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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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

**A** For the 2009 calendar year, or tax year beginning Mar 1, 2009, and ending Feb 28, 2010

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☒ Amended return  
☐ Application pending

**C** Name of organization  
**NATIONAL SOCIETY DAUGHTERS OF COLONIAL WARS, INC.**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**%TOMMIE E. SHATTUCK, 437 MILLEDGE CIRCLE**  
 City or town, state or country, and ZIP + 4  
**ATHENS GA 30606-4335**

**D** Employer identification number  
**54-6053436**

**E** Telephone number  
**(706) 548-8308**

**F** Group Exemption Number

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

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

**I** Website: ► http://nsdcw.org

**J** Tax-exempt status (check only one) — ☒ 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. ► \$ **42,989.**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	6,470.
	2	Program service revenue including government fees and contracts	2	7,391.
	3	Membership dues and assessments	3	24,583.
	4	Investment income	4	4,545.
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)		
EXPENSES	6b	Less: direct expenses other than fundraising expenses		
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
	7a	Gross sales of inventory, less returns and allowances		
	7b	Less: cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe: _____)		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	42,989.
	10	Grants and similar amounts paid (attach schedule)	10	15,199.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
ASSETS	13	Professional fees and other payments to independent contractors	13	528.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	867.
	16	Other expenses (describe: See Other Expenses Statement)	16	21,844.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	38,438.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,551.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	370,062.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	374,613.

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	370,062.	374,613.
23 Land and buildings	0.	0.
24 Other assets (describe: _____)	0.	0.
25 <b>Total assets</b>	370,062.	374,613.
26 <b>Total liabilities</b> (describe: _____)	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	370,062.	374,613.

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

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments** (See the instructions.)What is the organization's primary exempt purpose? Education of American Colonial History

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 <u>Promotion of the Study of American Colonial Wars and the American Colonial Period. Preservation of Colonial Documents and Records for Research and Study, Publication of Lineage Books</u> (Grants \$ <u>15,199.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 15,199.
29 <u>Publication of Tudor Rose Councillor Publication</u> (Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 7,965.
30 <u>Patriotic Education - Awards to Outstanding History Teachers and Patriotic Education Essay Awards</u> (Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 3,351.
31 Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32 26,515.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

(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 and other allowances
Margaret Leo 125 Cedar Ridge Road Butler PA 16001-1666	President 20.00	0.	0.	6,000.
Jacquelyn G. Barnes P. O. Box 1546 Westcliffe CO 81252-1546	1st VP 2.50	0.	0.	0.
Jane S. Hursh 10820 W. 56th Street Shawnee KS 66203-2324	2nd VP 2.00	0.	0.	0.
Emily Richardson 2150 Whippoorwill Road Charlottesville VA 22901-8811	Chaplain 3.00	0.	0.	0.
Sarah W. Hlavay 94 Willow Park Green SE Calgary Alberta, CA	Rec. Sec. 8.00	0.	0.	0.
Barbara Carpenter 1202 Saugus Court Great Falls VA 22066-2016	Corrs Sec 2.00	0.	0.	0.
Irene Walker 9424 Lost Trail Way Potomac MD 20854-2094	Organ Sec 2.00	0.	0.	0.
Tommie Elaine Shattuck 437 Milledge Circle Athens GA 30606-4335	Treasurer 40.00	0.	0.	0.
Mary Leigh Boisseau 3240 Drury Lane Danville VA 24540-6130	Registrar 20.00	0.	0.	0.
Shirley Sue Coupal 5410 Ash Street Shawnee Mission KS 66205-2146	Historian 2.00	0.	0.	0.
Dr. Marilyn F. Balmer 8228 Hortonia Point Drive Millersville MD 21118	Custodian 2.00	0.	0.	0.
Frances Jeffcoat 6145 Hampton Ridge road Columbia SC 29209-1351	Parliamentarian 1.50	0.	0.	0.

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed ▶		

**42a** The organization's books are in care of ▶ Tommie Elaine Shattuck, Treasurer Telephone no ▶ (706) 548-8308  
 Located at ▶ 437 Milledge Circle Athens GA ZIP + 4 ▶ 30606-4335

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country: ▶

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

**c** 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: ▶

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here 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

**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

	Yes	No
<b>44</b>		X
<b>45</b>		X

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

- |  | Yes        | No |
|--|------------|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | <b>46</b>  | X  |
| <b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II   | <b>47</b>  | X  |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | <b>48</b>  | X  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   | <b>49a</b> | X  |
| <b>b</b> If 'Yes,' was the related organization a section 527 organization?  | <b>49b</b> | X  |

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

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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<b>Signature of officer</b> <u>Tommie Elaine Shattuck</u> <b>Date</b> <u>12-28-11</u>		<b>Type or print name and title</b> <u>National Treasurer</u>	
<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> <u>Nelly Galloway Shearer</u> <b>Date</b> <u>12-22-11</u>	<b>Check if self-employed</b> <input type="checkbox"/>	<b>Preparer's Identifying Number (See instructions)</b> <u>62643</u>	
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b> <u>Nelly Galloway Shearer, CPA, PC</u> <u>2161 Madison Avenue</u> <u>Memphis TN 38104</u>		<b>EIN</b> <u>62-0850502</u>	<b>Phone no</b> <u>(901) 278-2403</u>

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**17a 10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr 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 'unusual grants'.)	35,628.	32,443.	27,957.	31,559.	31,053.	158,640.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	35,628.	32,443.	27,957.	31,559.	31,053.	158,640.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6)						158,640.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	35,628.	32,443.	27,957.	31,559.	31,053.	158,640.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,515.	10,626.	12,958.	11,969.	4,545.	45,613.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,515.	10,626.	12,958.	11,969.	4,545.	45,613.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 <b>Total support.</b> (add lns 9, 10c, 11, and 12)						204,253.

14 **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**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	77.67 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	78.17 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	22.33 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	21.83 %

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

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

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



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

Publication of Tudor Rose Councillor	7,965.
National Assembly Expense	1,954.
National President's Expense Allowance	6,000.
Insurance	341.
New Jersey Corporate Tax	356.
Miscellaneous	363.
Programs to promote Colonial Research and Study of American Colonial	3,351.
National Officers Expense Reimbursements	1,514.
Total	21,844.

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**Purpose of Payment . To support Center for Virginia History

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charity	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Virginia Historical Society 428 North Blvd Richmond VA 23220	None	6,577.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . To support Project

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Cathedral of the Pines 10 Hale Road Rindge NH 03461	None	1,385.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid**Purpose of Payment Support Jamestown Project

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Charitable</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Jamestown Rediscovery Project</u> <u>1365 Colonial Parkway</u> <u>Jamestown VA 23081</u>	<u>None</u>	<u>2,382.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Charity</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Swem Library- College of William and Mary</u> <u>400 Landrum Drive</u> <u>Williamsburg VA 23187</u>	<u>MNone</u>	<u>3,355.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Charity</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Mize-Infinity Scholarship University of Georgia</u> <u>Scholarship Department</u> <u>Athens GA 30609</u>	<u>None</u>	<u>1,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined