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Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2009 calendar year, or tax year beginning, 2009, and ending, 20

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: Acworth Allatoona Charities, Inc.
Number and street (or P O box, if mail is not delivered to street address): P.O. Box 243
City or town, state or country, and ZIP + 4: Acworth, GA 30101

D Employer identification number: 87-0716804
E Telephone number: (770) 974-9033
F Group Exemption Number

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

G Accounting Method: [X] Cash [] Accrual
Other (specify)

I Website:

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 63,864

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

Table with 21 rows for revenue and expenses. Includes a 'RECEIVED' stamp dated JUL 28 2010 from IRS-OSC, OGDEN, UT. Total revenue is 19,201 and total expenses is 20,570.

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

Table with 7 rows for balance sheets. Columns: (A) Beginning of year, (B) End of year. Total assets at end of year: 182,911.

SCANNED AUG 16 2010

EXPENSES

ASSETS

Handwritten initials 'G' and '6'

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

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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		
a	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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	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 ▶ _____		
e	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	X
41	List the states with which a copy of this return is filed ▶ GA		
42a	The organization's books are in care of ▶ William Cannon Telephone no ▶ 770-974-9033 Located at ▶ 244 Brooks Rackley Dallas, GA ZIP + 4 ▶ 30157		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
	If "Yes," enter the name of the foreign country ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

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

Table with 3 columns: Question number, Yes, No. Rows 46-49b with 'X' marks in the No column.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. All cells are empty.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All cells are empty.

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Dallas E. Godfrey, Date: July 22, 2010, Type or print name and title: Dallas E. Godfrey, President / Director

Paid Preparer's Use Only Preparer's signature: Ronald P. ... Date: 7/14/10, Check if self-employed: [X], Preparer's Identifying No (See inst): P00362659, Firm's name (or yours if self-employed), address, and ZIP + 4: Frantz & DeLoach, LLP, 6100 Lake Forrest Drive, #400, Atlanta, GA 30328, Phone no: 404-255-0500

May the IRS discuss this return with the preparer shown above? See instructions [] Yes [X] No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

R e v e n u e		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Pioneer Days</u> (event type)	(event type)	(total number)	Add col (a) through col (c)
1	Gross receipts	62,815			62,815
2	Less Charitable contributions	18,152			18,152
3	Gross revenue (line 1 minus line 2)	44,663			44,663
D i r e c t E x p e n s e s	4	Cash prizes	600		600
	5	Non-cash prizes			
	6	Rent/facility costs	7,625		7,625
	7	Food and beverages	681		681
	8	Entertainment	18,500		18,500
	9	Other direct expenses	17,257		17,257
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(44,663)
	11	Net income summary Combine line 3, column (d), and line 10 ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

R e v e n u e		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1	Gross revenue		
D i r e c t E x p e n s e s	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			()
	8	Net gaming income summary Combine line 1, column (d), and line 7. ▶			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 10
Grants and Similar Amounts Paid Schedule

Statement #122

<u>Activity</u>		<u>Amount</u>	<u>Relationship</u>
Grantee	See Attached List	11,903	None
Address			
		<hr/>	
Total		<u>11,903</u>	

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
Secretary of State Annual Fee	30
U.S. Treasury - User Fee	750
Flowers	<hr/> 159
Total	<u>939</u>

Form 990EZ, Part II, Line 24
Other Assets Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Stock Investments	<hr/> 85,595	<hr/> 92,625
Total	<u>85,595</u>	<u>92,625</u>

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 20
Other Changes in Net Assets Schedule

<u>Description</u>	<u>Amount</u>
Investment Gains	<u>9,285</u>
Total	<u><u>9,285</u></u>

Attachment to Form 990-EZ
 Acworth Allatoona Charities, Inc.
 EIN: 87-0716804

Part 1, Line 10, Grants and Similar Amounts Paid Schedule

Date	Account	Num	Description	Memo	Category	Amount
1/9/2009	85475610	1128	June Cannon	Help for Ricky Robinson	Charity	(\$28.72)
1/13/2009	85475610	1129	Scana Energy	electricity - Kenneth Long Acct. #13101163192	Charity	(\$150.00)
1/15/2009	85475610	1133	Cobb E.M.C.	city - Ricky & Teresa Robinson Acct. #87164	Charity	(\$458.33)
1/16/2009	85475610	1132	MX Energy Gas Key	Elizabeth English Acct. # 48548007392	Charity	(\$150.00)
3/11/2009	85475610	1144	Sav-A-Lot	Four people	Charity	(\$400.06)
6/1/2009	85475610	1177	Ga. Power	Tamenika Atkins #4167900043 Kennesaw	Charity	(\$150.00)
6/11/2009	85475610	1182	Cobb E.M.C.	Electricity - Gary Cook 1648140000	Charity	(\$600.00)
7/2/2009	85475610	1192	Ga. Natural Gas	Acct. #2015807 Gerald Jennings	Charity	(\$150.00)
7/16/2009	85475610	1196	Sav-A-Lot	Cargile, Sellers and Craig	Charity	(\$298.22)
9/22/2009	85475610	1269	Cobb E.M.C.	Electricity - Robin Summey 9825817923	Charity	(\$150.00)
10/1/2009	85475610	1270	Sav-A-Lot	Sav-A-Lot didn't put name on grocery list	Charity	(\$99.97)
11/24/2009	85475610	1289	Sav-A-Lot	Shirley McEntire for Marcus	Charity	(\$149.57)
12/21/2009	85475610	1301	Cobb E.M.C.	Electricity - William Freeland 8862774314	Charity	(\$100.00)
12/21/2009	85475610	1302	Cobb E.M.C.	Electricity - Michell Edenfield 7279160000	Charity	(\$100.00)
11/27/2009	85475610	1293	Israel Satterfield Service Dog Fund		Donation	(\$750.00)
12/8/2009	85475610	1294	New Frontier Of Bartow County		Donation	(\$200.00)
9/18/2009	85475610	1259	Cartersville Fire Explorers	Donation	Pioneer Days	(\$552.00)
9/23/2009	85475610	1257	Cartersville Shrine Club	Donation	Pioneer Days	(\$1,104.00)
10/7/2009	85475610	1243	Cartersville Shrine Club	Donation	Pioneer Days	(\$125.00)
9/21/2009	85475610	1244	Chuck Rogers	Donation	Pioneer Days	(\$95.00)
10/13/2009	85475610	1255	Civil Air Patrol	Donation	Pioneer Days	(\$1,104.00)
9/15/2009	85475610	1254	Dallas Lodge 182	Donation	Pioneer Days	(\$1,104.00)
9/28/2009	85475610	1253	Dobbins Chief Group	Donation	Pioneer Days	(\$828.00)
9/18/2009	85475610	1246	Emerson Elementary School	Donation	Pioneer Days	(\$296.00)
9/18/2009	85475610	1256	Pi Kappa Phi Fraternity	Donation	Pioneer Days	(\$1,656.00)
9/21/2009	85475610	1258	Stilesboro Lodge	Donation	Pioneer Days	(\$1,104.00)
					Total Charity/Donations Paid Out	(\$11,902.87)