUED)  
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CONTRIBUTIONS, GIFTS, AND GRANTS**

RELATIONSHIP OF DONEE:	ATLANTA, GA	
ORGANIZATIONAL STATUS OF DONEE:	N/A	
AMOUNT GIVEN:		\$ 2,850.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	CHRISTINE BASSETT	
DONEE'S ADDRESS:	232 EPPS BRIDGE RD ATHENS, GA 30605	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		600.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	JODI GOSS	
DONEE'S ADDRESS:	PO BOX 215 DUNSTABLE, MA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		836.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	SAVIC MILORAD	
DONEE'S ADDRESS:		, VRSAC SERBIA
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		2,200.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	JIM HAMMOND	
DONEE'S ADDRESS:	1441 CHARTER OAKS LN LAWRENCEVILLE, GA 30044	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		200.
CLASS OF ACTIVITY:	PUBLIC	
DONEE'S NAME:	GWINNETT LODGE 66	
DONEE'S ADDRESS:	327 HILL ST BUFORD, GA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	PUBLIC	
AMOUNT GIVEN:		200.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	JEFF LEWIS	
DONEE'S ADDRESS:	PO BOX 2648 DULUTH, GA 30096	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		4,650.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	BRITT'S	
DONEE'S ADDRESS:		LAWRENCEVILLE, GA

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**STATEMENT 4 (CONTINUED)  
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CONTRIBUTIONS, GIFTS, AND GRANTS**

RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		\$ 2,800.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	ROBERT HOLMES	
DONEE'S ADDRESS:	1141 SUMMERSTONE TR AUSTELL, GA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		3,000.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	PELKA ANDRIC	
DONEE'S ADDRESS:	, SAMAC BOSNIA-HERZEGOVINA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		200.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	SOPHIA KOVALOVA	
DONEE'S ADDRESS:	, VOSNESENKAIA RUSSIA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		300.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	SLAVOJKA PANIC	
DONEE'S ADDRESS:	, DOBROJ BOSNIA-HERZEGOVINA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		300.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	CVIJETA BOGDANOVIC	
DONEE'S ADDRESS:	, BEOGRAD SERBIA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		500.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	BOBBIE MARKS	
DONEE'S ADDRESS:	LEE STREET BUFORD, GA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		3,461.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	BENJAMIN ANKRAH	
DONEE'S ADDRESS:	1012 VERANDA CHASE LAWRENCEVILLE, GA 30044	
RELATIONSHIP OF DONEE:	N/A	

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**STATEMENT 4 (CONTINUED)**  
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ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	PUBLIC	
DONEE'S NAME:	MAGNOLIA CHRISTIAN ACADEMY	
DONEE'S ADDRESS:	50 S STATE ST LAVERKIN, UT 84745	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	PUBLIC	
AMOUNT GIVEN:		5,140.
CLASS OF ACTIVITY:	PUBLIC	
DONEE'S NAME:	MISC GIFTS MADE	
DONEE'S ADDRESS:	LAWRENCEVILLE, GA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	PUBLIC	
AMOUNT GIVEN:		1,000.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	LIEN TRAN	
DONEE'S ADDRESS:	1605 RACQUET CLUB DR LAWRENCEVILLE, GA 30043	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		500.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	MARINE DELVAS	
DONEE'S ADDRESS:	, PORT AU PRINCE HAITI	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		648.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	PAULINO DIAZ	
DONEE'S ADDRESS:	, SANTO DOMINGO DOMINICAN REPUBLIC	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		1,080.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	ROBERT WILLIAMSON	
DONEE'S ADDRESS:	998 BRAMBLE WAY GRAYSON, GA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		1,000.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	MAYLIN CASTRO	
DONEE'S ADDRESS:	2016 RIVER HAVEN , GA	
RELATIONSHIP OF DONEE:	N/A	

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**STATEMENT 4 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
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ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		\$ 2,000.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	EVA BELLAMY	
DONEE'S ADDRESS:	201 WILOAKS DRIVE SNELLVILLE, GA 30039	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		500.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	DENNIS VOLVICK	
DONEE'S ADDRESS:	406 MOODY STREET WALTHAM, MA 02453	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		5,325.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	STEPHANIE POWER	
DONEE'S ADDRESS:	406 TANNER RIDGE CIR BETHLEHEM, GA 30620	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		250.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	KARLA LILIA MARTINEZ	
DONEE'S ADDRESS:	140 NORTH AVE, #14 GUSTINE, CA 95322	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		250.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	JUANITA JONES	
DONEE'S ADDRESS:	LAWRENCEVILLE, GA	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		500.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	MARILYN ZIEGLER	
DONEE'S ADDRESS:	4036 WALDROP HILL DR DECATUR, GA 30034	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	
AMOUNT GIVEN:		500.
CLASS OF ACTIVITY:	NON PUBLIC	
DONEE'S NAME:	MUC PHAM V	
DONEE'S ADDRESS:	, DINH QUAN VIETNAM	
RELATIONSHIP OF DONEE:	N/A	
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC	

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**STATEMENT 4 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN:	\$ 250.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	SHERRY DISPAIN
DONEE'S ADDRESS:	242 FAIRVIEW WAY WINDER, GA 30680
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	EUN MI HUR
DONEE'S ADDRESS:	5148 MILL WALL CT SUWANEE, GA 30024
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	250.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	ISABEL
DONEE'S ADDRESS:	LAWRENCEVILLE, GA
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	250.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	MONICA SALAS MACIAS
DONEE'S ADDRESS:	2880 WILLIAMS FARM DR Dacula, GA 30019
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	ERIKA MESIA
DONEE'S ADDRESS:	181 GRAYSON NEW HOPE ROAD GRAYSON, GA 30017
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	ZORANA MISIC
DONEE'S ADDRESS:	SKINNER MILL RD AUGUSTA, GA
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	MUNG TRAN
DONEE'S ADDRESS:	, DONG VIETNAM
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC

2009

## FEDERAL STATEMENTS

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THE MARENA FOUNDATION, INC.

58-2379368

9/16/10

11.22AM

**STATEMENT 4 (CONTINUED)**  
**FORM 990-PF, PART I, LINE 25**  
**CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN:	\$ 500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	NATHANIEL BRUCE
DONEE'S ADDRESS:	530 OAK VISTA CT LAWRENCEVILLE, GA 30044
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	250.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	ROSALBA MORENO
DONEE'S ADDRESS:	1302 PRESTON LAKE DR TUCKER, GA 30084
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	QUYNH-NHO NGO
DONEE'S ADDRESS:	, LONG KHANH VIETNAM
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	250.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	PERLA HERNANDEZ
DONEE'S ADDRESS:	190 FOREST RIDGE CT LAWRENCEVILLE, GA 30046
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	MARK SILVA
DONEE'S ADDRESS:	4627 PALACIO REAL BROWNSVILLE, TX 78571
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	CAM BIN THI CAO
DONEE'S ADDRESS:	470 WATERSTONE DR LAWRENCEVILLE, GA 30046
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	GLADYS DUTTON
DONEE'S ADDRESS:	2670 HUTCHINS RD LAWRENCEVILLE, GA 30044
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC

2009

## FEDERAL STATEMENTS

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THE MARENA FOUNDATION, INC.

58-2379368

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**STATEMENT 4 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN:

\$ 500.

CLASS OF ACTIVITY:

NON PUBLIC

DONEE'S NAME:

TERRA BROWN

DONEE'S ADDRESS:

, SC

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

NON PUBLIC

AMOUNT GIVEN:

500.

CLASS OF ACTIVITY:

NON PUBLIC

DONEE'S NAME:

HOA XUAN THI HGUYEN

DONEE'S ADDRESS:

2609 HALCYON WAY

LAWRENCEVILLE, GA 30044

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

NON PUBLIC

AMOUNT GIVEN:

250.

CLASS OF ACTIVITY:

NON PUBLIC

DONEE'S NAME:

EUNA HUR

DONEE'S ADDRESS:

5148 MILLWALL CT

SUWANEE, GA 30024

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

NON PUBLIC

AMOUNT GIVEN:

250.

CLASS OF ACTIVITY:

NON PUBLIC

DONEE'S NAME:

CARMEN GANSCHEZ

DONEE'S ADDRESS:

LAWRENCEVILLE, GA 30044

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

NON PUBLIC

AMOUNT GIVEN:

250.

CLASS OF ACTIVITY:

NON PUBLIC

DONEE'S NAME:

JACKSON AND ETTA BROWN

DONEE'S ADDRESS:

, MONROVIA LIBERIA

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

NON PUBLIC

AMOUNT GIVEN:

500.

CLASS OF ACTIVITY:

NON PUBLIC

DONEE'S NAME:

CECILIO AVINA

DONEE'S ADDRESS:

357 MILL RIDGE WAY

LAWRENCEVILLE, GA 30046

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

NON PUBLIC

AMOUNT GIVEN:

250.

CLASS OF ACTIVITY:

NON PUBLIC

DONEE'S NAME:

MARGARETTA VON KAISER

DONEE'S ADDRESS:

, GA

RELATIONSHIP OF DONEE:

N/A

ORGANIZATIONAL STATUS OF DONEE:

NON PUBLIC

2009

## FEDERAL STATEMENTS

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THE MARENA FOUNDATION, INC.

58-2379368

9/16/10

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**STATEMENT 4 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN:	\$ 500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	BETTY WARBINGTON
DONEE'S ADDRESS:	PO BOX 9 BETHLEHEM, GA 30620
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	500.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	RUSHAL AND KEN
DONEE'S ADDRESS:	LAWRENCEVILLE, GA
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	250.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	VESNA BRATIC
DONEE'S ADDRESS:	ROCKFORD,
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	250.
CLASS OF ACTIVITY:	NON PUBLIC
DONEE'S NAME:	VILMA LIZARRAGA
DONEE'S ADDRESS:	2110 ASHLEY RUN NORCROSS, GA 30092
RELATIONSHIP OF DONEE:	N/A
ORGANIZATIONAL STATUS OF DONEE:	NON PUBLIC
AMOUNT GIVEN:	250.

TOTAL \$ 193,987.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► 

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>THE MARENA FOUNDATION, INC.</b>	Employer identification number <b>58-2379368</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>650 PROGRESS INDUSTRIAL BLVD.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LAWRENCEVILLE, GA 30043</b>	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► VERA WATKINS

Telephone No ► 678-990-1946 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- calendar year 20 09 or
- tax year beginning       , 20       , and ending       , 20

2 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u>0.</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..	3b \$ <u>0.</u>
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..	3c \$ <u>0.</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  <b>THE MARENA FOUNDATION, INC.</b>	Employer identification number  <b>58-2379368</b>
	Number, street, and room or suite number. If a P O box, see instructions  <b>HOFFMAN &amp; ASSOCIATES, ATTORNEYS-AT-LAW, LLC 6100 LAKE FORREST DR SUITE 300</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>ATLANTA, GA 30328</b>	

**Check type of return to be filed** (File a separate application for each return)

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► **VERA WATKINS**  Telephone No. ► **678-990-1946**  FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15**, 20 **10**.
- 5 For calendar year **2009**, or other tax year beginning , 20 , and ending , 20 .
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$ <b>0.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$ <b>0.</b>
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	<b>8c</b> \$ <b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►

BAA

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)