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Return of Private Foundation

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

OMB No 1545-0052

| | | of the Treasury enue Service Note The foundation may | be able to use a copy of this | | ortina requirements. | ZUIU |
|---------------------------------------|------------|--|----------------------------------|----------------------|--|--|
| | _ | lar year 2010, or tax year beginning | <u> </u> | , and ending | y rodpiromona. | |
| | | all that apply: Initial return | Initial return of a fo | ormer public charity | Final return | |
| | | Amended return | Address chan | ge | Name change | |
| Name | off | oundation | | | A Employer identification n | umber |
| | | | | | | |
| <u> </u> | _ | THE DEWBERRY FOUNDATI | | | 01-0683207 | |
| Numbe | er an | d street (or P O box number if mail is not delivered to street | | Room/suite | B Telephone number | |
| <u> </u> | _ | 1545 PEACHTREE STREET | ' | 250 | (404) 888-7 | |
| City o | r to | wn, state, and ZIP code ATLANTA . GA 30309 | | | C if exemption application is pen D 1. Foreign organizations | |
| L Che | | ATLANTA, GA 30309 ype of organization: X Section 501(c)(3) ex | vernet private foundation | | D 1. Foreign organizations, (2. Foreign organizations meetic check here and attach comp | CNECK Nere |
| | | • | Other taxable private foundation | ation | | |
| | | ket value of all assets at end of year J Account | | X Accrual | E If private foundation status under section 507(b)(1)(A) | s was terminated |
| | | · | ther (specify) | | F If the foundation is in a 60 | |
| ▶\$ | | 91,841. (Part I, colu | mn (d) must be on cash I | basis) | under section 507(b)(1)(B | |
| Part | Ħ | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | | necessarily equal the amounts in column (a) | expenses per books | income | income | for charitable purposes (cash basis only) |
| - { | 1 (| Contributions, gifts, grants, etc., received | 45,000. | | N/A | |
| - (: | | Check fithe foundation is not required to attach Sch. B. Interest on savings and temporary | | | | |
| | 3 (| cash investments | 298. | 298. | S | TATEMENT 1 |
| | | Dividends and interest from securities | | | | |
| ' | | Gross rents Net rental income or (loss) | | | | |
| | | Net gain or (loss) from sale of assets not on line 10 | | | | |
|] [g (| . (| Gross sales price for all Gross rolling to a sales price for all Gross | | | G-14 | |
| Revenue | | Capital gain net income (from Part IV, line 2) | | 0. | RECE | IVED |
| E E | B 1 | Net short-term capital gain | | | | Š. |
|] | | ncome modifications | | | NUN B | 5 2011 P |
| |)a a | aross sales less returns and allowances | | | 8 | 28 |
| ā | | ess Cost of goods sold | | | OGD | N. UF |
| ן ר. | | Gross profit or (loss) | | | (5)(5)(5) | |
| _ \ | - | Other income Fotal, Add lines 1 through 11 | 45,298. | 298. | | |
| 25 12 2 13 | | Compensation of officers, directors, trustees, etc | 9,250. | 238. | | 0. |
| 14 | | Other employee salaries and wages | | | | |
| 15 | | Pension plans, employee benefits | | | | |
| | | egal fees | | | | |
| ĕ | b A | accounting fees STMT 2 | 1,550. | 0. | | 0. |
| Ä | c (| Other professional fees | | | | |
| <u>\$</u> 17 | 7 | nterest | | | | |
| E 18 | | axes STMT 3 | 30. | 0. | | 0. |
| Operating and Administrative Expenses | | Depreciation and depletion | | | | |
| E 20 | | Occupancy | | | | |
| ¥ 21 | | ravel, conferences, and meetings rinting and publications | | | | |
| E 22 | | other expenses STMT 4 | 551. | 0. | | 0. |
| atin 24 | | otal operating and administrative | | | | |
| Ser | | xpenses. Add lines 13 through 23 | 2,131. | 0. | | 0. |
| 0 25 | | ontributions, gifts, grants paid | 43,648. | | | 43,648. |
| 26 | T | otal expenses and disbursements. | | | | |
| | | dd lines 24 and 25 | 45,779. | 0. | | 43,648. |
| 27 | S | ubtract line 26 from line 12: | | | | |
| 1 | | xcess of revenue over expenses and disbursements | -481. | | ļ | |
| | | et investment income (if negative, enter -0-) | | 298. | 37 / 3 | |
| | | djusted net income (if negative, enter -0-) | the instructions | | N/A | Porm 990-PF (2010) |
| 023501 12-07-10 |) | LHA For Paperwork Reduction Act Notice, see t | me maductions. | | 1774 | roim 330-FF (2010) |

| _ | _ | 30-P5 (2010) THE DEWBERRY FOUNDATION | | | 0683207 Page 2 |
|---------------|----------|--|-------------------|----------------|--------------------------------------|
| F | s art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End o | |
| = | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 85,972. | 85,461. | 85,461. |
| | | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ► 6,380. | 6 350 | 6 200 | C 200 |
| | | Less: allowance for doubtful accounts | 6,350. | 6,380. | 6,380. |
| | 4 | Pledges receivable - | | | |
| | 1 | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | İ _ | disqualified persons | | | |
| | 7 | Other notes and loans receivable | |] | |
| | ١. | Less; allowance for doubtful accounts | | | |
| ets | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| _ | | Investments - U.S. and state government obligations | + | | |
| | 1 | Investments - corporate stock | | | |
| | C | Investments - corporate bonds | | | |
| | 111 | <u> </u> | | | |
| | | Less accumulated depreciation | | | |
| | 12 | 7.7 | | | |
| | 13 | investments - other | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe | | | |
| | | The bounds (to be completed by all filers) | 92,322. | 91,841. | 01 041 |
| _ | | Total assets (to be completed by all filers) | 115. | 115. | 91,841. |
| | 17 | Accounts payable and accrued expenses Grants payable | | 113. | |
| | 18 | Deferred revenue | | | |
| Liabilities | 19 | F | | | |
| į | 20 | Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable | | | |
| Ë | 21 | | | | |
| | 22 | Other Habilities (describe | | | |
| | 23 | Total liabilities (add lines 17 through 22) | _ 115. | 115. | |
| | 20 | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| es | 24 | Unrestricted | ł | į | |
| auc | 25 | Temporarily restricted | | | |
| Bali | 26 | Permanently restricted | | | |
| Fund Balances | | Foundations that do not follow SFAS 117, check here | | | |
| Ξ | | and complete lines 27 through 31. | 1 | } | |
| þ | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| Net Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Ass | 29 | Retained earnings, accumulated income, endowment, or other funds | 92,207. | 91,726. | |
| 듛 | 30 | Total net assets or fund balances | 92,207. | 91,726. | |
| Z | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 92,322. | 91,841. | |
| <u></u> | art | | lances | | |
| = | | <u>····</u> | | | |
| - | | net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 | 1 1 | |
| | • | at agree with end-of-year figure reported on prior year's return) | | 1 | 92,207. |
| _ | | amount from Part I, line 27a | | 2 | -481. |
| - | | r increases not included in line 2 (itemize) | | 3 | 0. |
| - | | lines 1, 2, and 3 | | 4 | 91,726. |
| - | | eases not included in line 2 (itemize) | | | 0. |
| <u>6</u> | Total | net assets or fund balances at end of year (line 4 minus line 5) - Part II, col | umn (d), line 30 | 6 | 91,726. Form 990-PF (2010) |
| | | | | | rorm 330-PF (2010) |

| | | BERRY FOUNDA | | | | | | 0 | 1-068 | 3207 | Page \$ |
|--|-----------------|--|-------------------|--------------------------------------|-----------------|--------------------------|---------------------------|---|--------------------------------|--|-------------|
| (a) List and d | lescribe the l | kind(s) of property sold (e.g. ; or common stock, 200 shs | ., real estate, | | (b) D | How a - Puro - Don | cquired chase ation | (c) Date (mo., c | acquired fay, yr.) | (d) Date (mo., da | |
| 1a | | | | | | | | | | | |
| <u>b</u> | NONE | | | | ├ | | | | | | |
| <u>C</u> | | | | | ├ | — | | | | | |
| <u>d</u> | | | | | | | + | | | | |
| (e) Gross sales price | (f) | Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | | ain or (loss) s (f) minus (| | |
| <u>a</u> | _} | | | | _ | | | | | | |
| <u>b</u> | -} - | | | | | | | | | | |
| d | | | | | \neg | | | | | | |
| e | | | | | _ | | | | ~ | | |
| Complete only for assets sho | owing gain in | column (h) and owned by t | the foundation | n on 12/31/69 | | | (1 |) Gains (C | ol. (h) gain | minus | |
| (i) F.M.V. as of 12/31/69 | | (j) Adjusted basis as of 12/31/69 | (k) Ex over | col. (j), if any | | | col | . (k), but i | not less than (from col. (f | -0-) or | |
| <u>a</u> | | | | | } | | - | | - | | |
| <u>b</u> | | | | | | | - | | | | |
| d | | | <u> </u> | | | | | | | | |
| e | | | | | \neg | | | | | | |
| | | ∫ If gain, also enter | ın Part i, line | 7 | 7 | | Γ | | | | |
| Capital gain net income or (neNet short-term capital gain or | | if (loss), enter -0- | · ın Part I, line | 7 | 7 | 2 | | | | | |
| If gain, also enter in Part I, line | | • • | u (0). | | J | | | | | | |
| If (loss), enter -0- in Part I, lin | e 8 | 2tion 4040/s) for | Dadwas | I Tou on Mad | | 3 | | | | | |
| | | Section 4940(e) for | | | | | nent inc | ome | | | |
| For optional use by domestic pri | vate foundat | ions subject to the section 4 | 1940(a) tax on | net investment in | come | i.) | | | | | |
| f section 4940(d)(2) applies, leav | e this part b | lank. | | | | | | | | | |
| Nas the foundation liable for the forthes for the foundation does not continuous the foundation does not continuous for the foundation does for the found | | | | • | od? | | | | ! | Yes [| X No |
| Enter the appropriate amount | | | | | es. | | | | | | |
| (a) Base period years Calendar year (or tax year begi | nning in) | (b) Adjusted qualifying dist | ributions | Net value of no | (c) nchar | rtable- | use assets | | Distribi | d) ition ratio led by col. (d | :)) |
| 2009 | | | 5,842. | | | | 0,504 | | | .83 | 7996 |
| 2008 | | | 3,795. | | | | 6,269 | | | 1.43 | |
| 2007 | | | 5,440. | | | | 6,039 | | | 1.70 | |
| 2006 2005 | | | 5,241. 4,535. | | | <u>_</u> | 4,645 787 | | | $\frac{7.18}{31.17}$ | |
| 2005 | | 4. | 4,333. | | | | 767 | '\ | | 31.1/ | 3349 |
| Total of line 1, column (d) | | | | | | | | 2 | | 42.33 | 7572 |
| Average distribution ratio for t | he 5-year ba | se period - divide the total o | n line 2 by 5, | or by the number | of yea | ars | | | | | |
| the foundation has been in exi | stence if less | s than 5 years | | | | | | 3 | | 8.46 | <u>7514</u> |
| | | | _ | | | | | } | | | |
| Enter the net value of nonchar | ıtable-use as | sets for 2010 from Part X, II | ine 5 | | | | | 4 | | 90, | <u>701.</u> |
| Multiply line 4 by line 3 | | | | | | | | 5 | | 768, | 012. |
| Enter 1% of net investment inc | come (1% of | Part I, line 27b) | | | | | | 6 | - | | 3. |
| Add lines 5 and 6 | | | | | | | | 7 | - | 768, | 015. |
| Enter qualifying distributions for | rom Part XII | line 4 | | | | | | 8 | | 43 | 648. |
| If line 8 is equal to or greater the | | | 1b, and comp | lete that part using | g a 1% | % tax r | ate. | ↓ ↓ | | <u> </u> | <u> </u> |

| | m 990-PF (2010) THE DEWBERRY FOUNDATION, INC. | <u>)1-</u> | <u>0683</u> | <u> 207</u> | <u></u> | Page 4 |
|-----|---|--------------|-------------|-----------------|-----------|----------------|
| _ | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49 | <u> 48 -</u> | see ir | istr | uctio | ons) |
| 18 | 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) | | | | | _ |
| t | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | 1 | | | | _6. |
| | of Part I, line 27b | 1 | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | | ^ |
| _ | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | <u> </u> |
| 3 | - · · · · · · · · · · · · · · · · · · · | 3 | | | | 6. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | <u>0.</u> |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | _5 | | | | 6. |
| 6 | Credits/Payments: | Į | | | | |
| | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6b | - 1 | | | | |
| | Exempt foreign organizations - tax withheld at source 6b | - 1 | | | | |
| | : Tax paid with application for extension of time to file (Form 8868) 1 Backup withholding erroneously withheld 66 | } | | | | |
| | | , | | | | Λ |
| , | Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 7 8 | | | | 0. |
| 0 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | 6. |
| 9 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| | Enter the amount of line 10 to be: Credited to 2011 estimated tax | 11 | | | | |
| | art VII-A Statements Regarding Activities | | | | | |
| _ | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | | | Yes | No |
| | any political campaign? | • | t | 1a | | X |
| ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | ŀ | 1b | j | X |
| Ī | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | or | <u> </u> | _ _ | | - |
| | distributed by the foundation in connection with the activities | • | } | | ļ | } |
| C | Did the foundation file Form 1120-POL for this year? | | - 1 | 10 | { | x |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | ľ | <u> </u> | | 1 |
| | (1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . | | ł | | 1 | ĺ |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | 1 | | 1 | 1 |
| | managers. ▶ \$ 0 . | | ł | | 1 | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | L | 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 incorporation, or | | | | | ł |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | L | 3_ | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | Ĺ | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/ | 'A | 4b | | <u></u> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T | | 1 | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | 1 | | | |
| | By language in the governing instrument, or | | j | | | İ |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la | W | 1 | | | } |
| | remain in the governing instrument? | | L | 6 | | X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | Ļ | 7_ | <u> X</u> | |
| | If "Yes," complete Part II, col. (c), and Part XV. | | 1 | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | ĺ |
| | GA | | | | | { |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | 1 | | | [|
| | of each state as required by General Instruction G? If "No," attach explanation | | <u> </u> | 8b | <u>X</u> | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend | ar | 1 | ا ۔ | | |
| | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? 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 names and addresses | | | 10 (| DE | X |

| Form 99Q-PF (2010) THE DEWBERRY FOUNDATION | , INC. | | 01-06832 | 207 | Page 6 |
|--|---|--|--|--------------|------------------------|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be | Required (conti | nued) | | |
| 6a During the year did the foundation pay or incur any amount to: | | _ | | 1 | İ |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (sect | | • | es 🔀 No | | ĺ |
| (2) Influence the outcome of any specific public election (see section 4955) | ; or to carry on, directly or indi | | | | |
| any voter registration drive? | | | es X No | 1 | |
| (3) Provide a grant to an individual for travel, study, or other similar purpos | es? | Y | es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organiza | tion described in section | | | 1 | ı |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Y | es 🔀 No | | j |
| (5) Provide for any purpose other than religious, charitable, scientific, litera | ry, or educational purposes, or | for | 1 | l | |
| the prevention of cruelty to children or animals? | | | es 🗶 No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify t | inder the exceptions described | in Regulations | i | 1 | <u> </u> |
| section 53.4945 or in a current notice regarding disaster assistance (see ins | tructions)? | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check | k here | | | | T |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption | n from the tax because it maint | ained | } | - { | 1 |
| expenditure responsibility for the grant? | 1 | N/A 🔲 Y | es 🔲 No | | İ |
| If "Yes," attach the statement required by Regulations section 53.49 |)45-5(d). | | | | ļ |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, | to pay premiums on | | <u> </u> | - } | - } |
| a personal benefit contract? | | □ Y | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a | a personal benefit contract? | | | 6b | X |
| If "Yes" to 6b, file Form 8870. | • | | T | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | x shelter transaction? | | es X No | ı | - 1 |
| b If "Yes," did the foundation receive any proceeds or have any net income attr | | | _ _ | 7b | |
| Information About Officers Directors True | | anagers. Highl | | <u>'</u> _ | |
| Part VIII Paid Employees, and Contractors | | | • | | |
| 1 List all officers, directors, trustees, foundation managers and the | ir compensation. | | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) | Expense ount, other |
| (a) Name and address | to position | (If not paid, enter -0-) | and deferred compensation | acco | ount, other owances |
| JOHN K. DEWBERRY | PRESIDENT | | - companacion | | |
| 1545 PEACHTREE STREET, SUITE 250 | 7 | | ļ | | |
| ATLANTA, GA 30309 | 5.00 | 0. | 0. | | 0. |
| DOUGLAS G. DEWBERRY | CFO | <u> </u> | | | |
| 1545 PEACHTREE STREET, SUITE 250 | 75.0 | | | | |
| ATLANTA, GA 30309 | 5.00 | 0. | 0. | } | 0. |
| Albititity on 50005 | | | <u> </u> | | |
| | ╡ | 1 | | | |
| | ┪ | 1 | | | |
| | | | | | |
| | ┪ | 1 | , | | |
| | | 1 | | | |
| 2 Compensation of five highest-paid employees (other than those in | ocluded on line 1). If none | enter "NONE " | | | |
| 2 Compensation of management part of the control than these in | (b) Title, and average | , eriter itolitz. | (d) Contributions to | (e) | Expense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | acco | unt, other |
| MONE | devoted to position | | compensation | and | wances |
| NONE | - | | | | |
| | | | | | |
| | -{ | | 1 | | |
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| | | | | | |
| | _ | 1 ! | ļ | | |
| | <u></u> | <u> </u> | | | |
| Total number of other employees paid over \$50,000 | | | > | | 0 |
| | | | Form S | 90-P | F (2010) |

023561

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations | s, see instructions.) |
|----|---|--------------|-----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b | 85,717. |
| _ | Fair market value of all other assets | 1c | 6,365. |
| d | Total (add lines 1a, b, and c) | 1d | 92,082. |
| е | 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_ | 92,082. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 5 | 4 | 1,381. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 90,701. |
| 6_ | Minimum investment return Enter 5% of line 5 | 6 | 4,535. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 4,535. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | | |
| b | Income tax for 2010. (This does not include the tax from Part VI.) |] } | |
| C | Add lines 2a and 2b | _2c | 6. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 4,529. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 4,529. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 4,529. |
| _ | art XII Qualifying Distributions (see instructions) | · — — | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | 42 640 |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 43,648. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 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: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | 42 640 |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 43,648. |
| 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 | 5 | <u> </u> |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 43,648. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years. | jualities fo | or the section |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------------------------------|----------------------------|-------------|--------------|
| 1 Distributable amount for 2010 from Part XI, | · · · · · · · · · · · · · · · · · · · | | | |
| line 7 | | | | 4,529 |
| 2 Undistributed income, if any, as of the end of 2010 | | | | Į |
| a Enter amount for 2009 only | | | 0. | ļ |
| b Total for prior years: | į | 0 | | |
| 3 Excess distributions carryover, if any, to 2010: | | 0. | | |
| a From 2005 24,535. | | | 1 | |
| b From 2006 105, 241. | | | | |
| c From 2007 95,440. | | | | |
| d From 2008 123,795. | Ì | | | |
| e From 2009 75,842. | į | | | |
| f Total of lines 3a through e | 424,853. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4: ► \$ 43,648. | | i | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | Ì | | | _ |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | _ | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | | | 4,529. |
| e Remaining amount distributed out of corpus | 39,119. | | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 463,972. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of | | ì | | |
| deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract | | Ì | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | 1 | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | | | | |
| not applied on line 5 or line 7 | 24,535. | | | |
| 9 Excess distributions carryover to 2011. | | 1 | } | |
| Subtract lines 7 and 8 from line 6a | 439,437. | | | |
| O Analysis of line 9: | | } | | |
| a Excess from 2006 105, 241. | | | | |
| b Excess from 2007 95,440. | | ł | } | |
| c Excess from 2008 123,795. | į | ļ | Į | |
| d Excess from 2009 75,842. | Ì | | | |
| e Excess from 2010 39,119. | | | | |

| Part XIV Private Operating For 1 a If the foundation has received a ruling or | | | , 4000 | N/A | |
|---|-----------------------------|---------------------------|----------------------------|-------------------------------|-----------------------|
| | r determination letter that | it is a nrivate operation | | | |
| foundation, and the ruling is effective for | | · · · · · · | | | |
| b Check box to indicate whether the found | • | - | un coction | 4942(j)(3) or 494 | 42(₁)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | g loundation described | Prior 3 years | 1 4342())(3) (0) [149. | 42()(3) |
| | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| income from Part I or the minimum | (4) 2010 | (5) 2000 | (0) 2000 | (0) 2007 | (e) rotar |
| investment return from Part X for | | | } | 1 | |
| each year listed | | | | + | |
| b 85% of line 2a | | | | + | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | } |] | |
| used directly for active conduct of | | | | 1 | |
| exempt activities | | | | | |
| e 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: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | ļ <u>.</u> | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | 1 | |
| dividends, rents, payments on securities loans (section | | | | | |
| 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt | | | | 1 | |
| organizations as provided in section 4942(j)(3)(B)(III) | į | | 1 | | |
| (3) Largest amount of support from | | | 1 | | |
| an exempt organization | | | ľ | | |
| (4) Gross investment income | | | | T | |
| Part XV Supplementary Infor | mation (Comple | te this part only | if the foundation | had \$5,000 or mo | re in assets |
| at any time during th | ne year-see the i | nstructions.) | | • | |
| 1 Information Regarding Foundation | n Managers: | · | | | |
| a List any managers of the foundation who | | han 2% of the total conf | ributions received by the | foundation before the close | of any tax |
| year (but only if they have contributed me | ore than \$5,000). (See se | ction 507(d)(2).) | · | | • |
| JOHN K. DEWBERRY | | | | | |
| b List any managers of the foundation who | own 10% or more of the | stock of a corporation | (or an equally large porti | on of the ownership of a par | tnership or |
| other entity) of which the foundation has | | | , , , , , , | , , | |
| ONE | | | | | |
| 2 Information Regarding Contribution | on, Grant, Gift, Loan, | Scholarship, etc., Pr | ograms: | | |
| Check here ▶ ☐ if the foundation on | | | • | not accept unsolicited reques | sts for funds. If |
| the foundation makes gifts, grants, etc. (s | | | | | |
| a The name, address, and telephone numb | er of the person to whon | applications should be | addressed: | | |
| | • | ,, | | | |
| SEE STATEMENT 6 | | | | | |
| b The form in which applications should be | submitted and informati | on and materials they s | rould include: | | |
| c Any submission deadlines; | | | | | |
| | anali an his second | Lanca about the first | lunda of cost to cos | | |
| d Any restrictions or limitations on awards, | such as by geographica | areas, charitable fields, | KINDS OF INSTITUTIONS, OF | other factors: | |
| | | | | | |

| Grants and Contributions Paid During the Recipient | If recipient is an individual, | | Dura | |
|---|--|--------------------------------------|----------------------------------|--------|
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
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| SEE STATEMENT 7 | | | | 12 64 |
| Approved for future payment | T | | > 3a | 43,64 |
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| NONE | | j | | |
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Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | Exclu | ided by section 512, 513, or 514 | (0) | |
|---|---------------------------|---------------------------------------|-------------------------------|----------------------------------|---------------------------------------|--|
| | (a) Business | (b) Amount | (C) Exclu- sion code | (d) Amount | (e) Related or exempt function income | |
| 1 Program service revenue: | code | | code | | TOTIONOT THOOMIC | |
| 8 | | | ├ | | | |
| b | | ļ | <u> </u> | <u></u> | | |
| C | | | | | | |
| d | | | L | | | |
| e | | ļ | | | | |
| f | L | | | | | |
| Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash | | | | | | |
| investments | |] | 01 | 298. | | |
| 4 Dividends and interest from securities | | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | | | |
| | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal | | | | | | |
| property | | | | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | | |
| than inventory | | | | | | |
| 9 Net income or (loss) from special events | | | L | | | |
| 10 Gross profit or (loss) from sales of inventory | | | L | | | |
| 11 Other revenue: | | | | | | |
| a | | | ł | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 208 | 0. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | 298. | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | 13 <u>—</u> | | |
| | | * * * * * * * * | | | | |
| Part XVI-B Relationship of Activities to | the Acco | omplishment of Ex | emp | t Purposes | | |
| Line No. Explain below how each activity for which incom | e is reported i | in column (e) of Part XVI-A | contrib | outed importantly to the accom | plishment of | |
| the foundation's exempt purposes (other than by | | | | parating to the document | , | |
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Sign Here Signature of officer or trustee Preparer's signature Print/Type preparer's name Check PTIN self- employed E WAYNE WILLIAMS, Paid Preparer Firm's name ► METCALF DAVIS. Firm's EIN Use Only Firm's address ► 3340 PEACHTREE ROAD, NE, SUITE 2600 GA 30326-1089 ATLANTA, (404) 264-1700 Phone no.

of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization

Employer identification number

| T | HE DEWBERRY FOUNDATION, INC. | 01-0683207 | | | | | | | | |
|--|---|-------------------------------|--|--|--|--|--|--|--|--|
| Organization type (check one) | | | | | | | | | | |
| Filers of: | Section: | | | | | | | | | |
| Form 990 or 990-EZ | 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 | | | | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | | | |
| · · | s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule | e See instructions. | | | | | | | | |
| General Rule | | | | | | | | | | |
| X For an organization contributor Comp | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo lete Parts I and II | ney or property) from any one | | | | | | | | |
| Special Rules | | | | | | | | | | |
| 509(a)(1) and 170(b | c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulo)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the goly) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II. | | | | | | | | | |
| aggregate contribu | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or including the children or animals. Complete Parts I, II, and III | | | | | | | | | |
| contributions for us If this box is check purpose. Do not co | 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 during the year | | | | | | | | | |
| 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 filir | ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

| Schedule B (| Form 990, 990-EZ, or 990-PF) (2010) | | | Page 1 of 1 of Part |
|--------------|-------------------------------------|--------------------------|-------|--|
| Name of o | rganization | | Emplo | yer identification number |
| THE D | EWBERRY FOUNDATION, INC. | | 01 | L-0683207 |
| Part I | Contributors (see instructions) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contribut | ions | (d) Type of contribution |
| 1 | JOHN K. DEWBERRY | _ | | Person X Payroll |
| | 1545 PEACHTREE STREET, SUITE 250 | \$ <u>45,0</u> | 00. | Noncash (Complete Part II if there |
| | ATLANTA, GA 30309 | | | is a noncash contribution |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Aggregate contribut | ions_ | (d) Type of contribution |
| | | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contribut | | |
| | | \$ | | Person Payroll Oncash Complete Part II if there is a noncash contribution |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contribut | ions | (d) Type of contribution |
| | | | | Person Payroll Oncash Complete Part II if there is a noncash contribution in |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributi | ons | (d) Type of contribution |
| | | \$ | ; | Person Payroll Noncash Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributi | ons | (d) Type of contribution |
| | | \$ | } | Person Payroll Noncash (Complete Part II if there |

is a noncash contribution.)

Employer identification number

THE DEWBERRY FOUNDATION, INC.

01-0683207

| Part II | Noncash Property (see instructions) | | |
|------------------------------|--|--|---------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \ \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \ \ \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| 1453 12-23- | | Sebadula B (Farm 0 | 90, 990-EZ, or 990-PF) (2 |

| | rm 990, 990-EZ, or 990-PF) (2010) | | Page of o | | | | |
|--------------------------|---|--|---|--|--|--|--|
| me of org | anization | | Employer identification number | | | | |
| אר הע | WBERRY FOUNDATION, INC | _ | 01-0683207 | | | | |
| art III | Exclusively religious, charitable, etc., in | idividual contributions to section | 501(c)(7), (8), or (10) organizations aggregating ollowing line entry. For organizations completing | | | | |
| | Part III, enter the total of exclusively religion | ous, charitable, etc., contributions o | of | | | | |
|) No. | \$1,000 or less for the year (Enter this inf | ormation once. See instructions) | * | | | | |
| rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | | _ | | | | |
| 1 | | | | | | | |
| | | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| } | | | | | | | |
|) No. | (b) Purpose of gift | (c) Use of gift | /d) Deparintion of how sift is held | | | | |
| art I | (b) Fulpose of gift | (c) Ose of girt | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | (e) Transfer of gift | | | | | |
| | (c) transfer of gat | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | | | | | | | |
|) No. | 42.5 | (-)(1) | (22 | | | | |
| art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| <u> </u> | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | | | | | | | |
| No. | | | | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| aiti - | | | | | | | |
| | | | - | | | | |
| | | | | | | | |

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF INTEREST ON SAV | INGS AND TEM | PORARY CASH II | NVESTMENTS S | STATEMENT | 1 |
|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|-----------------------------|-----|
| SOURCE | | | | TRUOMA | |
| BANK OF NORTH GEORGIA | | | _ | 29 | 8. |
| TOTAL TO FORM 990-PF, PART I | , LINE 3, CO | LUMN A | = | 29 | 8 . |
| FORM 990-PF | ACCOUNTI | NG FEES | | STATEMENT | 2 |
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | | CHARITAB | |
| TAX PREPARATION FEES | 1,550. | 0. | | - | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 1,550. | 0. | | | 0. |
| FORM 990-PF | TAX | ES | | STATEMENT | 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | CHARITAB | |
| CORPORATE REGISTRATION | 30. | 0. | | <u> </u> | 0. |
| TO FORM 990-PF, PG 1, LN 18 = | 30. | 0. | | | 0. |
| FORM 990-PF | OTHER E | XPENSES | S | TATEMENT | 4 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITAB PURPOSE: | |
| | 18. | 0. | | | 0. |
| COURIER/EXPRESS MAIL MARKETING | 533. | 0. | | | 0. |

FORM 990-PF

CASH DEEMED CHARITABLE EXPLANATION STATEMENT PART X, LINE 4

STATEMENT

CASH RAISED FROM PRIOR YEARS' GOLF TOURNAMENTS HAS BEEN SET ASIDE FOR THE USE IN ASSISTANCE OF ESTABLISHING THE UPTOWN SCHOOL, A NEW SCHOOL PLANNED FOR THE MIDTOWN AREA OF ATLANTA, GEORGIA.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN K. DEWBERRY 1545 PEACHTREE STREET, SUITE 250 ATLANTA, GA 30309

TELEPHONE NUMBER

(404) 888-7990

FORM AND CONTENT OF APPLICATIONS

APPLICANTS SHOULD SUBMIT REQUESTS IN LETTER FORMAT. THE APPLICATION SHOULD CONTAIN A DESCRIPTION OF THE CHARITABLE PURPOSE OF THE APPLICANT AND THE ORGANIZATION'S MISSION STATEMENT. IN REQUESTING FUNDS, THE APPLICANT SHOULD PROVIDE COMPLETE INFORMATION AS TO THE PROPOSED USE OF THE FUNDS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

FORM 990-PF

STATEMENT

| | DURING THE YEAR | STAT | EMENT / |
|--|---|-------------------|---------|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | | AMOUNT |
| FORERUNNERS FOR CHRIST P.O. BOX 2488 LILBURN, GA 30048 | NONE YOUTH RELIGIOUS MISSION | PUBLIC CHARITY | 1,500. |
| GEORGIA TECH FOUNDATION INC 760 SPRING ST., STE 400 ATLANTA, GA 30308 | NONE PROMOTE HIGHER EDUCATION IN THE STATE OF GEORGIA | PUBLIC CHARITY | 1,000. |
| HISTORIC CHARLESTON FOUNDATION P.O. BOX 1120 CHARLESTON, SC 29402 | | PUBLIC CHARITY | 2,000. |
| PAUL ANDERSON YOUTH HOME - VIDALIA INC 1603 MCINTOSH STREET VIDALIA, GA 30474 | NONE CHILDREN SERVICE | PUBLIC CHARITY | 7,500. |
| PEDS 1389 PEACHTREE ST., NE, SUITE 202 ATLANTA, GA 30309 | NONE COMMUNITY IMPROVEMENT | PUBLIC CHARITY | 1,000. |
| PRESERVATION SOCIETY P. O. BOX 521 CHARLESTON, SC 29402 | NONE COMMUNITY PRESERVATION | PUBLIC CHARITY | 100. |
| THE GEORGIA TRUST 1516 PEACHTREE ST ATLANTA, GA 30309 | NONE COMMUNITY PRESERVATION | PUBLIC CHARITY | 4,502. |
| USO COUNCIL OF GEORGIA INC P.O. BOX 20963 ATLANTA, GA 30320 | NONE SUPPORT OF MILITARY PERSONNEL | PUBLIC CHARITY | 1,200. |

GRANTS AND CONTRIBUTIONS

| THE DEWBERRY FOUNDATION, INC. | | | 01-0683207 |
|--|--------------------------|-------------------|------------|
| WOODRUFF ARTS CENTER 1280 PEACHTREE STREET NE ATLANTA, GA 30309 | NONE ART CONSERVATION | PUBLIC CHARITY | 5,000. |
| | NONE RESEARCH | PUBLIC CHARITY | 1,000. |
| MURPHY HARPST HOUSE 740 FLETCHER ST CEDARTOWN, GA 30125 | NONE CHILDREN SERVICE | PUBLIC CHARITY | 1,000. |
| | NONE RESEARCH | PUBLIC CHARITY | 100. |
| BIG BROTHERS BIG SISTERS 100 EDGEWOOD AVE, SUITE 710 ATLANTA, GA 30303 | NONE CHILDREN SERVICE | PUBLIC CHARITY | 1,000. |
| MIDTOWN ASSISTANCE CENTER 30 PORTER PLACE ATLANTA, GA 30303 | NONE CHILDREN SERVICE | PUBLIC CHARITY | 1,000. |
| SAVANNAH COLLEGE OF ART & DESIGN P.O. BOX 3146 SAVANNAH, GA 31402 | | PUBLIC CHARITY | 1,000. |
| EPILEPSY FOUNDATION OF GEORGIA 2625 CUMBERLAND PKWY, STE 400 ATLANTA, GA 30339 | NONE MEDICAL RESEARCH | PUBLIC CHARITY | 250. |
| TRUE COLORS 659 AUBURN AVE NE, #257 ATLANTA, GA 30312 | NONE RESEARCH | PUBLIC CHARITY | 1,000. |
| MUSCULAR DYSTROPHY ASSOCIATION 120 INTERSTATE NORTH PKWY | NONE RESEARCH | PUBLIC CHARITY | 200. |

ATLANTA, GA 30339

| THE DEWBERRY FOUNDATION, INC. | | | 01-0683207 |
|--|---|-------------------|------------|
| LEUKEMIA AND LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE, SUITE 310 WHITE PLAINS, NY 10605 | NONE MEDICAL RESEARCH | PUBLIC CHARITY | 300. |
| GEORGIA SPORTS HALL OF FAME FOUNDATION INC P.O. BOX 4644 MACON, GA 31208 | NONE PROMOTE GEORGIA SPORTS HERITAGE | PUBLIC CHARITY | 1,000. |
| AMERICAN RED CROSS P.O. BOX 37243 WASHINGTON, DC 20013 | NONE DISASTER PREPAREDNESS AND RELIEF | PUBLIC CHARITY | 500. |
| ALEXIS KAISER FOUNDATION INC 2416 MARNEIL DR NE MARIETTA, GA 30062 | NONE COMMUNITY IMPROVEMENT | PUBLIC CHARITY | 500. |
| CENTER FOR THE VISUALLY IMPAIRED FOUNDATION INC 739 W. PEACHTREE ST NW ATLANTA, GA 30308 | FINANCIAL SUPPORT FOR | PUBLIC CHARITY | 200. |
| AMERICAN CANCER SOCIETY P.O. BOX 22718 OKLAHOMA CITY, OK 73123-1718 | NONE RESEARCH | PUBLIC CHARITY | 500. |
| EMORY UNIVERSITY 1762 CLIFTON RD, SUITE 1400 ATLANTA, GA 30322-4001 | NONE SCHOLARSHIPS | PUBLIC CHARITY | 5,000. |
| LANCE ARMSTRONG FOUNDATION INC 2201 EAST 6TH AUSTIN, TX 78702 | NONE MEDICAL RESEARCH | PUBLIC CHARITY | 2,500. |
| CHANCE VEAZEY/SHEPHERD CENTER CLINIC 2020 PEACHTREE RD NE ATLANTA, GA 30309 | NONE MEDICAL RESEARCH | PUBLIC CHARITY | 100. |
| FIRST PRESBYTERIAN CHURCH 1328 PEACHTREE ST NE ATLANTA, | NONE RELIGIOUS MISSION | CHURCH | 96. |

GA 30309-3209

| THE DEWBERRY FOUNDATION, INC. | | | 01-0683207 |
|---|-------------------------------|-------------------|------------|
| ADELA HOLMES COOK FOUNDATION 2402 GOLDBUG AVE SULLIVAN'S ISLAND, SC 29482 | NONE CHILDREN SERVICE | PUBLIC CHARITY | 250. |
| MEN'S HEALTH & WELLNESS ONE GLENLAKE PARKWAY, SUITE 700 SANDY SPRINGS, SC 30328 | NONE COMMUNITY IMPROVEMENT | PUBLIC CHARITY | 1,000. |
| | NONE CHILDREN SERVICE | PUBLIC CHARITY | 100. |
| AID ATLANTA, INC 1605 PEACHTREE ST NE ATLANTA, GA 30309 | NONE MEDICAL RESEARCH | PUBLIC CHARITY | 200. |
| SOCCER IN THE STREETS, INC 2323 PERIMETER PARK DR NE ATLANTA, GA 30341 | NONE CHILDREN SERVICE | PUBLIC CHARITY | 200. |
| THE POSSE FOUNDATION, INC 101 MARIETTA ST NW, SUITE 1040 ATLANTA, GA 30303 | NONE CHILDREN SERVICE | PUBLIC CHARITY | 250. |
| ST. ANNE'S EPISCOPAL CHURCH 3098 ST. ANNE'S LANE NW ATLANTA, GA 30327 | NONE RELIGIOUS MISSION | CHURCH | 100. |
| FOUNDATION FOR CANCER RESEARCH & EDUCATION P. O. BOX 746 EARLYSVILLE, VA 22936 | NONE MEDICAL RESEARCH | PUBLIC CHARITY | 500. |
| TOTAL TO FORM 990-PF, PART XV, LI | TNE 3A | | 43,648. |

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

| direction trees | | | | | | |
|----------------------------|---|-------------|---|---------|-------------------------|-------------|
| • If you a | are filing for an Automatic 3-Month Extension, comple | ete only P | art I and check this box | | > | <u> </u> |
| • If you a | are filing for an Additional (Not Automatic) 3-Month Ex | ctension, | complete only Part II (on page 2 of this | s form | 1). | |
| Do not co | omplete Part II unless you have already been granted | an automa | atic 3-month extension on a previously t | iled F | orm 8868. | |
| Electroni | c filing (e-file). You can electronically file Form 8868 if | you need | a 3-month automatic extension of time | to file | (6 months for a corp | oration |
| required 1 | to file Form 990-T), or an additional (not automatic) 3-mo | nth exten | sion of time. You can electronically file (| Form | 8868 to request an e | xtension |
| of time to | file any of the forms listed in Part I or Part II with the ex | ception o | Form 8870, Information Return for Tra- | nsfers | Associated With Ce | rtain |
| | Benefit Contracts, which must be sent to the IRS in par | | | | | |
| | irs gov/efile and click on e-file for Chanties & Nonprofits | | · · · · · · · · · · · · · · · · · · · | | | , |
| Part I | Automatic 3-Month Extension of Time | e. Only su | ubmit original (no copies needed). | | | · · · · · · |
| A corpora | ation required to file Form 990-T and requesting an auto- | matic 6-m | onth extension - check this box and cor | nplete |) | |
| Part I only | <i>,</i> | | | | • | |
| All other o | corporations (including 1120-C filers), partnerships, REM | fICs, and i | trusts must use Form 7004 to request a | n exte | nsion of time | |
| to file inco | ome tax returns. | | | | | |
| Type or | Name of exempt organization | | | Em | ployer identification | number |
| print | | | | | | |
| | THE DEWBERRY FOUNDATION, II | NC. | | | 01-0683207 | |
| File by the due date for | Number, street, and room or suite no. If a P O box, s | ee instruc | tions. | | | |
| filing your | C/O METCALF DAVIS; 3340 P | EACHT: | REE RD STE 2600 | | | |
| return See instructions | City, town or post office, state, and ZIP code For a fe | oreign add | fress, see instructions. | | | |
| | ATLANTA, GA 30326 | | · | | | |
| | | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 01 |
| | · | · | , | | | رجيدا |
| Application | on | Return | Application | | | Return |
| Is For | ··· | Code | Is For | | | Code |
| Form 990 | | 01 | Form 990-T (corporation) | | | 07 |
| Form 990- | RI | 02 | Form 1041-A | | | 08 |
| Form 990- | | 03 | Form 4720 | | | |
| Form 990- | | 04 | Form 5227 | | | 09 |
| | T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 10 |
| | T (trust other than above) | 06 | Form 8870 | | | 11 |
| Pomi 990 | JOHN K. DEWBERI | | 1 0111 0070 | | | 12 |
| • The be | oks are in the care of 1545 PEACHTREE | | בית ביודיה אה א בייה א | atet a | CB 20200 | |
| | one No. ► 404-888-7972 | DIME | FAX No. > | MIN | 1, GA 30309 | |
| • | rganization does not have an office or place of business | in tha 1 le | | | | |
| | s for a Group Return, enter the organization's four digit (| | | | | ٠ |
| | . If it is for part of the group, check this box | | | | | |
| | | | · · | | pers the extension is t | or. |
| | uest an automatic 3-month (6 months for a corporation AUGUST 15, 2011, to file the exempt | | · | | | |
| | | i organiza | tion return for the organization named a | bove | The extension | |
| | r the organization's return for: | | | | | |
| ▶ | X calendar year 2010 or | | | | | |
| ▶ L | tax year beginning | , an | a ending | | _ · | |
| | | | | | | |
| 2 If the | e tax year entered in line 1 is for less than 12 months, cl | neck reas | on: Initial return Fina | l retur | n | |
| Ĺ | Change in accounting period | | | | | |
| | | | | | , | |
| 3a If thi | s application is for Form 990-BL, 990-PF, 990-T, 4720, o | or 6069, e | nter the tentative tax, less any | | 1 | |
| | efundable credits. See instructions. | | | 3a | \$ | 0. |
| b If the | s application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and | i | | |
| estin | nated tax payments made. Include any prior year overp | ayment al | lowed as a credit. | 3b_ | \$ | 0. |
| c Bala | nce due. Subtract line 3b from line 3a. Include your pa | yment wit | h this form, if required, | | | |
| | sing EFTPS (Electronic Federal Tax Payment System) S | | 1 | 3c | \$ | 0. |
| | you are going to make an electronic fund withdrawal w | | | 3879- | EO for payment instru | |
| | r Paperwork Reduction Act Notice, see Instructions | | | | Form 8868 (Rev | |
| | | | | | | |

| Form 8868 (Rev 1-2011) If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of exempt organization Employer identice. | Page 2 . ▶ X |
|--|-------------------|
| Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | . > L&) |
| If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | |
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | |
| | |
| Name of exempt organization in Employer identity | |
| Type or | ification number |
| print THE DEWBERRY FOUNDATION, INC. 01-0683 | 207 |
| THE DEWBERRY FOUNDATION, INC. 01-0683 Number, street, and room or surte no. If a P.O. box, see instructions. | 1201 |
| extended C/O METCALF DAVIS; 3340 PEACHTREE RD STE 2600 | |
| filing your | |
| return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30326 | |
| ATLANTA, GA 30320 | |
| | |
| Enter the Return code for the return that this application is for (file a separate application for each return) | 01 |
| | |
| Application Return Application | Return |
| Is For Code Is For | Code |
| Form 990 01 | |
| Form 990-BL 02 Form 1041-A | 08 |
| Form 990-EZ 03 Form 4720 | 09 |
| Form 990-PF 04 Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | |
| Form 990-T (trust other than above) 06 Form 8870 | 1 12 |
| STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 886 JOHN K. DEWBERRY | 8 |
| | 0000 |
| • The books are in the care of > 1545 PEACHTREE STREET, SUITE 250 - ATLANTA, GA 3 | 0309 |
| Telephone No ► 404-888-7972 FAX No. ► | . — |
| If the organization does not have an office or place of business in the United States, check this box | ▶ ∟ |
| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | |
| box If it is for part of the group, check this box and attach a list with the names and EINs of all members the exter | ision is for. |
| 4 I request an additional 3-month extension of time until NOVEMBER 15, 2011. | |
| 5 For calendar year 2010, or other tax year beginning, and ending | |
| 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return | |
| Change in accounting period | |
| 7 State in detail why you need the extension | |
| ADDITIONAL TIME IS NEEDED TO ACCUMULATE THE INFORMATION NECESSAL | RY TO |
| COMPLETE A COMPLETE AND ACCURATE RETURN. | |
| 100 Pt 000 Pt 000 Pt 000 T 4700 0000 100 Pt 0 | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | |
| nonrefundable credits. See instructions. 8a \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | _ |
| previously with Form 8868. | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using | _ |
| EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ | 0. |
| Signature and Verification | |
| Inder penalties of percury, I declare that I have exemined this form, including accompanying schedules and statements, and to the best of my knowledg is true, correct, and examplete, and that Lapy any horized to prepare this form. | e and belief, |
| | 1. |
| 1 Jan 1 Children Colon | 7 11 |
| Signature Mys // Mys // Mys // Title > Agent Date > 8/11 | 111 |
| Signature And Title Agent Date 8/11 | 868 (Rev 1-2011) |