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Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

Inter	nal Revenu	ie Service	► The organization may have to use a copy of this return to satisfy state reporting requirements									
A For the 2009 calend		ar year,		, 2009, and ending			umhi	mhin 3/ ,20				
B Check if applicable			Please	Name of organization		, ,			dentification number			
닏	Address of	•	use IRS label or	belor Georgia Count for the Sunt office 38-					6187			
님		larne change print or Number and street (or PO box, if hail is not delivered to street address) Room/suite ET						Telephone number				
H	Initial return Terminated Type See PU Bu 675)) J - #	1 - 1426-3458			
Ħ	Specific City or town, state or country, and ZIP + 4								oup Exemption			
Ħ		on pending	tions	roughle Estates, Jour	30007-1	0673		Number	•			
=	• Sec	tion 501(c)(3)	organiz	ons and 4947(a)(1) nonexempt cha	ritable trusts must attac	rh	G Accounti					
	- 000.			eted Schedule A (Form 990 or 990-			Other (sp	-				
				, and .	•				·· <u> </u>			
	I Website: ► www.gcss.net H Check ► If the organization is not required to attach Schedule B (Form 990)											
		mnt status (check or	one) - 🗹 501(c) (3) ◀ (insert no) 4947(a)(1) or	527	•	or 990-PF).	cheddle b (i oith 550,			
	Check				•	-		 	ore then \$25 000 A			
				on is not a section 509(a)(3) supporting is not required, but if the organization								
				determine gross receipts, if \$500,000					S. Contraction of the contractio			
	art I			ses, and Changes in Net As					s for Part I \			
-	1			-		1003	(000 1110 111	. 1				
			_	grants, and similar amounts rece		•			1550			
	2	_		nue including government fees a	ino contracts .	•	•	. 2	3175			
	3		•	d assessments .		•		. 3	733			
	4	Investmen					· ·	. 4	733			
	5a			ale of assets other than inventor	· —		<u> </u>					
	b			asis and sales expenses		5b ()			_			
a)	С		-	le of assets other than inventory	· ·		•	<u> 5c</u>	0			
2	6			s (complete applicable parts of Schedule	· •	ımıng,	cneck nere ►					
Revenue	а	Gross reve	•	cluding \$	of contributions	1	_					
æ		reported o		•	<u>6a</u>		0					
	b			s priner titan fundralsing expense		_	<u> </u>					
	С			rom special events and activities		n line	6a)	. 6c	0			
	7a			ory, less returns and allowances		1	0					
	b	Less: cost	of good	OldAPR 2 9 2010 O	. <u>7</u> b	<u> </u>	<u>U</u>					
	С	C Gross profit or (logs) from sales of inventory (Swotract line 7b from line 7a)						7c	0			
;	8							_) 8	0			
i —	9			№ 3. 2 3. A 5c, 6c, 7c, and 8			•	▶ 9	12,128			
`	10	Grants and	ı sımılar	nounts paid (attach schedule) .				. 10	, 0			
	11	Benefits pa	aid to o	r members				. 11	0			
es	12	Salaries, o	ther co	ensation, and employee benefits				12	8319			
Sus	13	Profession	al fees	l other payments to independent	contractors			. 13	0			
Expenses	14	Printing, publications, postage, and shipping. Other expenses (describe \(\text{Cut 03-830}, \(\text{Rut 1. 332}, \(\text{55 fair 10 6 75}, \) muit 3083; \(\text{fd} \)							0			
Û	15								4837			
	16								22,579			
	17	Total expe	enses. /	the year (Subtract line 17 from li	3, n. 65 xout. 11.36;1	ma	ads 1835	▶ 17	35/135			
Ø	18								(23,607)			
set	19			alances at beginning of year (fr	om line 27, column (A	4)) (mı	ist agree w	rith				
As		end-of-yea	ır fıgure	oorted on prior year's return) .	su 9 st	30%	nuive !lisi	⁾ . 19	14.233			
Net Assets	20	Other char	iges in i	assets or fund balances (attach	explanation)			. 20	0			
Z	21	Net assets	or fund	lances at end of year Combine	lines 18 through 20			▶ 21	50,626			
P	art II			If Total assets on line 25, colum		r mor	e, file Form	990 instea	ad of Form 990-EZ.			
(See the instructions for Part II.) (A) Beginning of year (B) End of year								(B) End of year				
22	22 Cash, savings, and investments						3.3	22 50 626				
23							າ	23 ′ 0				
24		her assets (_)		·	24 ()			
25		tal assets .				<u> </u>	74 2	33	25 50.626			
26		tal liabilitie)	7,2	0	26 U			
27				nces (line 27 of column (B) must	agree with line 21)			3 3	27 50 626			
For				eduction Act Notice, see the separ			Cat No 10642		Form 990-EZ (2009)			

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

Pari	Statement of Program Service Accom	plishments (See the instri	uctions for Part I	II.)		Expenses
What	is the organization's primary exempt purpose?	wind Atuchies Arm	ius to Tie	upres		ured for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear a	nd concise		(3) and 501(c)(4)
manr	ner, describe the services provided, the number of	of persons benefited, and c	other relevant info	rmation for		nizations and section (a)(1) trusts, optional
each	program title					hers)
28	Asmit Con For soul stacks sidned food to	tearline Clast con notional con.	of held in	>03. YM		
		includes foreign grants, che	eck here 🕝 .	<u>, ▶ □</u>	28a	880
29	demosed An trackers	on to turbe	o miten	<i>L</i> b		
	(Grants \$) If this amount	includes foreign grants, cho	eck here	▶ □	29a	4837
30			420001x	rober t		7
	, ,	minety State	AM			
		includes foreign grants, che	eck here	. 🕨 🗆	30a	10,670
31	Other program services (attach schedule) .					
20		includes foreign grants, che		<u> </u>	31a	0
	Total program service expenses (add lines 28a t			-	32	16,392
Par	List of Officers, Directors, Trustees, and Key			~ `		
θn.	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred comper	plans &	(e) Expense account and other allowances
PO Av	Par 675 ON 3000x	Ex. Bricton	5.000	0		3 200
<u>ma</u> 224	Logy Am Polhon My 30779	President	O	0		၁
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<u>i 3/</u>	men Union way, Brown tron, Std 3021	3 Tanter	٥	5		J
And SYUY	rea Pritchett / Ethania M 3003P	Trante	O	೦		o
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			<u>.</u>			

Form 99	D-EZ (2009)		P	age 3
Part '	Other Information (Note the statement requirements in the instructions for Part V.)			
22	Did the assessment as a second of the second		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		√
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	33		
	the changes	34		V
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u>~</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	1		
b	Did the organization file Form 1120-POL for this year?	37b		/
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		V
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	1		
400	section 4911 ► ; section 4912 ► ; section 4955 ►			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>レ</u>
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed. ▶ ♣			
42a	The organization's books are in care of ► Eddie Benn # Telephone no ► ??	v - 4	16.	345
				1625
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	<u>No</u>
	account)?	42b	\vdash	<u> </u>
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country.	42c		<u>_</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			▶ □
70	and enter the amount of tax-exempt interest received or accrued during the tax year • 43		0	
44	Did the expension maintain any decay advaced funds 2 If IIVes 2 Faces 000 sount has associated instead of		Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		<i>i</i> ∕
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		/
	For	m 99 0)-EZ	(2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt chari nd 51.	xempt charitab table trusts mus	le trusts only. A t answer question	II sectors 46	tion -49t)			
	Did the organization engage in direct or indirect		es on behalf of or	in opposition to		Yes	No			
	candidates for public office? If "Yes," complete				46		V			
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
	(// // // · · · / · · / · · / · · · / ·									
	If "Yes," was the related organization a section 5				49b					
	Complete this table for the organization's five hi employees) who each received more than \$100,						ל key			
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation	(d) Contributions to		Expens				
	(a) Name and address of each employee paid more	hours per week	(-,	employee benefit plans & deferred compensation	acc	ount a	nd			
	than \$100,000	devoted to position		deterred compensation	other	allowa	nces			
- 										
	0		·							
f	Total number of other employees paid over \$100	0,000 ▶	<u> </u>	_						
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty;	pe of service	(c) Com	pensa	tion			
d	Total number of other independent contractors e	each receiving over \$100.00								
-	. 11	1000.1g 0101 4100,00		-c						
	Under penalties of perjury, I declare that have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompan- of preparer (other than officer) is b	ying schedules and sta ased on all information	ternents, and to the bes of which preparer has a	t of my	knowle wledge	dge			
Sign Here	Signature de officer Eddia Sen nutt Type or print name and title	Ex. Direc	tur	4-)	6-	10	<u>)</u> 			
Paid	Preparer's signature	signature signature								
Prepare Use Onl	I Firm's name (or \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
May the	e IRS discuss this return with the preparer shown	above? See instructions	PRI	D	Yes	□N	 lo			
			<u> </u>		m 990					

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Van		the organization	Coun il	for The	Som	18	fugli	is	Employe :	er identifica	tion number	
Pa	rt i	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The 1 2		A church, co	onvention of chu	idation because it is rches, or association	of churc	hes desc						
3		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
	<u>^</u>	An organization	tion that normally section 170(b)	ernment or governme receives a substantia (1)(A)(vi). (Complete F	al part of Part II)	ıts suppo	ort from a				the genera	public
9		An organizat receipts from support from	tion that normally activities related gross investm	d in section 170(b)(1) receives (1) more the ed to its exempt function ent income and unre a after June 30, 1975	an 33% % tions—su lated bus	of its su bject to d siness tax	pport from certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 9	6 of its
10 11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
е		persons other	this box, I cert	tify that the organization managers and othe	ion is no	ot control	led direc	tly or inc	directly b	y one or		ualified
f g		organization	i, check this box st 17, 2006, has	a written determination acceptation acceptation							III suppor	ting
		(i) A persor	n who directly o	r indirectly controls, en				th persor	s descril	bed in (ii)	11g(i)	No s
h		(ii) A family (iii) A 35% o	member of a pe	erson described in (i) a of a person described ation about the suppo	above? f in (i) or	(II) above	7			٠	11g(II) 11g(III)	ン
		e of supported ganization	(H) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the of in col (i) In governing	organization sted in your document?	(v) Did y the organ col (i) supp	rou notify nization in of your port?	organizat (i) organi U	Is the tion in col zed in the S?	(vii) Amou suppo	
					Yes	No	Yes	No	Yes	No		
		-				<u> </u>						
		<u> </u>							_			
			-									

Total

Sched	dule A (Form 990 or 990-EZ) 2009						Page 3		
Pai	Support Schedule for Orga (Complete only if you checke	inizations De ed the box or	escribed in S n line 9 of Pa	Section 509(a	a)(2)				
Sec	tion A. Public Support								
Ca	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	18,700	20,650	23, 993	29,625	8220	101, 188		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	71, 351	56,657	60,057	62,574	3/25	253,814		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	υ	U	D		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0		
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	O	O	O	0	0		
6	Total. Add lines 1 through 5	90,051	77, 30%	84,050	92,199	11,355	322,007		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	U	0	U	٥	0		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	ی	ಎ	O		
С	Add lines 7a and 7b	0	0	0	\bigcirc	U	0		
8	Public support (Subtract line 7c from line 6) .	90,051	77,309	84,050	92,199	11, 395	355,00		
	tion B. Total Support	T	I		T				
Ca	ilendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6	90,051	77,307	84,050	92,199	11, 395	320,003		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	426	657	653	723	133	3156		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	G	0	0	0	0		
C	Add lines 10a and 10b	476	6.37	657	723	233	3156		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	O	0	0		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	٥	O	0	0		
13	Total support. (Add lines 9, 10c, 11, and 12)	90,477	77,964	84,707	92,922	12,128	358,19		
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourtl	h, or fifth tax y	ear as a section	on 501(c)(3) . ► □		
Sec	tion C. Computation of Public Su	pport Perce	ntage						
15 16 Sec									
<u> 360</u> 17	Investment income percentage for 200			d by line 13 o	olumn (fi)	17 , (0 8 %		
	mirosimoni moonio percentage foi 200	S (mic 100, 00	iaitiit (i) aivide	y (O, O	Q.Q (1 <i>))</i>				

19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line

17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and

Investment income percentage from 2008 Schedule A, Part III, line 17

18

18

%

006