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776 01/03/2011

Department of the Treasury Internal Revenue Secret

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)

OMB No 1545-0047
2009
Open to Public

inter	nai Revenue	Service	The organization may have to use a copy of this return to sa	alisty state report	ing requirer	Helits	Inspection
<u>A</u>	For the 200	9 calendar	year, or tax year beginning $07/01/09$, and ending 06	/30/10			
В	Check if applica	ible Pleas	C Name of organization PAULDING COUNTY AREA FOUNDAT	CION -		D Emplo	er identification number
\Box	Address chang	e use IR	T MAKSHALL MEMUKTAL SUPPOKTING	FOUND.			
Ē.	Name change	label o	n			34-	1941616
\equiv	ū	type.		Room/	suite		one number
	Initial return	See	PO BOX 249	1.23			-399-3686
	Termination	Specif	C	_		G Gross recei	
$\overline{\Box}$	Amended return	Instruc n tions	PAULDING OH 45879		<u> </u>	G Gloss lecel	357 177
\equiv		E No.		 -		U/o\ la ibus a	
Ш.	Application per	iding Fina	me and address of principal officer				group return for
		į				affiliate: H(b) Are all a	affiliates 🖂 🖂
						ındude	
_		<u> </u>				If "No,"	attach a list. (see instructions)
	Tax-exempt		X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527				
_	Website.	[]	PAULDINGCOUNTYAREAFOUNDATION.NET	-			exemption number
	Type of organi		Corporation Trust Association Other	L Year of fo	rmation 20	00	M State of legal domicile OH
<u>P</u>	art I	Summ	ary				
	1 Bne	fly describe	the organization's mission or most significant activities				
Ф	rγ	O HOLD	FARMLANDS AND USE THE REVENUES TO CONDUCT	A CHARITA	BLE LOA	ΑN	
E C	S	UBSIDY	PROGRAM TO ASSIST YOUNG FARMERS IN PAULDIN	NG COUNTY	THEREBY	Y	
Ĕ	F	URTHER:	ING THE CHARITABLE OBJECTIVE OF THE PAULDIN	NG COUNTY	AREA FO	DUNDAT	ION.
ŏ	2 Che	ck this box	If the organization discontinued its operations or disposed prince	han 25% of its	net assets		
S.	3 Nun	ber of voti	ng members of the governing body (Part VI, line 1a)			3	4
Se	4 Num	ber of inde	pendent voting members of the governing body (Part VI, line b)		3	4	4
įį	5 Tota	ıl number o	pendent voting members of the governing body (Part VI, lines) FEB	0 4 2011	이	5	0
\$	6 Tota		f volunteers (estimate if necessary)	1	Ω)	6	
<u> </u>	7a Tota			VENT I	띄	7a	
70	h Net	-	usiness taxable income from Form 990-T, line 34	EN, UT		7b	0
_	5 1101	arir ciated b	domeso taxable moome norm of our 1, mile of		Pnor Year	1 1 1	Current Year
nsest ANNED Rลุง/ผู้กุนคุก 1 2018 ctivities & Governance	8 Con	tributions a	nd grants (Part VIII, line 1h)		103	,857	
ِڄِ	9 Proc	aram servic	e revenue (Part VIII, line 2g)				
. <u>\$</u> [10 Inve		ome (Part VIII, column (A), lines 3, 4, and 7d)		-17	,667	34,067
Ä.	11 Othe		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,681	122,017
	12 Tota		add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,871	156,084
艺	13 Grau	-	ilar amounts paid (Part IX, column (A), lines 1–3)			,020	21,959
Z	14 Ben		or for members (Part IX, column (A), line 4)	-		/	
$\ddot{\circ}$	15 Sala		compensation, employee benefits (Part IX, column (A), lines 5–10)				
8	16a Prof	-	ndraising fees (Part IX, column (A), line 11e)				
ĐĐ.			q expenses (Part IX, column (D), line 25) ▶				· · · · · · · · · · · · · · · · · · ·
Ехре					40	, 459	50,075
		=	s (Part IX, column (A), lines 11a–11d, 11f–24f)	 	51		72,034
		· ·	Add lines 13–17 (must equal Part IX, column (A), line 25)			,392	
- s	19 Rev	enue less e	xpenses Subtract line 18 from line 12	Regin	고 보 Ining of Curre		84,050 End of Year
Net Assets or Fund Balances	20 Tota	l accete (P	art X, line 16)	Deg.ii	3,214		3,293,712
Ass	21 Tota		Part X, line 26)		4		5,255,112
a Se	22 Not		and balances Subtract line 21 from line 20		3,209		3,293,712
	art II		ure Block	l	3,203	, 002	5,295,112
<u> </u>	artii						
			alties of perjury, I declare that I have examined this return, including accompanying s it is true, correct, and complete. Declaration of preparer (other than officer) is based.				
c:-	_		Starle W. Sean		, ,	(-2	0-11
Sig		_	<u> </u>				· · · · · · · · · · · · · · · · · · ·
He	re		ture of officer		-	Date	
		—		PRESIDEN'	Ι΄		
_		y fype	or print name and title		1		Omeonde dest
Pai	d	Preparer's	Matthew F. Rame CPA	Date	Check if self-		Preparer's identifying number (see instructions)
		signature	Mathem 4. 18que, CPA	01/03/13	l employed	ı▶ ∐	P00116343
	parer's	Eirm's se-	AREND, LAUKHUF & STOLLER, I	NC.		EIN ▶	34-1495118
US	e Only	if self-emp	D O DOY OAO			Phone	
		address, a					419-399-3686
Mav	the IRS di	scuss this i	return with the preparer shown above? (see instructions)	<u> </u>		, ,	X Yes No
			erwork Reduction Act Notice, see the separate instructions.				Form 990 (2009)
DAA							. om 000 (2005)

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

37.613

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	SECTION Checklist of Provided Colored				'age 3
P	art IV Checklist of Required Schedules		-	T.,	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		<u></u>	Yes	No
•	complete Schedule A		1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	- 1	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u> </u>		<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	•	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		88		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		ļ		
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			v	
	VII, VIII, IX, or X as applicable		11	X	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI				
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII		12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			į
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			ĺ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				37
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		ا ـــــــ ا		v
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		4.0		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		18		X
. •	If "Yes," complete Schedule G, Part III		19		Х
	complete contours of turning		13		4.7

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Part IV Checklist of Required Schedules (continued)

			, ,	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	_,	\ , \	
20	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		v	
^-	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Χ_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			v
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	, , , ,			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			.,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		i	v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28a_		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	205		v
_	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	28b		X
С	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	200		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Λ
J U	conservation contributions? If "Yes," complete Schedule M	30	ĺ	Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		
•	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	J.		
-	Schedule N, Part II	32	i	Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- <u></u> -		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	<u> </u>		
-	III, IV, and V, line 1	34		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		T	
	Schedule R, Part V, line 2	35		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		$\neg \neg$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,]	
	Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		\neg	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Statements Regarding Other IRS Filings and Tax Compliance No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 10 U.S. Information Returns Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Х gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a this return? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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, secunties account, or other financial account)? Х 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year 7đ Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
þ	Enter the number of voting members that are independent 1b 4	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	İ		
	form?	11	Χ	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ AREND, LAUKHUF & STOLLER, INC. P.O. BOX 249			
P/		L9-39	9-3	<u>68</u> 6

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Average Position (check all that apply)					, dire	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
STANLEY SEARING	2 00	 ,,								
PRESIDENT	2.00	X	_	<u> </u>	_		_	0	0	
DR. JOHN SAXTON	1 00	, <i>.</i>								
/ICE PRESIDENT	1.00	X	_	_			\vdash	0	0	
DUANE SINN	1.00	X						ol	0	
SECRETARY MYRNA COOK	1.00	 △		├—		├		U		
REASURER	1.00	X						ol	0	
READONER	1.00	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				-		<u> </u>	0	
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Pa	YII Section A. Officers	, Directors, Trus	tees	, re	y En	pio	yees	, an	d Hignest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average hours per	⊢—	_	chec		hat a	_	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amoun	ted	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	CO.	othe impens from t rganiza and rela ganiza	r sation he ation ated	
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						-								_
													_	
								_			ļ			
<u>1b</u>	Total							<u> </u>	<u> </u>	<u> </u>	L			
2	Total number of individuals (increportable compensation from	•		to th	ose	liste	abo	ve)	who received more than \$1	00,000 in				
_	reportable compensation from	the organization										$\neg \neg$	Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated			3	100	Х
4	For any individual listed on line the organization and related or	1a, is the sum o	f rep	ortab	le co	ompe	ensat	ion a						
5	individual Did any person listed on line 1a	a receive or accru	ie co	mpe	nsat	ion f	rom a	any	unrelated organization for		-	4		Х
	services rendered to the organ		com	plete	Sch	edul	e J fo	or st	uch person			5		X
1	ction B. Independent Contractor Complete this table for your five compensation from the organization	e highest comper	nsate	d ind	depe	nder	nt coi	ntrac	ctors that received more that	n \$100,000 of		.,		
		(A) I business address							Descrip	(B) stion of services		Coi	(C) npensat	tion
														
												_		
														
2	Total number of independent of more than \$100,000 in comper						to th	ose	listed above) who received			0		
													990	10000

Part VIII Statement of Revenue Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Busn. Code Busn. Code E Busn. Code				
b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Busn. Code Busn. Code E Grant Gr				
Busn. Code Busn. Code Code Graph of All other program service revenue				
Busn. Code Busn. Code Code Graph of All other program service revenue				
Busn. Code Busn. Code Code				
Busn. Code Busn. Code Code Graph of All other program service revenue				
Busn. Code Busn. Code Code				
Busn. Code Busn. Code Code				
Busn. Code Busn. Code Code				
Busn. Code Busn. Code Code				
Busn. Code Busn. Code Code				<u> </u>
b c d e f All other program service revenue				
c d E e F All other program service revenue			· · · · · · · · · · · · · · · · · · ·	
d E e B f All other program service revenue g Total Add lines 20, 2f				
d E e B f All other program service revenue G Total Add lines 20, 2f			 	
e B f All other program service revenue g Total Add lines 20, 2f	ŀ			
f All other program service revenue	-			- · · · ·
□ n Total Add lines 2a_2f				
g Total. Add lines 2a-2i				<u> </u>
3 Investment income (including dividends, interest, and	[
other similar amounts)	40,262			40,262
4 Income from investment of tax-exempt bond proceeds ▶			.	
5 Royalties				
(i) Real (ii) Personal	1			
6a Gross Rents 375, 453	1			
b Less rental exps 253, 490	1			
c Rental inc or (loss) 121, 963	1			
d Net rental income or (loss)	121,963			121,963
7a Gross amount from sales of assets (i) Securities (ii) Other				
other than inventory 17, 375	1			
b Less cost or other				1
basis & sales exps 23, 570	1			1
c Gain or (loss)	1			
d Net gain or (loss)	-6,195	-6,195		
8a Gross income from fundraising events				
(not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b				
of contributions reported on line 1c)				
See Part IV, line 18	1			
b Less direct expenses b	1			
c Net income or (loss) from fundraising events	Ī	İ		†
9a Gross income from gaming activities				
See Part IV, line 19 a	1			
b Less direct expenses b		1		
c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less				
	1			
	ŧ			Ī
c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code				
	- 1	5.4		1
11a SCRAP METAL SALES	54	54		<u> </u>
b				
C				
d All other revenue			····	<u> </u>
e Total. Add lines 11a–11d	54		·	
12 Total Revenue. See instructions	156,084	-6,141	0	162,225

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).												
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising								
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses								
1	Grants and other assistance to governments and	10 400	10 400										
	organizations in the U.S. See Part IV, line 21	10,400	10,400										
2	Grants and other assistance to individuals in												
	the U.S. See Part IV, line 22	11,559	11,559										
3	Grants and other assistance to governments,												
	organizations, and individuals outside the												
	U.S. See Part IV, lines 15 and 16												
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·								
5	Compensation of current officers, directors,												
	trustees, and key employees												
6	Compensation not included above, to disqualified			" . —									
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages				· -								
8	Pension plan contributions (include section 401(k)												
	and section 403(b) employer contributions)												
9	Other employee benefits												
10	Payroll taxes												
11	Fees for services (non-employees)												
а	Management												
b	Legal												
С	Accounting	5,470		5,470									
d	Lobbying			•									
e	Professional fundraising services See Part IV, line 17												
f	Investment management fees												
g	Other												
12	Advertising and promotion												
13	Office expenses												
14	Information technology												
15	Royalties												
16	Occupancy	14,598		14,598									
17	Travel												
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings												
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	4,554		4,554									
23	Insurance												
				1									
24	Other expenses Itemize expenses not			1									
	covered above (Expenses grouped together			1									
	and labeled miscellaneous may not exceed			1									
	5% of total expenses shown on line 25 below)												
а	DIRECTOR	24,310	14,586	9,724									
b	RECORDING FEES	360	360										
С	WEB SITE	343	343										
d	FILING FEES	225	225										
е	ADVERTISING	140	140										
f	All other expenses	75		75									
25		72,034	37,613	34,421									
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the		ŀ	İ									
	organization reported in column (B) joint costs												
	from a combined educational campaign and			ł									
DAA	fundraising solicitation				5 QQQ (0000)								

	art X	Balance Sheet			(A)		(B)
					Beginning of year	l	End of year
	1	Cash—non-interest bearing				_1_	
	2	Savings and temporary cash investments			151,791	2	249,102
	3	Pledges and grants receivable, net	·	[3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, ti	ustees	key			
		employees, and highest compensated employees Comp	lete Pai	t II of			
		Schedule L		[5	
	6	Receivables from other disqualified persons (as defined a	ınder se	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(8	3) Com	plete			
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net		Ī		7	
SS	8	Inventories for sale or use		Ī		8	
ď	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or		1			
		other basis Complete Part VI of Schedule D	10a	2,819,648			
	ь	Less accumulated depreciation	10b	247,258	2,603,223	10c	2,572,390
	11	Investments—publicly traded securities			110,945		127,439
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		Ţ		14	
	15	Other assets See Part IV, line 11	Ì	348,440		344,781	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	Ţ	3,214,399	16	3,293,712	
	17	Accounts payable and accrued expenses			-717	17	3,000,122
	18	Grants payable	1,137	18			
	19	Deferred revenue	Ī		19		
	20	Tax-exempt bond liabilities		Ţ		20	
S	21	Escrow or custodial account liability Complete Part IV of	Schedu	ile D	· · · · · ·	21	
Liabilities	22	-					
Þi		employees, highest compensated employees, and disqua	-				
<u>- a</u>		persons Complete Part II of Schedule L				22	
_	23	-	parties	Ī		23	- · · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third pa		Ī		24	·- ·- · · · · · · · · · · · · · · · · ·
	25	Other liabilities Complete Part X of Schedule D		Ī	3,600	_	
	26	Total liabilities. Add lines 17 through 25		Ţ	4,737	26	
ຜູ		Organizations that follow SFAS 117, check here ▶	and		•		
Balances		complete lines 27 through 29, and lines 33 and 34.		į			
lan	27	Unrestricted net assets		j		27	
Ba	28	Temporanty restricted net assets		Ţ		28	
פ	29	Permanently restricted net assets				29	
Ħ		Organizations that do not follow SFAS 117, check he	re ▶ Î	Σ̈́]			
7		and complete lines 30 through 34.		-			
S	30	Capital stock or trust principal, or current funds		į		30	
et	31	Paid-in or capital surplus, or land, building, or equipment	fund	ļ		31	
SS	32	Retained earnings, endowment, accumulated income, or		ınds	3,209,662	32	3,293,712
Net Assets or Fund	33	Total net assets or fund balances			3,209,662		3,293,712
Š	34	Total liabilities and net assets/fund balances		<u> </u>	3,214,399		3,293,712

Form **990** (2009)

Form	990 (2009) PAULDING COUNTY AREA FOUNDATION - 34-1941616		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
b	Were the organization's financial statements audited by an independent accountant?	2b		Χ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			:
	issued on a consolidated basis, separate basis, or both.		1	
	Separate basis Consolidated basis Both consolidated and separate basis			;
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ı
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		:
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

PAULDING COUNTY AREA FOUNDATION - MARSHALL MEMORIAL SUPPORTING FOUND.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

Employer identification number 34-1941616

1				ociation of churches described in	section 1	70(b)(1)(A)(i).				
2		A school des	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E)							
3		A hospital or	a cooperative hospital service	e organization described in sect	ion 170(b)(1)(A)(iii)).				
4		A medical res	search organization operated	l in conjunction with a hospital de	escribed in	section '	170(b)(1)(A)(iii).	Enter th	ne hosp	tal's name,
		city, and state	e								
5		An organizati	on operated for the benefit o	f a college or university owned o	r operated	by a gove	ernment	al unit de	escnbed	l ın	
		section 170(b)(1)(A)(iv). (Complete Part	II)							
6		A federal, sta	ite, or local government or go	overnmental unit described in se	ction 170	b)(1)(A)(v	/).				
7	\prod	An organizati	on that normally receives a s	substantial part of its support from	n a goverr	mental ur	nit or from	n the ge	neral pu	iblic	
		described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II)	J			Ū	·		
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part I	1)						
9	П	_) more than 33 1/3 % of its supp	-	ntribution	s memb	ership f	ees and	d arnss	
•		_	•	pt functions—subject to certain e				•		•	
				d unrelated business taxable inc	•					1113	
			=		-		11 (0/) 11	Om busi	1103503		
10	П	-	=), 1975 See section 509(a)(2).			->/4>				
	X	•	•	exclusively to test for public safet	•	-					
11		-	*	exclusively for the benefit of, to p				•		4 7	
				ed organizations described in sec						tion	
				ne type of supporting organizatio							
	(T)	a X Type		c Type III–Function	, ,		d	٠, ب	e III–Ot	her	
9	X	-	•	anization is not controlled directly				•			
		•	-	and other than one or more publ	icly suppoi	ted organ	ıızatıons	describe	ed in see	ction	
		509(a)(1) or s	section 509(a)(2)								
f		If the organization	ation received a written detei	rmination from the IRS that it is a	Type I, T	ype II, or T	Type III s	upportin	g		_
		organization,	check this box								
g		Since August	t 17, 2006, has the organizati	ion accepted any gift or contribut	tion from a	ny of the					
		following per	rsons?								
		(i) A persor	n who directly or indirectly co	ntrols, either alone or together w	nth person	s describe	ed in (ii)				Yes No
		and (III) b	below, the governing body of	the supported organization?							11g(i) X
		(ii) A family	member of a person describ	ed in (i) above?							11g(ii) X
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?							11g(iii) X
h			following information about th	,, ,,							<u> </u>
	Name	e of supported	(II) EIN	(iii) Type of organization	(ıv) is the	organization	(v) Did v	ou notify	(vi)	ls the	(vii) Amount of
1.,		janization	(, =	(described on lines 1–9	1	sted in your	the organ	nızatıon in	organizat	ion in col	support
				above or IRC section	governing	document?		of your port?		zed in the S ?	
				(see instructions))	Yes	No	Yes	No	Yes	No	
D7	TIT	DING CO	UNTY AREA FOU	NDATTON	+		 			···	
L	101	DING CC	34-1399690		X		Х	İ	Х		15 502
			34-1399090	1	<u> </u>		^_	 	 ^-		<u>15,583</u>
					-						
					1						
				<u> </u>	-		 	 	<u> </u>		
							1	1	}		
		<u></u>			1		L	[
						<u></u>	<u> </u>	L	<u> </u>		
ota	ı		ŀ	1	1		1		•		15,583

Sche		JLDING COU				-1941616	
Pa	art II Support Schedule for Or	ganizations D	escribed in Se	ctions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support						
Ca	lendar 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")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	-					
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, whether or not the business is regularly carned on						
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10						
12	• • • • • • • • • • • • • • • • • • • •		£	<u> </u>	L	L	
13	Gross receipts from related activities, etc. (•		CDL 4	504/)/	<u>1;</u>	2
13	First five years. If the Form 990 is for the organization, check this box and stop here		secona, inira, iouri	n, or tittn tax year a	is a section 501(c)(3)	
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6,		*	(A)		4	4 0/
15	Public support percentage from 2008 Sche-			(1))		1:	
16a	33 1/3 % support test—2009. If the organi			3 and line 14 is 33	1/3 % or more, che		3 1 /6
	and stop here . The organization qualifies a			5, and line 14 is 55	175 % of more, cite	CK IIIS DOX	. [
b	33 1/3 % support test—2008. If the organi		•	or 16a, and line 15	is 33 1/3 % or more	chack this	
_	box and stop here. The organization qualif			•	13 33 173 70 01 711016	, check this	▶ □
17a	10%-facts-and-circumstances test—200	• •			or 16h, and line 14	is 10% or	
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumst						▶ □
b	10%-facts-and-circumstances test—200		= -		~	ne 15 is 10% or	F [
-	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumst				<u>.</u>		▶ □
18	Private foundation. If the organization did		-		•	structions	>

Schedule A (Form 990 or 990-EZ) 2009

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501(c)(3)	
	organization, check this box and stop here		>
Sec	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Sec	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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

Schedule A (Form 990 or 990-EZ) 2009 PAULDING COUNTY AREA FOUNDATION - 34-1941616

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

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. Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

ntern	al Revenue Service	► Attach to Form 990	 See separate instructions. 		Inspection			
Name	of the organization			Employer identifi				
PI	AULDING COUN	TY AREA FOUNDATION -						
M	<u>ARSHALL MEMO</u>	RIAL SUPPORTING FOUND.		34-19416	16			
Pa	irt I Organizat	ions Maintaining Donor Advised Fund	ls or Other Similar Funds or Acc	counts. Com	plete if			
	the organ	zation answered "Yes" to Form 990, P	art IV, line 6.					
		Į.	(a) Donor advised funds	(b) Funds a	nd other accounts			
1	Total number at end of	year						
2	Aggregate contributions	s to (during year)						
3	Aggregate grants from	(dunng year)						
4	Aggregate value at end	,						
5		orm all donors and donor advisors in writing that th						
		ion's property, subject to the organization's exclusi			Yes No			
6		orm all grantees, donors, and donor advisors in wr						
		purposes and not for the benefit of the donor or do	onor advisor, or for any other					
		ermissible private benefit?			Yes No			
Pa		tion Easements. Complete if the organ		<u>990, Part IV,</u>	line 7.			
1	_ ` ` ` `	tion easements held by the organization (check all	that apply)					
		d for public use (e g , recreation or pleasure)	Preservation of an historically impo					
	Protection of natura		Preservation of certified historic sti	ructure				
_	Preservation of ope	•						
2	easement on the last da	ugh 2d if the organization held a qualified conserval	tion contribution in the form of a conservati	ion				
	easement on the last u	sy of the tax year		311-14-4	the Federal Teacher			
_	Total number of server	velor accessed			the End of the Tax Year			
a	Total number of conser			2a				
b		I by conservation easements n easements on a certified historic structure include	od 12 (0)	2b				
C C		reasements on a certified historic structure include reasements included in (c) acquired after 8/17/06	ed in (a)	2c 2d				
3		n easements modified, transferred, released, exting	wiished or terminated by the erapeization					
3	the taxable year	reasements modified, transferred, released, exting	juished, or terminated by the organization	auring				
4	· –	— — — property subject to conservation easement is located as a second conservation can be a second conservation.	ated •					
5		have a written policy regarding the periodic monitor						
		nent of the conservation easements it holds?	ing, inspection, nanding of		Yes No			
6		rs devoted to monitoring, inspecting, and enforcing	conservation easements during the year		1e3 140			
•	>	er a contract to the internal ing	some radion decements during the year					
7	Amount of expenses in	 — curred in monitoring, inspecting, and enforcing con- 	servation easements during the year					
	▶\$		oo. vallon oddomerne dalling into year					
8	Does each conservation	n easement reported on line 2(d) above satisfy the	requirements of section					
	170(h)(4)(B)(i) and sect		.,.		Yes No			
9	In Part XIV, describe ho	ow the organization reports conservation easement	s in its revenue and expense statement, a	nd				
	balance sheet, and incl	ude, if applicable, the text of the footnote to the org	anization's financial statements that descri	ibes				
		unting for conservation easements						
Pa	rt III Organizat	ions Maintaining Collections of Art, H	istorical Treasures, or Other Sir	milar Assets.				
		if the organization answered "Yes" to F						
1a	=	ed, as permitted under SFAS 116, not to report in i						
		or other similar assets held for public exhibition, et		olic service,				
		e text of the footnote to its financial statements that						
D		ed, as permitted under SFAS 116, to report in its re						
		other similar assets held for public exhibition, educa	ation, or research in furtherance of public s	service,				
		nounts relating to these items		. .				
		in Form 990, Part VIII, line 1		S -				
2	(ii) Assets included in l	•	or similar appets for fire and leave	> \$_	- 			
2		ved or held works of art, historical treasures, or other	- ·	e ine				
а	•	ired to be reported under SFAS 116 relating to thes form 990, Part VIII, line 1	oc items	▶ €				
	Assets included in Form	·		~ • •				
9	, Joelo molacca in i Om	, ood, t dit A		~ • •				

<u>Sche</u>		COUNTY AREA F			941616	Page 2
Pa	art III Organizations Maintaining C	Collections of Art, H	istorical Treas	ures, or Other S	imilar Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following	that are a significant	use of its	
а	Public exhibition	d Loan o	r exchange program	ns		
b	Scholarly research	e Other				
С	Preservation for future generations	_				
4	Provide a description of the organization's collect Part XIV	tions and explain how the	y further the organiz	ation's exempt purp	ose in	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of art, his	oncal treasures, or	other similar		. Yes No
Pa	ert IV Escrow and Custodial Arran				"Yes" to Form	
	IV, line 9, or reported an amo		•	ation answered	103 101 01111	550, i ait
1a	Is the organization an agent, trustee, custodian of			assets not		
	included on Form 990, Part X?	or other intermediary for G	ontributions of other	assets 110t		Yes No
h		l complete the following to	blo			∐ Yes ∐ No
U	If "Yes," explain the arrangement in Part XIV and	complete the following ta	oie			Amount
_	Davis and total and				 -	Amount
	Beginning balance				1c	
d	Additions during the year				1d	
е	• • • • • • • • • • • • • • • • • • • •				1e	
f	Ending balance			•	1f	
	Did the organization include an amount on Form	990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV					
Pa	ert V Endowment Funds. Comple	te if organization an	swered "Yes" to	Form 990, Pai	<u>t IV, line 10.</u>	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
đ	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g						
2	Provide the estimated percentage of the year en	d halance held as			1	
	Board designated or quasi-endowment	w balance neld as				
	Permanent endowment > %	- "				
	Term endowment ▶ %					
	 · ·	()				
Ja	Are there endowment funds not in the possessio	in or the organization that a	are neid and admini	stered for the		<u> </u>
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
	If "Yes" to 3a(II), are the related organizations lis					3b
4	Describe in Part XIV the intended uses of the org			5		
Pa	art VI Investments—Land, Building			· · · · · · · · · · · · · · · · · · ·		
	Description of investment	(a) Cost or other basis	(b) Cost or oth	1 ',	cumulated	(d) Book value
		(investment)	basis (other)) dep	reciation	
1a	Land	2,068,197				2,068,197
b	Buildings					
С	Leasehold improvements	·				
d	Equipment					
е	Other	619,432	132	,019	247,258	504,193
Γota	I. Add lines 1a through 1e (Column (d) must equa				•	2,572,390

Part VII Investments—Other Securities. See Form 990 (a) Description of security or category (including name of security) Financial derivatives	(b) Book value	(c) Method of value	ation
(including name of security)	(b) book value	• •	auon
Financial derivatives			rket value
•		·	
Closely-held equity interests			
Other			
	<u></u>		
		<u> </u>	
		·	
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	 		
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.	······································	<u></u>
(a) Description of investment type	(b) Book value	(c) Method of value	ation
		Cost or end-of-year ma	rket value
		·	
	ļ		· ·- <u> </u>
			-
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		······································	
Part IX Other Assets. See Form 990, Part X, line 15.	<u> </u>		
(a) Description			(b) Book value
AG LINK LOAN DEP-SHERWO	OOD STATE BANK		40,000
AG LINK LOAN DEP-SHERWO			40,000
AG LINK LOAN DEP-STATE	BANK		40,000
AG LINK LOAN DEP-FIRST			40,000
	OOD STATE BANK		36,341
AG LINK LOAN DEP-HUNTIN			35,730
AG LINK LOAN DEP-FIRST			32,700
AG LINK LOAN DEP-ANTWEF			30,000
AG LINK LOAN DEP-STATE ALL OTHER	BANK		20,000
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•	30,010 344,781
Part X Other Liabilities. See Form 990, Part X, line 29	 5		344,701
1 (a) Description of liability	(b) Amount		
Federal income taxes	,,,		
Tatal (Caluma (b) must assist Ferri 200 Part V 1 (D) 1 (D)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization.	zation's financial statements the	t rangets the	
organization's liability for uncertain tax positions under FIN 48	Lanon o mianciai Statemento (Na	rieporta tile	

	dule D (Form 990) 2009 PAULDING COUNTY AREA FOUNDATION			Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	<u> </u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Reti	<u>urn</u>	,
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains on investments	2a	4	
Ь	Donated services and use of facilities	2b	4	
С	Recovenes of pnor year grants	2c	4	
d	Other (Describe in Part XIV)		-	
ę	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) [3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	Other (Describe in Part XIV)	4b	4	
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	<u> </u>
	rt XIII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per R	<u>eturn</u>	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 . 1		
a	Donated services and use of facilities		-	
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIV)	2d	-	
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1) [3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
	Other (Describe in Part XIV)	4b	-	
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	<u> </u>
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and 4b Also complete		
his p	art to provide any additional information			
	. – – – – – – – – – – – – – – – – – – –			
			· – –	

Schedule D (F	orm 990) 2009	PAULDING	COUNTY ARE	EA FOUNDA	TION -	34-1	941616		Page \$
Part XIV	Suppleme	ntal Information	(continued)						
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

1545-0047	·60
OMB No	20

Open to Public Inspection

ջ ⊠ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **Employer identification number** non-cash assistance (8) Description of 34-1941616 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (c) IRC (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa), assistance assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States MARSHALL MEMORIAL SUPPORTING FOUND PAULDING COUNTY AREA FOUNDATION General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Name of the organization Part Part II

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2009

34-1941616

Schedule I (Form 990) 2009 PAULDING COUNTY AREA FOUNDATION –
Part III Grants and Other Assistance to Individuals in the United States

776 01/03/2011

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	USE FAIL IV AILD SCHEDULE I-1 (FUILL 330) II AUDILIOI	(Ulai space is liceded	٦.		
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
LOAN	LOAN INTEREST SUBSIDIES	11	11,559			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	provide the informati	on required in Part I,	line 2, and any other addi	tional information.

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

PAULDING COUNTY AREA FOUNDATION - MARSHALL MEMORIAL SUPPORTING FOUND.

Employer identification number 34-1941616

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

THE FOUNDATION CONTRACTS WITH PAULDING COUNTY ECONOMIC DEVELOPMENT

OFFICE, INC. (A 501(C)(3) ORGANIZATION) TO PROVIDE EXECUTIVE DIRECTOR.

SERVICES ON A PART-TIME BASIS TO THE FOUNDATION.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE SOLE MEMBER OF THE PAULDING COUNTY AREA FOUNDATION- MARSHALL MEMORIAL SUPPORTING FOUNDAION IS THE PAULDING COUNTY AREA FOUNDATION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE BY-LAWS OF THE ORGANIZATION REQUIRE AT LEAST THREE TRUSTEES. THE

TRUSTEES OF THE PAULDING COUNTY AREA FOUNDATION-MARSHALL MEMORIAL

SUPPORTING FOUNDATION ARE REQUIRED TO BE MEMBERS OF THE BOARD OF TRUSTEES

OF THE PAULDING COUNTY AREA FOUNDATION.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE SOLE MEMBER RESERVES THE RIGHT TO DECIDE

- 1. THE POLICIES AND PROCEDURES FOR THE YOUNG FARMER LOAN ASSISTANCE PROGRAM.
- 2. ANY AGREEMENT FOR LEASE, SALE OR PURCHASE OF FARMLANDS
- 3. ANY EXPENDITURE NOT INCLUDED IN A BUDGET APPROVED BY THE SOLE MEMBER.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE FORM 990 WAS PROVIDED ELECTRONICALLY TO THE TRUSTEES FOR

REVIEW PRIOR TO FILING. THE REVIEW PROCESS INVOLVES THE TRUSTEES READING

THE FORM DATA AND NARRATIVES FOR REASONABLENESS AND ASKING QUESTIONS OF THE OUTSIDE ACCOUNTING FIRM THAT PREPARES THE FORM. THIS REVIEW PROCESS IS TO MAKE THE TRUSTEES FAMILIAR WITH THE INFORMATION INCLUDED IN THE FILING AND TO CONFIRM REASONABLENESS, NOT ABSOLUTE ACCURACY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS NOT DIRECTLY DETERMINED BY THE TRUSTEES OF THE PAULDING COUNTY AREA FOUNDATION MARSHALL MEMORIAL SUPPORTING FOUNDATION. THE TRUSTEES NEGOTIATE A CONTRACT WITH PAULDING COUNTY ECONOMIC DEVELOPMENT OFFICE, INC. (A 501(C)(3) ORGANIZATION THAT IS INDEPENDENT OF THE FOUNDATION) TO PROVIDE EXECUTIVE DIRECTOR SERVICES ON A PART-TIME BASIS. THIS CONTRACT NEGOTIATION IS BASED ON THE FOUNDATION TRUSTEES' KNOWLEDGE OF THE COST OF THE NECESSARY UNDERLYING SERVICES TO BE PERFORMED UNDER THE CONTRACT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST FROM THE DIRECTOR.

SCHEDULE O - ADDITIONAL INFORMATION

PART VI-SECTION B: QUESTION 12 - CONFLICT OF INTEREST POLICY: SINCE THE ORGANIZATION IS A SUPPORTING ORGANIZATION, ITS SOLE MEMBER IS THE PAULDING COUNTY AREA FOUNDATION. THE YOUNG FARMER LOAN ASSISTANCE PROGRAM, WHICH IS PART OF THE ORGANIZATION'S SUPPORT PROVIDED TO THE PAULDING COUNTY AREA FOUNDATION, HAS ELIGIBLITY REQUIREMENTS WHICH EXCLUDE MEMBERS OF THE BOARD OF TRUSTEES OF THE FOUNDATION AND THEIR FAMILY MEMBERS AS DEFINED IN IRC SECTION 4958(F)(4), MEMBERS OF THE BOARD OF TRUSTEES OF THE PAULDING COUNTY AREA FOUNDATION AND THEIR FAMILY MEMBERS AS DEFINED IN IRC SECTION

Name of the organization
PAULDING COUNTY AREA FOUNDATION
Bemployer identification number 34-1941616

4958(F)(4), MEMBERS OF THE LOAN ADVISORY COMMITTEE AND THEIR FAMILY MEMBERS AS DEFINED IN IRC SECTION 4958(F)(4), AND ANY OTHER DISQUALIFIED PERSON, ORGANIZATION MANAGER OR OTHERS AS DEFINED IN IRC SECTION 4958(F)(1). SINCE THIS IS THE ONLY AREA OF ACTIVITY OF THE ORGANIZATION WHERE SELF-DEALING COULD BE PRESENT AND RESTRICTIONS ON SUCH SELF-DEALING ARE ADDRESSED AS OUTLINED ABOVE, THE BOARD OF TRUSTEES HAS DETERMINED THAT AN ADDITIONAL FORMAL CONFLICT OF INTEREST POLICY IS NOT NECESSARY AT THIS TIME.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 2009

► Attach to your tax return.

Attachment Sequence No

Name(s) shown on return

PAULDING COUNTY AREA FOUN

PAULDING COUNTY AREA FOUNDATION -

Identifying number 34-1941616

	MARSHAL	L MEMORIAL	SUPPORTI	NG F	OUND.			1 34-	1 7 4	1010	
	ess or activity to which this form relates	0.17									
	NDIRECT DEPRECIATI		-4 · 114 C	A! A!	70					<u>-</u>	
Pa	rt I Election To Expens Note: If you have a	•	•			comi	oloto Pa	rt I			
1	Maximum amount See the instruction				elore you	COM	JICIC I A	1	1	250,0	000
2	Total cost of section 179 property pl			503				ŀ		230,0	,,,,
3	Threshold cost of section 179 proper			structions	s)			Ì	3	800,0	000
4	Reduction in limitation Subtract line			30.000	-,			ŀ	4	000/0	<u>, , , , , , , , , , , , , , , , , , , </u>
5	Dollar limitation for tax year Subtract line			ned filma :	separately, see	e instruc	tions		5		
6	(a) Description		icco, cinci o ii iiidii		(business use			lected cost			
					·						
7	Listed property Enter the amount fr	om line 29	•			7					
8	Total elected cost of section 179 pro		ın column (c), lınes	6 and 7	•				8		
9	Tentative deduction Enter the small	ller of line 5 or line 8						[9	-	
10	Carryover of disallowed deduction for	rom line 13 of your 20	008 Form 4562					{	10		
11	Business income limitation Enter th	e smaller of business	s income (not less t	han zero	o) or line 5 (s	ee ınst	ructions)		11		
12	Section 179 expense deduction Ad	d lines 9 and 10, but	do not enter more t	than line	11				12		
13	Carryover of disallowed deduction to	o 2010 Add lines 9 a	nd 10, less line 12		•	13					
Note	Do not use Part II or Part III below f										
Pa	rt II Special Depreciation	on Allowance ar	d Other Depre	ciatio	n (Do not	incl	<u>ude liste</u>	d prope	rty) ((See instr.)	
14	Special depreciation allowance for o	qualified property (oth	er than listed prope	erty) plac	ced in service	•					
	during the tax year (see instructions	s)							14		
15	Property subject to section 168(f)(1								15		
16	Other depreciation (including ACRS								16		
<u>Pa</u>	rt III MACRS Depreciati	on (Do not inclu			See instru	ction	s.)				
			Secti		 					4,4	100
17	MACRS deductions for assets place	-							17	4,4	100
<u>18</u>	If you are electing to group any assets place in R	aced in service during th Assets Placed in Se							stem		
	Section B—/	(b) Month and year	(c) Basis for depre			00.10	iai Depice	Jidilon Oy	300111		
	(a) Classification of property	placed in service	(business/investme only-see instruct	ent use	(d) Recovery period	(e) C	onvention	(f) Meth	od	(g) Depreciation deduc	ction
<u>19a</u>	3-year property										
<u> </u>	5-year property			4.65	7 0	ļ		0.00			~ ~
<u> </u>	7-year property			<u>465</u>	7.0		HY	200	DR		66
<u>d</u>	10-year property										
<u>e</u>	15-year property										
<u>f</u>	20-year property				05			CII			
	25-year property				25 yrs			S/L S/L			
h	Residential rental property				27 5 yrs		MM				
					27 5 yrs	-	MM MM	S/L			
i	Nonresidential real property				39 yrs	-	MM	S/L S/L		<u> </u>	
	<u> </u>	ssets Placed in Sen	ico During 2009 T	Tay Year	Lising the A				veten	<u> </u>	
20-		ssets Flaced III Selv	rice During 2003 i	ax ; cai	Using the A	1	itive Depi	S/L	youn	<u></u>	
	Class life	1			12 yrs		-	S/L			
	12-year	-	1		40 yrs		MM	S/L			
	40-year Summary (See ins	tructions)	I		I TU YIS	<u> </u>	141141			<u> </u>	
21	Listed property Enter amount from	-						-	21		
22	Total. Add amounts from line 12, lin		es 19 and 20 in col	lump (a)	and line 21	Enter	here				
~~	and on the appropriate lines of your								22	4,5	554
23	For assets shown above and place										
	portion of the basis attributable to s	ection 263A costs	•			23					

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name	• •	IG COUNTY A L MEMORIAL					ifying ni -194	umber 1616
Busin	ess or activity to which this form relates	38 11811011111	BOLLOMIL	no rooms.		, , , ,		1010
	ARM RENTAL							
	ert I Election To Expen	se Certain Prop	erty Under Sec	tion 179				
	Note: If you have a	•	-		complete	e Part I.		
1	Maximum amount See the instruct						1	250,000
2	Total cost of section 179 property p	-					2	
3	Threshold cost of section 179 prope			tructions)			3	800,000
4	Reduction in limitation Subtract line	=					4	
5	Dollar limitation for tax year Subtract line	e 4 from line 1 If zero or	less, enter -0- If marr	ed filing separately, se	e instructions		5	
6	(a) Description	of property		(b) Cost (business use	e only)	(c) Elected cos	it	
7	Listed property Enter the amount for	rom line 29			7			
8	Total elected cost of section 179 pr	operty Add amounts	ın column (c), lines	6 and 7			8	
9	Tentative deduction Enter the sma	iller of line 5 or line 8					9_	
10	Carryover of disallowed deduction to	from line 13 of your 2	008 Form 4562				10	
11	Business income limitation Enter th	ne smaller of busines	s income (not less t	han zero) or line 5 (see instruction	ons)	11	
12	Section 179 expense deduction Ac	ld lines 9 and 10, but	do not enter more t	han line 11			12	
13	Carryover of disallowed deduction	to 2010 Add lines 9 a	ind 10, less line 12		13			
Note	: Do not use Part II or Part III below	for listed property Ins	stead, use Part V					
Pa	art II Special Depreciati	<u>on Allowance aı</u>	nd Other Depre	ciation (Do not	include	listed prop	erty)	(See instr.)
14	Special depreciation allowance for	qualified property (oth	ner than listed prope	erty) placed in service	æ			
	during the tax year (see instructions	s)					14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACRS						16	<u> </u>
<u> P</u> a	art III MACRS Depreciati	on (Do not inclu			uctions.)	· · · · · · · · · · · · · · · · · · ·		
			Secti	on A			1	0.5.5.6
17	MACRS deductions for assets place	ed in service in tax ye	ears beginning befo	re 2009			17	26,743
18	If you are electing to group any assets pl						ــــــــــــــــــــــــــــــــــــــ	
	Section B—	Assets Placed in Se	· · · · · · · · · · · · · · · · · · ·			epreciation S	ystem	<u> </u>
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	nt use	(e) Conven	ntion (f) Me	thod	(g) Depreciation deduction
<u>19a</u>	3-year property	1						
<u>b</u>	5-year property	1						
<u> </u>	7-year property							
<u>d</u>	10-year property	1			1			
е	15-year property				ļ			
f	20-year property	1						
g	25-year property			25 yrs	ļ	S/I		
h	Residential rental			27 5 yrs	MM	S/I		
	property			27 5 yrs	MM	S/I		
i	Nonresidential real			39 yrs	MM	S/I		
	property	<u> </u>	<u> </u>		MM	S/I		
	Section C—A	ssets Placed in Sen	rice During 2009 T	ay Year Using the	Alternative	Depreciation .	system	1

Listed property Enter amount from line 28

Summary (See instructions)

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2009)

26,743

MM

23

12 yrs

40 yrs

S/L S/L

S/L

21

22

21

20a Class life

b 12-year

Part IV

40-year

Year Ended: June 30, 2010

34-1941616

Paulding County Area Foundation -Marshall Memorial Supporting Found. PO Box 249 Paulding, OH 45879

Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.