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Form 990-PF .

Department of the Treasury

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

to The foundation may be able to use a copy of this return to eatiefy state reporting requirements

OMB No 1545-0052

2009

For calendar v		year beginning			04-01 , 20					31 ,2010
		Initial return		Initial rol	turn of a former pu			3	Final return	,
G Check all the	ar apply	-			ress change	אופי	Name c	hange L		
	Name of founda	Amended retu	rrt	Add	ress change		ivame c		Jentification number	 -
Use the IRS										
label. Otherwise.		TELFORD FO		livered to stre	ant address)	Bo	om/suite	23-7062 B Telephone	number (see page 10 of the	e instructions)
print		•	er ii man is not dei	iivered to stre	.01 4441033)	''`	om/suite	•		, mon uo m o m
or type.	PO BOX 34	430 ate, and ZIP code			· · · · · · · · · · · · · · · · · · ·	<u> </u>		(770) 53		
See Specific		•						•	n application is pending, c	H
Instructions.		LLE, GA 3050							organizations, check here organizations meeting the i	
H Check type	-		ction 501(c)(3)	_				check he	organizations meeting the li ere and attach computation	
		empt charitable tr		L-L	taxable private fou	\neg		F if private fo	undation status was termi	nated .
	value of all asset		J Accounting		X Cash		Accrual	under secti	undation status was termi on 507(b)(1)(A), check here	
· ·	(from Part II, col		Other (s	· · —				F If the foun	dation is in a 60-month ter ion 507(b)(1)(B), check her	mination
line 16) ▶ \$		109,235			e on cash basis)			under sect	on 507(b)(1)(B), check her	e ▶ -
	•	evenue and E	-	e total of	(a) Revenue and		6-1 11-4			(d) Disbursements for charitable
		, (c), and (d) may not r			expenses per books			investment come	(c) Adjusted net income	purposes
		(a) (see page 11 of th					11.1			(cash basis only)
		grants, etc , recei			9,4	166	.1'1'			
i		foundation is not re-	•							
1	•	and temporary ca						_		
4 Divid	dends and intere	est from securities			1,8	312		1,812		
5a Gros	ss rents									duban mahama
K 1	rental income or									
e 6a Net	gain or (loss) fro	om sale of assets	not on line 10 .			*******				i.H-mm. mm. m
^ I	s sales price for all									
n 7 Cap	ital gain net inco	ome (from Part IV,	line 2)				.,. ,,	289		
	short-term capit	tal gain	RECEIV	<u> </u>	,					
9 Inco	me modification	اه اها			1	. 1.1.		1111111111	·····	
10a Gross	s sales less returns	and allowances .		(~						
b Less	s Cost of goods	sold တ္တြ	AUG 1 9 2	2010						
👱 c Gro	ss profit or (loss)) (attach schedule	;)							
9 Inco 10a Gross b Less c Gross 11 Other	er income (attacl	h schedule) 🖰	OGDEN;	117						
12 Tota	al. Add lines 1 th	nrough 11 🖳	OGDE14,	<u>U I </u>	11,2	278		2,101		
13 Con	npensation of off	ficers, directors, ti	ustees, etc					_		
	er employee sala	aries and wages								
15 Pen	sion plans, emp	loyee benefits .								
m 16a Leg	al fees (attach so	chedule)		eminine						
b Acc	ounting fees (att	ach schedule) .		71MT00		600		600		600
c Oth	er professional fo	ees (attach sched	ule)							
rr 17 Inte				STM110						
	es (attach sched	lule) (see page 14	of the instruction	ons) .		35		35		35
ii 19 Dep		schedule) and d								
ge 20 Occ	upancy									
21 Trav	vel, conferences,	, and meetings								
n X 22 Prin	ting and publica	itions		amiri oʻz						
d P 23 Oth	er expenses (atta	ach schedule).		 PIWIO2		51		51		51
n 24 Tota	al operating and	d administrative	expenses.							
		h 23				686		686		686
S 25 Cor	ntributions, gifts,	grants paid			8,	564				8,564
		d disbursements			9,	250		686		9,250
27 Sub	stract line 26 from	m line 12					l			1
a Exc	ess of revenue	over expenses	and disbursem	ents	2,0	028				<u></u>
		ome (if negative,						1,415		
		ne (if negative, er							0	<u> </u>
		rk Reduction Ac			he instructions.			EEA		Form 990-PF (2009

23-7062020

Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End e	of year
TaitH	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	854	245	245
2	Savings and temporary cash investments	18	3,494	3,494
3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 16 of the			
	instructions)		1,100	1,100
	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts >	†		
	Inventories for sale or use			
s *	Prepaid expenses and deferred charges			
	Investments - U S and state government obligations (attach schedule)			
		76 025	76 925	104 396
I	Investments - corporate stock (attach schedule) STM137	76,925	76,925	104,396
	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis ▶	†		1
	Less accumulated depreciation (attach schedule)			
	Investments - mortgage loans			
	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 the			
	Instructions Also, see page 1, item I)	77,797	81,764	109,235
L 17	Accounts payable and accrued expenses			
i a 18	Grants payable			
a 18 b 19	Deferred revenue			
i 20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
i 22	Other liabilities (describe ▶)			
e 23	Total liabilities (add lines 17 through 22)		0	
	Foundations that follow SFAS 117, check here · · ▶ X			
	and complete lines 24 through 26 and lines 30 and 31.			
N F 24	Unrestricted	77.797	81,764	
u 25	Temporarily restricted			
nı	Permanently restricted			
- 1	Foundations that do not follow SFAS 117, check here			1
A S B	and complete lines 27 through 31.			
s a e i 27	Capital stock, trust principal, or current funds			
t laa	Paid-in or capital surplus, or land, bldg, and equipment fund			†
e d				1
o n 29	Retained earnings, accumulated income, endowment, or other funds			
o ^e l	Total net assets or fund balances (see page 17 of the	55 505	01 764	
, S	Instructions)	77,797	81,764	
	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	77,797	81,764	
Part III			· · · · · ·	
1 Total	net assets or fund balances at beginning of year - Part II, column (a), line	e 30 (must agree with		_
	of-year figure reported on prior year's return)			77,797
	amount from Part I, line 27a			2,028
	rincreases not included in line 2 (itemize) ▶ STM115		3	1,939
	ines 1, 2, and 3		<u>4</u>	81,764
5 Decre	eases 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, o	column (b), line 30	6_	81,764

Part IV Capital Gains	and Losses for Tax on Inv	estment incon	ne			
	be the kind(s) of property sold (e g , real es rehouse, or common stock, 200 shs MLC C		(b) How acquired P-Purchase D-Donation	(c) Date acq (yr , mo., d		(d) Date sold (yr, mo, day)
1a PLUM CREEK TIMBE	R REIT CG DISTRIB					
ь				<u>.</u>		
С						
d						
<u>e</u>			<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			n or (loss) r) minus (g)
_a				<u>.</u> ,		
b				 		
<u>c</u>						
						<u> </u>
	owing gain in column (h) and owned	by the foundation	on 12/31/69			
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	s of col (I)	col (k)	, but not	ol (h) gain minus less than -0-) or rom col (h))
a					_	
b						
С						
d						
е					_	
2 Capital gain net income or (r	not capital loce)	lso enter in Part I, I enter -0- in Part I,	>	2		289
	or (loss) as defined in sections 1222(
lf gain, also enter in Part I, lir	ne 8, column (c) (see pages 13 and	17 of the instruction	ns) }			
	ne 8			3		
	Inder Section 4940(e) for R				<u>e</u>	<u>. </u>
(For optional use by domestic pr	ivate foundations subject to the sect	ion 4940(a) tax on	net investment inc	ome)		
If section 4940(d)(2) applies, leav	ve this part blank					
NA/an the formulation liable for the	section 4942 tax on the distributable	a amount of any vo	ar in the bace nor	od?		Yes X No
	qualify under section 4940(e) Do no		•	ou.		
	nt in each column for each year, see			akıng anv enti	ries	
(a)		page to or the line.		1		(d)
Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distributio	ns Net value of	(c) noncharitable-use as	sets		tribution ratio divided by coi (c))
2008		791	93,7	721		0.0938
2007	30,:	347	115,4	132		0.262899
2006	13,	407	111,6	89		0.120039
2005	10,	084	103,6	05		0.097331
2004	12,	499	103,4	184		0.120782
				· · 2		0.694851
•	the 5-year base period - divide the	•	•	,		0 12007
number of years the foundat	tion has been in existence if less that	no years		3	_	0.13897
A Enter the net value of namely	aritable-use assets for 2009 from Pa	urt V limo E		4		82,161
4 Enter the net value of nonch	alliable-use assets for 2005 from Fa	int A, linte 5		`` <mark>"</mark> 		62,101
5 Multiply line 4 by line 3				5		11,418
• Watapiy iiile 4 by iiile 5			• • • • • • • • • •			
6 Enter 1% of net investment ii	ncome (1% of Part I, line 27b)			6		14
			-			
7 Add lines 5 and 6				7		11,432
8 Enter qualifying distributions	from Part XII, line 4			8		9,250
	r than line 7, check the box in Part V				te See	
Part VI instructions on page	10					

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	nstruction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1		
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		28
	here ▶ and enter 1% of Part I, line 27b		
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		
	Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . 2		0
3	Add lines 1 and 2		28
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .		0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		28
6	Credits/Payments		
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a		
Ь	Exempt foreign organizations - tax withheld at source		
C	Tax paid with application for extension of time to file (Form 8868) 6c		
d	Backup withholding erroneously withheld		
7	Total credits and payments Add lines 6a through 6d		_
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		28
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11		
Pa	t VII-A Statements Regarding Activities		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		es No
	participate or intervene in any political campaign?	1a	X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		7.
	of the instructions for definition)?	1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1	
	published or distributed by the foundation in connection with the activities	1	7,7
¢	Did the foundation file Form 1120-POL for this year?	1c	<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		
	(1) On the foundation \$ (2) On foundation managers \$		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		
	on foundation managers > \$		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X
_	If "Yes," attach a detailed description of the activities		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3	X
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a	$\frac{x}{x}$
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b	^
_ Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	5	X
5		-	
_	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		
6			
	 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?	6	ĺ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	1	x
7	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		***************************************
8a			
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-	
Ь	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(jX3) or		
3	4942(jX5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	† †	ĺ
	27)? If "Yes," complete Part XIV	9	x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	- -	-
, 0	names and addresses	10	x
	EEA	Form 990 -	
		_	

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

4a

X

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Pa	t VII-B Statements Regarding Activitie	s for \	Which Forn	n 4720	May Be	Requi	ired (continued)		
5a	During the year did the foundation pay or incur any a	amount t	to						
	(1) Carry on propaganda, or otherwise attempt to in	fluence	legislation (sec	tion 494	15(e))?	[Yes X No		
	(2) Influence the outcome of any specific public elec-	tion (se	e section 4955), or to c	carry on,				
	directly or indirectly, any voter registration drive?						Yes X No		
	(3) Provide a grant to an individual for travel, study,	or other	simılar purpos	ses?		[Yes X No		
	(4) Provide a grant to an organization other than a c	haritable	e, etc , organiz	ation de	scribed in				
	section 509(a)(1), (2), or (3), or section 4940(d)(2	?)? (see	page 22 of the	instruct	tions)	[Yes X No		
	(5) Provide for any purpose other than religious, cha	arıtable,	scientific, litera	ry, or ec	ducational				
	purposes, or for the prevention of cruelty to child	lren or a	ınımals?			[Yes X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the tra	nsaction	s fail to qualify	under t	the exception	ns descr	ıbed in		
	Regulations section 53 4945 or in a current notice re-	garding	disaster assista	ance (se	e page 22 o	f the ins	tructions)?	5b	<u> </u>
	Organizations relying on a current notice regarding of								
c	If the answer is "Yes" to question 5a(4), does the fou	ndation	claim exemption	on from	the tax		_		
	because it maintained expenditure responsibility for t	he gran	t?			[Yes No		
	if "Yes," attach the statement required by Regulations	_				•			
6a	Did the foundation, during the year, receive any fund	ls, direct	tly or indirectly	to pay	premiums				
	on a personal benefit contract?					[Yes X No		
b	Did the foundation, during the year, pay premiums, o						7	6ь	X
	If "Yes" to 6b, file Form 8870	·							
7a	At any time during the tax year, was the foundation a	party to	a prohibited t	ax shelt	er transactio	n? .	Yes X No		
b								7ь	
Pa	t VIII Information About Officers, Dire							Emplo	yees,
L	and Contractors	•				•		•	
1 L	ist all officers, directors, trustees, foundation man	agers a	nd their comp	ensatio	n (see page	22 of th	ne instructions).		
	(a) Name and address	(b) Tit	le, and average	(c) Co	ompensation	(d)	Contributions to		ense account,
See	990 OFOV		rs per week ed to position	(It not	paid, enter -0-)		oyee benefit plans erred compensation	other	allowances
	LIAM M HOUSE	TRUST	EE						
PO	BOX 3430 GAINESVILLE, GA 30503	l	0		0		0		0
	SLACK III	TRUST	EE					-	
	RWOOD DRIVE, GA 30501	1	0		0	}	0		0
	IN GIBSON	TRUST	EE						
	BOX 3430 GAINESVILLE, GA 30503		0		0		0		0
-	QUINN	TRUST	EE						
	BOX 3430 GAINESVILLE, GA 30503		0		0		0		0
	Compensation of five highest-paid employees (other	er than i	those include	d on lin	e 1 - see pa	ae 23 o	f the instructions).	
	f none, enter "NONE."					J -		•	
							(d) Contributions to		
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v		(c) Compe	nsation	employee benefit plans and deferred		ense account, allowances
	(4)		devoted to po		`` '		compensation	Otilie.	Mowances
NON	K								
								ĺ	
					 				
Tota	I number of other employees paid over \$50,000								
	That is of other employees paid over 400,000 in	· · · · ·	 	- · · ·		· · · · ·		Form 00	n_BE (2009)

3 Five highest-paid independent contractors for professional services (see pa	ge 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE		
_		
the		
otal number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	listical information such as the number of	
organizations and other beneficiarles served, conferences convened, research papers produced, etc.		Expenses
JORDAN TREWORGY		
	· · · · · · · · · · · · · · · · · · ·	2,00
2 RICHARD RILEY		
O CITATI AND DAY		1,00
3 CLINT ALDERMAN		
		75
# EMMANUEL CHURCH		
Littlien Chouch		
		50
Part IX-B Summary of Program-Related Investments (see page	24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year of		Amount
1		
		<u> </u>
2		
All all		
All other program-related investments See page 24 of the instructions		
•		
otal. Add lines 1 through 3		
	EEA	Form 990-PF (200

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	ındatıon	ıs,
	see page 24 of the instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	80,007
þ	Average of monthly cash balances	1b	2,305
C	Fair market value of all other assets (see page 24 of the instructions)	1c	1,100
đ	Total (add lines 1a, b, and c)	1d	83,412
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	83,412
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
	the instructions)	4	1,251
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	82,161
6	Minimum investment return. Enter 5% of line 5	6	4,108
Pai	TXI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here $lacktriangle$ X and do not complete this part X		<u> </u>
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5 2a	1	
b	Income tax for 2009 (This does not include the tax from Part VI)]	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
Dai	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	9,250
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
Ь	Cash distribution test (attach the required schedule)	3ь	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.	4	9,250
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 page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,250
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the fou	ndation
	qualifies for the section 4940(e) reduction of tax in those years		

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Par	XIII Undistributed Income (see page 26	of the instructions)	· · · · · · · · · · · · · · · · · · ·		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009 ———
	line 7				······································
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
	Total for prior years,,	· · · · · · · · · · · · · · · · · · ·			
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
ь	From 2005			1	
C	From 2006				
d	From 2007				
e	From 2008				
f	Total of lines 3a through e			<u> </u>	
4	Qualifying distributions for 2009 from Part XII,	<u> </u>		<u> </u>	
	line 4 ▶ \$:			
а	Applied to 2008, but not more than line 2a				
Ь	Applied to undistributed income of prior years				
	(Election required - see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election		=	1	
	required - see page 26 of the instructions)	***************************************			
d	Applied to 2009 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009 .				
	(If an amount appears in column (d), the same			1	
	amount must be shown in column (a))	-		1	
6	Enter the net total of each column as			<u> </u>	
	indicated below:			†	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5.				-m
Ь	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed			1	
	income for which a notice of deficiency has	-		1	
	been issued, or on which the section 4942(a)				
	tax has been previously assessed			40 -m-1 mm 111 mm -	
d	Subtract line 6c from line 6b Taxable			<u> </u>	
	amount - see page 27 of the instructions	: 			
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page				
	27 of the instructions	<u></u>	<u> </u>		
f	•	<u> </u>			
	4d and 5 from line 1. This amount must be				
	distributed in 2010				
7	Amounts treated as distributions out of corpus			1	
	to satisfy requirements imposed by section			1	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			1	
	instructions)			<u> </u>	······································
8	Excess distributions carryover from 2004 not			1	
	applied on line 5 or line 7 (see page 27 of the			!	
	instructions)			ļ	
9	Excess distributions carryover to 2010.	1		[
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9	1		1	
а	Excess from 2005			!	
b	Excess from 2006	_		1	
c	Excess from 2007	-		1	
d	Excess from 2008	1		<u> </u>	
_	F 2000	t	3	± I	

_	XIV Private Operating Foun				tion 9)	
	If the foundation has received a ruling of					
	foundation, and the ruling is effective for				<u> </u>	
	Check box to indicate whether the foun	dation is a private o	perating foundation of	lescribed in section	4942(j)(3) or 4942	2(_J)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) 10ab
	85% of line 2a [
	Qualifying distributions from Part XII, line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities .					
	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
	Complete 3a, b, or c for the alternative test relied upon					
	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
	"Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization	······				
	(4) Gross investment income XV Supplementary Informat	ion /Complete	this part only if	the foundation ha	d \$5,000 or more in	accate at
_	any time during the yea				ia 40,000 or more in	455015 W.
_	Information Regarding Foundation M		o or the manaci	<u> </u>		
	List any managers of the foundation who before the close of any tax year (but on	o have contributed	more than 2% of the ibuted more than \$5,0	total contributions receiv 000) (See section 507(d	ved by the foundation ((2))	
	NONE,					
•	List any managers of the foundation who ownership of a partnership or other ent	no own 10% or more lty) of which the fou	e of the stock of a cor ndation has a 10% or	poration (or an equally l greater interest	arge portion of the	
	NONE,					
	Information Regarding Contribution,	Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
	<u> </u>		ns to preselected cha	ritable organizations and		
	Check here ▶ ☐ if the foundation only	indation makes diffs	s, grants, etc. usee par	,		
	check here ▶ ☐ if the foundation only unsolicited requests for funds. If the foundations under other conditions, c					
	unsolicited requests for funds. If the fou	omplete items 2a, b	, c, and d	should be addressed		
	unsolicited requests for funds. If the four organizations under other conditions, control of the name, address, and telephone nur	omplete items 2a, b nber of the person t	, c, and d to whom applications			
•	unsolicited requests for funds. If the four organizations under other conditions, of the name, address, and telephone nur. 990APP	omplete items 2a, b nber of the person t	, c, and d to whom applications			
)	unsolicited requests for funds if the four organizations under other conditions, of the name, address, and telephone nur 990APP The form in which applications should in the form in which applications should be applied to the form in which applications should be applied to the form in which applications should be applied to the form in which	omplete items 2a, b nber of the person t be submitted and in	, c, and d to whom applications formation and materia	als they should include		

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment f recipient is an individual show any relationship to any foundation manager Foundation Recipient Purpose of grant or contribution status of reciplent Amount Name and address (home or business) or substantial contributor a Paid during the year INDIGENT CARE ABIGAIL CUTCHSHAW 105 BLUE ALERT SYSTEMS CHARITY 100 INDIGENT CARE DEBBIE NEAL 250 MEDICAL EDWIN MEADERS 500 CHARITY GEORGIA COLLIET 50 INDIGENT CARE JESSICA GRANT 395 JORDAN TREWORGY EDUCATION 2,000 INDIGENT CARE KAY NORTON 100 3a **b** Approved for future payment 3Ь **Total**

23-7062020

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 reciplent	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor			
Paid during the year]			
LISA CANTRELL			INDIGENT CARE	
				1
RAD MINISTRIES			CHARITY	
				32
SHEREE WATSON			INDIGENT CARE	
				_
				10
AMCA			EDUCATION	
	1			
				50
CLINT ALDERMAN			MEDICAL	
	 			7!
				,
DEEDD AVDEDGOV			INDIGENT CARE	
DEEDRA ANDERSON			INDIGENI CARE	
				20
	ļ			2.
EMMANUEL CHURCH			CHARITY	
EFMANUEL CHURCH				
				5(
JANEY SMITH			INDIGENT CARE	
ORIGI UNIII				
				50
Total			▶ 3a	
Approved for future payment				
,				
			ļ	
	1			
	1			
			1	
		-		

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

o dianto and continuations i aid builing the	Teal of Applove	a loi i atale i	ayment	
Recipient	If reciplent is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of reciplent	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	-			
JOHN ERGOVICK	j		CHARITY	
				350
JUDY CANTRELL			INDIGENT CARE	
		j .	1	
				150
				130
LANIER INTERV PAIN			MEDICAL	
			<u> </u>	454
14T 473mp				
MICHELL NEAL			MEDICAL	
				50
DICEARD DIES			MEDICAL	
RICHARD RILEY			MEDICAL	
				1,000
VIRGINIA PINSON			INDIGENT CARE	
ATWAININ LINDON			INDIGENI CARE	
				100
			İ	
	<u></u>		L	
	 	<u> </u>	▶ 3a	8,565
b Approved for future payment				
• • • • • • • • • • • • • • • • • • • •			!	
]	
]	
Total				

ter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded by sec	ction 512, 513, or 514	(e)
. Regram consider revenue	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
Program service revenue	code	-	code		ine matractions)
a NONE			 		
р			+ +		
<u> </u>				<u>-</u>	
•					
f				· · · · · · · · · · · · · · · · · · ·	-
g Fees and contracts from government agencies	.		 		
Membership dues and assessments	<u> </u>				
Interest on savings and temporary cash investments				-	
Dividends and interest from securities					
Net rental income or (loss) from real estate	, ,				
a Debt-financed property					
b Not debt-financed property	. []				
Net rental income or (loss) from personal property		_			
Other investment income					
Gain or (loss) from sales of assets other than inventory	•				
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a					
b			ļ		
c					
d		·	<u> </u>		
			1		
e Subtotal Add columns (b), (d), and (e)				13	
Subtotal Add columns (b), (d), and (e)	calculations)				
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify of art XVI-B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify of art XVI-B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemply instructions)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify of art XVI-B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemply instructions)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
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Subtotal Add columns (b), (d), and (e)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
Subtotal Add columns (b), (d), and (e)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify of art XVI-B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemply instructions)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify of art XVI-B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemply instructions)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
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Subtotal Add columns (b), (d), and (e)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify of art XVI-B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemply instructions)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
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Subtotal Add columns (b), (d), and (e)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
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Subtotal Add columns (b), (d), and (e)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	
Subtotal Add columns (b), (d), and (e)	calculations) e Accompl	ishment of Executed in column (e) of	empt Purpose of Part XVI-A con	es tributed importantly	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the	organization dire	ctly or indirectly eng	age in any of the follow	wing with a	ny other or	ganization	described			Yes	No
			-	tion 501(c)(3) organiza	-		-					
	organiza							•				
а	-		ting foundation to a	noncharitable exempt	organizatio	n of						
-			-		-					1a(1)		х
										1a(2)		X
h	•	ansactions			• • • • •					14(2)		
D										16(1)		v
				ot organization								X
				e exempt organization						1b(2)		X
				ssets						1b(3)		X
	4 .		-	• • • • • • • • • • •						1b(4)		X
		-								1b(5)		X
			· · · · · · · · · · · · · · · · · · ·	or fundraising solicitat						1b(6)		X
C	-		· -	other assets, or paid e					,	1c		X
d				mplete the following s								
				given by the reporting								
	value in	any transaction	or sharing arrangem	ent, show in column (e	d) the value	e of the goo	ds, other a	ssets, or ser	vices receive	ed		
(a) L	ine no (b)	Amount involved	(c) Name of nor	ncharitable exempt organiz	ation	(d) Desci	ription of trar	sfers, transact	ions, and shar	ıng arra	ngemer	nts
			***								_	
			·									
	_								<u> </u>			
			-									——
												——
											_	
			<u> </u>									
												
								<u> </u>		_		
										_		
										-		
2a	Is the fo	undation directly	or indirectly affiliate	d with, or related to, or	ne or more	tax-exemp	t organizat	ons				
	describe	ed in section 501	(c) of the Code (other	er than section 501(c)(3)) or in se	ction 527?		. .	[Yes	s X	No
Ь			lowing schedule						_	_		
	!	(a) Name of organi		(b) Type of o	rganization			(c) Descript	tion of relation	ship		
		(a) manie or organi		(4) 1)				(4) 44				
-				<u>. </u>								
			·			_				_		
			· · · · · · · · · · · · · · · · · · ·				·					
												
	Underne	nothing of positing La	laciare that I have evam	ned this return, including a		s cobadulas ar	ad statement	and to the he	not of my know	ladaa a	nd -	
				preparer (other than taxpa								
s		1 10. WILL										
_) —	Villiam M. Jane 8-16-2010					TRUSTE	E				
9	Signati	re of officer or trus	tee		1 -	Date		Title				
'		Ì			Date			ĺ	Preparer's Id	-	-	
1	Paid			_			Check If		number (see page 30 of th			
•	Prepar- er's	Preparer's	1 -1- 0	1			self-emplo	yed ▶ X	. •			
,	Use	signature	Ceule J.	1 De Kun	08-09-	2010	<u> </u>		P000027	10		
	Only	Firm's name (or yours if self-employed), address,			EIN >	58-2210	540					
l	-	self-employed), and ZIP code	CORNE	LIA, GA 30531				Phone no	706-776	-290	6	
			<u>i-</u>							004	DE A	(2000)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2009

Employer identification number Name of the organization 23-7062020 EDMONDSON TELFORD FOUNDATION Organization type (check one) Section: Filers of: Form 990 or 990-EZ ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF X 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h or (11) Form 990-EZ, line 1 Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

Name of organization
EDMONDSON TELFORD FOUNDATION

Employer identification number

23-7062020

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GLASCO ,	\$ 650	Person 🔀 Payroll 🔲 Noncash 🔲 (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	GORDON TELFORD 245 WEST DOYLE ST Toccoa, GA 30577	\$ 5,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	RYLEE	\$1,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	W H SLACK III	\$ 950	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	W M HOUSE PO BOX 3430 Gainesville, GA 30503	\$, ,	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person

Page 01

Current Officers, Directors, Trustees, and Key Employees 1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

(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 deferred compensation	(e) Expense account, other allowances
TOM HENSLEY	TRUSTEE			
PO BOX 3430 GAINESVILLE, GA 30503343	0	0	0	(
TERRY BAKER	TRUSTEE			
PO BOX 3430 GAINESVILLE, GA 30503343	0	0	0	0
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Federal Supporting Stateme	ents	2009 PG 01
Name(s) as shown on return		FEIN
EDMONDSON TELFORD FOUNDATION	- ····	23-7062020
Form 990PF, Part III, Lin Other Increases Schedul		Statement #115
MISCELLANEOUS	1,939	
Total	1,939	:

Form 990PF, Part II, Line 10(b)

Investments: Corporate Stock Schedule

PG 01 Statement #137

Category	BOY	Book Value	EOY FMV
EQUITIES	76,925	76,925	104,396
Totals	76,925	76,925	104,396

	Federal Supporting Statements	2009 PG 01
Name(s) as shown on return		Your Social Security Number
EDMONDSON TELFORD FOUNDATION		, 0202001-62
	Form 990PF, Part I, Line 23 - Other Expenses Schedule	Statement #103
Description	Revenue Net Adjusted Charitable and expenses investment net income purpose	
BANK CHARGES	1 51 0	
Totals	51 51 51	
	Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule	PG 01 Statement #108
	Net Adjusted Ch	
Description TAX RETURN PREPARTION	and expenses investment net income purpose 600 600 0 600	
Totals	009 009 009	
	Form 990PF, Part I, Line 18 - Taxes Schedule	PG 01 Statement #110
Description TAXES PAID	Revenue Net Adjusted Charitable and expenses investment net income purpose 35 35	
Totals	35 35 35	
STM. LD		

	Federal Supporting Statements	2009 PG 01
Name(s) as shown on return		Your Social Security Number
EDMONDSON TELFO	RD FOUNDATION	23-7062020

Form 990PF, Part XV, Line 2 Application Submission Information

990APP

Grant Program

<u>Applicant Name</u> WILLIAM M HOUSE

Address

PO BOX 3430, 500 SPRING ST, SE Gainesville GA 30503

<u>Telephone</u>

770-532-3228

Form & Content

LETTER FORM; AMOUNT REQUESTED AND REASON FOR REQUEST.

<u>Submission Deadline</u> None

Restrictions on Award