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### Form 990-PF

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

OMB No 1545 0052

2010

Department of the Treasury Internal Revenue Service

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

For cal	enda	r year 2010, or 1	tax year beginning	, 2010	, and ending			
G Ch	eck a	II that apply	Initial return In	tial Return of a former po	<del></del>		☐ Fin	al return
		FFV	Amended return	X Address	· · ·	Name	change	
				[II] / Iddi C33 (		A	Employer identification nu	mber
GAVR	ANO	VIC FOUNDA	ATION, INC.			'`	20-0052650	
1345	SE	ALE DRIVE	·			В	Telephone number (see the	e instructions)
ALPH	ARE'	TTA, GA 30	0022				678-357-2975	· · · · · · · · · · · · · · · · · · ·
						С	If exemption application is	nending check here
						D		· -
H C	heck	type of organiz	ration X Section 50	)1(c)(3) exempt private for	oundation	<b>⊣</b> ັ	2 Foreign organizations mee	
Ĭ	$\neg$		) nonexempt charitable		orivate foundation	,	here and attach computati	on on
1 E		ket value of all assi		counting method. X C				
		art II, column (c), lu	ne 16)	Other (specify)		∐F	under section 507(b)(1)(A	·
<b>►</b> \$	}	186	5,288. (Part	I, column (d) must be on	cash basis.)	- <b>-   「</b>	If the foundation is in a 60 under section 507(b)(1)(B	), check here
Part	Α	nalysis of R						T
	E	xpenses (The	e total of amounts in	(a) Revenue and expenses per books	(b) Net investr income	nent	(c) Adjusted net	(d) Disbursements for charitable
	CC	olumns (b), (c),	and (d) may not neces- amounts in column (a)					purposes
	(S	ee the instructi	ons).)					(cash basis only)
	1	Contributions, gifts	s, grants, etc, received (att sch)					
	2	Ck ► X if the	foundn is not req to att Sch B					
	3		vings and temporary	1.1		- 1 1	1.1	
	4	cash investme	ents erest from securities	11.		11.	. 11.	
	1 - 1	a Gross rents	ereat trotti accounties					
		Net rental income						
R	6.	or (loss) Net gan/(loss) fro	m sale of assets not on line 10				-	
E		Gross sales price						
V E	7	assets on line 6a Capital gain net in	come (from Part IV, line 2)					
N	8	Net short-term	•					
U E	9	Income modifi	ications					
	10 a	Gross sales less returns and						
	١,	allowances Less Cost of	<del></del>	-				
	"	goods sold						
		Gross profit/(loss						
	11	Other income	(attach schedule)					
	12	Total Add line	es 1 through 11	11		11		
	13		officers, directors, trustees, etc	11.		11.	. 11.	
	14	Other employee sa		- 0.			<del>                                     </del>	
	15		, employee benefits				<del> </del>	
А		Legal fees (attach						
D M			attach sch) SEE ST 1	37.		37.	<u> </u>	
ï		Other prof fees (at	ttach sch C N C N				1	
O i	17	Interest		Q				
E T	18	Taxes (attach schedule)	(see instr.)	<u> </u>				
R R A A T T	19	Depreciation (	alifach 🗀 🖊 🖽 🔭					
1 1	20	sch) and deple	etion	12,				
N Ý G E	20 21	Occupancy Travel confer	einces, suit ibleefingsi,				<del>-</del>	
A E	22	Printing and p		<del>"</del>	-			
A E X D P	23		es (attach schedule)					
EXPENSES	!							
Ş	24	Total operatin	g and administrative					
ร		expenses. Add	f lines 13 through 23	37.		37.		
	25		s, grants paid PART XV	26,568.	<del></del>		1	26,568.
	26	Add lines 24 a	s and disbursements.	26,605.		37.	0.	26,568.
	27	Subtract line 2		20,003.		<u> </u>	<u> </u>	20,308.
		Excess of reve	enue over expenses					
		and disbursen	nents	-26,594.				<u></u>
			ome (if negative, enter 0)			0.		
	С	Adjusted net incon	ne (if negative, enter 0)	1			11.	I

Page 2

Dar	iii	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year		f year
rar	LH	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	18,662.	42,058.	42,058.
	2	Savings and temporary cash investments	134,220.	84,230.	84,230.
	3	Accounts receivable			
	ļ	Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less. allowance for doubtful accounts ▶			
	5	Grants receivable			_
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)	10,000.	10,000.	10,000.
	7	Other notes and loans receivable (attach sch)		, , , , , , , , , , , , , , , , , , ,	
A		Less. allowance for doubtful accounts		*	<del></del>
Š	8	Inventories for sale or use			-
A S E T	9	Prepaid expenses and deferred charges			
Ś	10 a	a Investments – U.S. and state government obligations (attach schedule)			
	J	nvestments — corporate stock (attach schedule)	50,000.	50,000.	50,000.
	I	: Investments — corporate bonds (attach schedule)			
		Investments – land, buildings, and equipment, basis			
		Less' accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment basis ►			
		Less. accumulated depreciation (attach schedule)		- 222	<del></del>
		Other assets (describe > )  Total assets (to be completed by all filers -			
		see instructions. Also, see page 1, item i)	212,882.	186,288.	186,288.
Ļ	17	Accounts payable and accrued expenses			
Å	18	Grants payable			
Ŗ	19	Deferred revenue			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons			
ļ	21	Mortgages and other notes payable (attach schedule)			
ı	22	Other liabilities (describe			!
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	<u> </u>		
ΝF	24	Unrestricted			
E U	25	Temporarily restricted			
D	26	Permanently restricted			
A S S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			į
Ĕ L T A	27	Capital stock, trust principal, or current funds		-	]
SN	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds.	212,882.	186,288.	į
RS	30	Total net assets or fund balances (see the instructions)	212,882.	186,288.	
	31	Total liabilities and net assets/fund balances (see the instructions)	212,882.	186,288.	İ
Part		Analysis of Changes in Net Assets or Fund Balanc	es		
1	Total end-c	net assets or fund balances at beginning of year — Part II, colum of-year figure reported on prior year's return)	nn (a), line 30 (must agre	e with	212,882.
		amount from Part I, line 27a		2	-26,594.
		ncreases not included in line 2 (itemize)		3	20,004.
		ines 1, 2, and 3		4	186,288.
		ses not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), line		186,288.

(a) List and descri	Losses for Tax on Investment be the kind(s) of property sold (e.g., re use; or common stock, 200 shares MLC	al estate, (t	b) How acquired P — Purchase	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
	D — Donation				
1a N/A			<del>-</del>		
b c		<u></u>			
d		_			
e				_	-
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b		<del>-</del>			
<u>C</u>	-	·			
e				<del></del> -	
		he foundation on 12/31/69		//\ 0 · (0 -1	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		(I) Gains (Coli gain minus column (k nan -0-) <b>or L</b> osses (fr	), but not less
a					
<u>b</u> с	-				
d			-		<del></del>
е					
2 Capital gain net income or (ne	t capital loss)  If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	2		-
3 Net short-term capital gain or (	(loss) as defined in sections 1222(5) ar	_			<del></del>
. •	` ,	··· ¬			
in Part I, line 8	e 8, column (c) (see the instructions). I	(loss), enter -u-	3		
Part V Qualification Under	er Section 4940(e) for Reduced	Tax on Net Investmen	t Income		
If 'Yes,' the foundation does not qual	tion 4942 tax on the distributable amou lify under section 4940(e) Do not comp	plete this part		Yes	X No
(a)	n each column for each year, see the		r entires.	(4)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	s (col	<b>(d)</b> Distribution umn (b) divided	
2009	22,521.	222,	500.		0.101218
2008	29,374.	239,	779.		0.122504
2007	26,370.		191.		0.101349
2006	22,460.		246.		0.088340
2005	27,380.	204,	458.	<del></del>	0.133915
2 Total of line 1, column (d)			2		0.547326
3 Average distribution ratio for th number of years the foundation	e 5-year base period — divide the total i has been in existence if less than 5 y	on line 2 by 5, or by the ears	3		0.109465
4 Enter the net value of nonchar	table-use assets for 2010 from Part X,	line 5	4		196,591.
5 Multiply line 4 by line 3			5		21,520.
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)		_ 6		
7 Add lines 5 and 6			7		21,520.
8 Enter qualifying distributions from			8		26,568.
If line 8 is equal to or greater the Part VI instructions.	nan line 7, check the box in Part VI, lin	ne 1b, and complete that part u	using a 1% ta	x rate See the	

	m 990-PF (2010) GAVRANOVIC FOUNDATION, INC.		-005265		F	Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u> 4948 – see</u>	the instru	ctions)		
1 a	a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	٦	-			-
L	Date of ruling or determination letter (attach copy of letter if necessary – see instr.)	L				0
r.	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here    X and enter 1% of Part I, line 27b		1			0.
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	_				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2			Ô.
3	Add lines 1 and 2		3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others e	nter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6	Credits/Payments					
	a 2010 estimated tax pmts and 2009 overpayment credited to 2010		<b> </b>			
t	<b>b</b> Exempt foreign organizations — tax withheld at source  6b		-			
C	c Tax paid with application for extension of time to file (Form 8868)		_			
C	d Backup withholding erroneously withheld 6d 6d		_	+		
7	Total credits and payments. Add lines 6a through 6d		7			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			0.
10	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	ded P	11			
Par	rt VII-A Statements Regarding Activities					,
1 a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation participate or intervene in any political campaign?	or did it		1a	Yes	No X
t	<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any n	naterials put	olished	10		Λ.
	or distributed by the foundation in connection with the activities.					
	c Did the foundation file Form 1120-POL for this year?			1 c		X
·	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.  (1) On the foundation ►\$ 0. (2) On foundation managers ► 3	\$	(	).		
e	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure ta	x imposed o		<u> </u>		l
	foundation managers \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	•				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If 'Yes,' attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the discorporation, or bylaws, or other similar instruments?	ient, articles		3		
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	,,,a,,goo		4a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If 'Yes,' attach the statement required by General Instruction T					
6						ĺ
Ū	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory direct with the state law remain in the governing instrument?</li> </ul>		nflict	6		X
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part II			7	X	
8a	a Enter the states to which the foundation reports or with which it is registered (see the instructions)	▶_				
	GA					
b	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) of each state as required by General Instruction G <sup>2</sup> If 'No,' attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4 for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Ye	942(j)(3) or 4 s,' complete	1942(J)(5) Part XIV	9	Ñ	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule liand addresses	sting their n	ames	10		X

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jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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

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Part VII-B Statements Regarding Activit		n 4720 May Be Red	uired (continued)		1 .
5a During the year did the foundation pay or incur	=	( 4045( ))2		1	
(1) Carry on propaganda, or otherwise attemp	· ·	, , , , , , , , , , , , , , , , , , , ,	∐ Yes X	No	
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	tion drive?		<u> </u>	No	į
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	∐ Yes X	No	
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instruc	ganization described tions)	Yes X	] No	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention			Yes X	] No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53,4945 or in (see instructions)?			ons	5 b	N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ [		
c If the answer is 'Yes' to question 5a(4), does that tax because it maintained expenditure response	he foundation claim exe sibility for the grant?	mption from the	N/A Yes	] No	
If 'Yes,' attach the statement required by Regu	ılatıons section 53.4945	-5(d).			
6a Did the foundation, during the year, receive an on a personal benefit contract?				No	
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefit	t contract?	6b	X
If 'Yes' to 6b, file Form 8870.	ation a party to a probit	ated tay chalter transac	tion? Yes X	No	
7a At any time during the tax year, was the found b If yes, did the foundation receive any proceeds				N/A 7b	1
Part VIII Information About Officers, D					S.
and Contractors	,	,	.g,g,		-7
1 List all officers, directors, trustees, foundation	managers and their co	mpensation (see instru	ctions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
KENNETH GAVRANOVIC	PRESIDENT	0.	0.		0.
SAME AS PAGE ONE	0				
HEADUED CAMPANOUTC	CECDEMANY		0		
HEATHER GAVRANOVIC SAME AS PAGE ON	SECRETARY 0	0.	0.		0.
		i			
2 Compensation of five highest-paid employees	(other than those inclu	ded on line 1– see inst	ructions). If none, ente	r 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
NONE					
				<u> </u>	
Total number of other employees paid over \$50,000	TEE 403061 0	7/23/10	•	Form 900	0

0.

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Total. Add lines 1 through 3

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Part X   Minimum Investment Return (All domestic foundations must complete this p see instructions.)	art. Foreign fo	oundations,
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	50,000.
<b>b</b> Average of monthly cash balances	1b	139,585.
c Fair market value of all other assets (see instructions)	1c	10,000.
d Total (add lines 1a, b, and c)	1d	199,585.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	0
2 Acquisition indebtedness applicable to line 1 assets	2	0. 199,585.
3 Subtract line 2 from line 1d	3	199,363.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	2,994.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	196,591.
6 Minimum investment return. Enter 5% of line 5	6	9,830.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► X and do not complete the XI and X		undations
1 Minimum investment return from Part X, line 6 N/A	1	
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	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	'_   1a	26,568.
<b>b</b> Program-related investments — total from Part IX-B	1 b	
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>b</b> Cash distribution test (attach the required schedule)	3b	·
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	26,568.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,568.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh qualifies for the section 4940(e) reduction of tax in those years.	ether the foundat	tion
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Part XIII Undistributed I	ncome (see ınstruc	tions)	N/A		
		(a) Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2 line 7	010 from Part XI,				
2 Undistributed income, if any, as	of the end of 2010:				
a Enter amount for 2009 on	y				
<b>b</b> Total for prior years 20 ,	20, 20	<del></del>			
3 Excess distributions carryover, if					
a From 2005					
<b>b</b> From 2006					
<b>c</b> From 2007					
<b>d</b> From 2008					
e From 2009					
f Total of lines 3a through e	:				
4 Qualifying distributions for					
XII, line 4 ► \$					
a Applied to 2009, but not n	nore than line 2a			-	
<b>b</b> Applied to undistributed in (Election required — see i	nstructions)				
<ul> <li>Treated as distributions of (Election required — see it</li> </ul>	ut of corpus nstructions)				
d Applied to 2010 distributat	ole amount				
e Remaining amount distribi					
5 Excess distributions carryover ap	plied to 2010.				
(If an amount appears in	column (d), the			-	
same amount must be sh	own in column (a).)		•		
6 Enter the net total of each indicated below:	column as				
a Corpus Add lines 3f, 4c, and 4e	Subtract line 5				
<b>b</b> Prior years' undistributed					
line 4b from line 2b					]
c Enter the amount of prior ed income for which a not has been issued, or on wh 4942(a) tax has been prev	ice of deficiency nich the section				
d Subtract line 6c from line amount — see instructions					
e Undistributed income for 2009 S line 2a. Taxable amount — see ii					
f Undistributed income for 2 4d and 5 from line 1. This distributed in 2011	010. Subtract lines amount must be				
7 Amounts treated as distrib corpus to satisfy requirem by section 170(b)(1)(F) or (see instructions)	ents imposed				
8 Excess distributions carryo applied on line 5 or line 7					
9 Excess distributions carry Subtract lines 7 and 8 from		_			
10 Analysis of line 9.					
a Excess from 2006					
<b>b</b> Excess from 2007					
c Excess from 2008					
d Excess from 2009					
e Excess from 2010				,	

Part XIV Private Operating Foundation		ions and Part \	/II.A question	20-0032630 91	Page Iu
1a If the foundation has received a ruling or d is effective for 2010, enter the date of the i	etermination letter th				
<b>b</b> Check box to indicate whether the foundation	•	ting foundation desi	cribed in section	X 4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for each year listed	11.	431.	3,596.	13,010.	17,048.
<b>b</b> 85% of line 2a	9.	366.	3,057.	11,059.	14,491.
c Qualifying distributions from Part XII, line 4 for each year listed	26,568.	22,521.	29,379.	26,370.	104,838.
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2d</li> </ul>	26,568.	22,521.	29,379.	26,370.	104,838.
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					<b>8</b> 1
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	6,553.	7,416.	7,992.	8,673.	30,634.
c 'Support' alternative test — enter.		·	·		
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this p	part only if the	organization h	ad \$5,000 or mo	re in
assets at any time during th	ie year – see ins	structions.)			
1 Information Regarding Foundation Manage					
a List any managers of the foundation who h close of any tax year (but only if they have	ave contributed more contributed more tha	than 2% of the totann \$5,000) (See se	al contributions rec ction 507(d)(2).)	eived by the founda	tion before the
SEE STATEMENT 2		, ,	,,,,		
<b>b</b> List any managers of the foundation who o	wn 10% or more of th	ne stock of a corpor	ation (or an equal)	large portion of the	e ownership of
a partnership or other entity) of which the f	oundation has a 10%	or greater interest.	,	, lenge person en un	· · · · · · · · · · · · · · · · · ·
2 Information Department Contribution Con-	City Loan Cabal	him ata Dassess	•		
2 Information Regarding Contribution, Grant Check here If the foundation only m requests for funds If the foundation makes	akes contributions to	preselected charita	able organizations	and does not accept izations under other	unsolicited conditions,
complete items 2a, b, c, and d  a The name, address, and telephone number	r of the person to who	om applications sho	auld be addressed		
a me hame, address, and telephone hamber	or the person to with	om applications sho	ond be addressed		
SEE STATEMENT 3					
<b>b</b> The form in which applications should be si	ubmitted and informa	tion and materials t	they should include		
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards, st	uch as by geographic	al areas, charitable	fields, kinds of ins	titutions, or other fa	ctors.
SEE STATEMENT FOR LINE 2A				<del></del>	
D A A					

and the second	1220				
	Grants and Contributions Paid During the Yea	r or Approved for Futu	re Payment		
	Recipient	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
	Name and address (home or business)	substantial contributor	recipient		_
a	Paid during the year				
SEE	STATEMENT 4				
			!		
			}		
			İ		
					ļ
					:
	Total			<u>►</u> 3a	26,568.
b	Approved for future payment				
					}
				1	
	Total			► 3b	

ter gross amounts unless otherwise indicated	Unrelated business income		Excluded by	section 512, 513, or 514	(e)
	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exemp function income (see the instruction
Program service revenue.			code		
b		<del></del>			
d	1 1				
e	1				
f		_			
g Fees and contracts from government agencies	-				
! Membership dues and assessments			1 1 1		
Interest on savings and temporary cash investments			14	11.	
Dividends and interest from securities	-		+		
Net rental income or (loss) from real estate	<del></del>				
<ul><li>a Debt-financed property</li><li>b Not debt-financed property</li></ul>			<del>                                     </del>		
Net rental income or (loss) from personal property	-		<del>                                     </del>		
Other investment income					
Gain or (loss) from sales of assets other than inventory			<del>  </del>		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory				12.0	
Other revenue.					
a					
b					
c	1 1				
d_					
e					
Subtotal Add columns (b), (d), and (e)				11.	
Total. Add line 12, columns (b), (d), and (e)				13	1
e worksheet in line 13 instructions to verify calculation	ns.)				
rt XVI-B Relationship of Activities to th	e Accomplis	hment of Exem	pt Purpose	es.	
ine No. Explain below how each activity for which in	ncome is reported	I in column (e) of P	art XVI-A cont	ributed importantly t	o the
accomplishment of the foundation's exempt	purposes (other	than by providing fi	unds for such	purposes) (See the	instructions.)
N/A					
N/A					
N/A					· · · · · · · · · · · · · · · · · · ·
N/A					

Yes No

# Form 990-PF (2010) GAVRANOVIC FOUNDATION, INC. 20-0052650 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describe	organization directly or inc id in section 501(c) of the to political organizations?	directly engage in Code (other than	n any of the following with n section 501(c)(3) organi	any other organization zations) or in section 52	7,	- The state of the	1
<b>a</b> Transfer	s from the reporting found	dation to a nonch	naritable exempt organiza	tion of.			
(1) Cash	h					1a (1)	<u> </u>
<b>(2)</b> Othe	er assets					1a (2)	X
<b>b</b> Other tra	ansactions.					1 P P	.
<b>(1)</b> Sale	s of assets to a noncharit	table exempt org	anızatıon			1 b (1)	<u> X</u>
(2) Purd	chases of assets from a ne	oncharitable exe	mpt organization			1 b (2)	X
<b>(3)</b> Reni	tal of facilities, equipment	, or other assets				1b (3)	<u>X</u>
<b>(4)</b> Rein	nbursement arrangements	S				1b (4)	X
<b>(5)</b> Loar	ns or loan guarantees					1 b (5)	X
` '	ormance of services or m	•	•			1b (6)	X
<b>c</b> Sharing	of facilities, equipment, m	nailing lists, othe	r assets, or paid employe	es		1c	X
the good	swer to any of the above ds, other assets, or servic saction or sharing arrange (b) Amount involved	es given by the i ement, show in c	reporting foundation. If th	e foundation received le	ss than fair marke or services received	t value in	
N/A	(b) Amount involved	(C) Name of noncha	mable exempt organization	(a) bescription of train	arcia, transactions, und	sharing arrangemen	110
N/A			<u> </u>				
	3 d. *d				<del></del>		
	-			<del></del>			
		<del></del>	119.11				
		· · ·		_		_	
			<del></del>				
			····				
			·	<u> </u>			
		-			~		
describe <b>b</b> If 'Yes,'	undation directly or indireed in section 501(c) of the complete the following sc	Códe (other tha	n section 501(c)(3)) or in	section 527?			No.
	) Name of organization		(b) Type of organization	1 (9	) Description of re	lationship	
N/A	<del></del>						
	_						
			<del></del> ,	-			
Sign Here	penalties of perjury, I declare that and complete Declaration of pre	I have examined this eparer (other than tax)	return, including accompanying payer or fiduciary) is based on al	schedules and statements, and information of which preparer I	to the best of my knowledge  Security  Title	edge and belief, it is t	true,
Sig	Print/Type preparer's name		Preparer's signature	Date		PTIN	
	,, , , , , , , , , , , , , , , , , , , ,	CDA	1 1 1 1 1 R -		Check if X if	<b>,</b>	<b>s</b>
Paid	ROBERT S. BLAD,	<del></del>	D.C.	11/11/11	self employed	P00197666 2157642	<u>-</u>
Preparer	· · · · · · · · · · · · · · · · · · ·	RT S. BLAD			Firm's EIN ► 58-2	113/042	
Jse Only	Litm's address		NCE SQUARE, STE	. M	(77)	N) 512-760	n
	שאוטם ביי	OODY, GA 3	0338		Phone no (77		
BAA						Form <b>990-PF</b>	(2010)

### (Rev January 2011)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Form 8868 (Rev. 1-2011)

•	re filing for an Automatic 3-Month Extension, con	-				<u> </u>		
	re filing for an Additional (Not Automatic) 3-Mont				2000			
	<i>pplete Part II unless</i> you have already been grante							
corporation request an easted	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click	t automatic) Part I or Pa rust be sent	3-month extension of time. You can elect It with the exception of Form 8870, Infect to the IRS in paper format (see instruction).	tronica ormatio	lly file Fori n Return f	m 8868 to or Transfers		
Part I A	Automatic 3-Month Extension of Time.	Only subi	mit original (no copies needed).					
A corporation	on required to file Form 990-T and requesting an	automatic 6-	month extension — check this box and c	omplete	Part I on	ly <b>-</b>		
All other co income tax	rporations (including 1120-C filers), partnerships, returns.	REMICS, ar	nd trusts must use Form 7004 to request	an exte	ension of t	ime to file		
	Name of exempt organization	<del> </del>	Emplo	yer identifica	tion number			
Type or print								
•	GAVRANOVIC FOUNDATION, INC.			20-	20-0052650			
File by the due date for	Number, street, and room or suite number. If a P O box, see	e instructions						
filing your return See	1345 SEALE DRIVE							
instructions	City, town or post office, state, and ZIP code For a foreign a	iddress, see inst	ructions					
	ALPHARETTA, GA 30022							
Enter the R	eturn code for the return that this application is fo	or (file a sep	arate application for each return)			04		
	·	T	A U			Batum		
Application Is For		Return Code	Application Is For			Return Code		
Form 990		01	Form 990-T (corporation)			07		
	21	02	Form 1041-A	08				
Form 990-BL Form 990-EZ		03	Form 4720			09		
Form 990-P	<del></del>	04	Form 5227			10		
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069			11		
	(trust other than above)	06	Form 8870			12		
1 01111 330 1	(index emer and deeve)	, 55						
	oks are in the care of ► <u>KENNETH_GAVRANO</u> ne No. ► 678-357-2975	VIC FAX N	·					
	rganization does not have an office or place of bu					▶ □		
	s for a Group Return, enter the organization's foul			If this is	for the w	hole aroup.		
	nis box							
	ension is for	cit tills box						
	est an automatic 3-month (6 months for a corpor	ation require	ed to file Form 990-T) extension of time			-		
•	$8/15$ , 20 $11$ _ , to file the exempt of	•						
	xtension is for the organization's return for	<b>3</b>	,					
► [ <u>}</u>	C calendar year 20 10 or							
▶	calendar year 20 <u>10</u> or tax year beginning, 20	, and endi	ng , 20					
				nal retu				
	tax year entered in line 1 is for less than 12 mon nange in accounting period	tns, cneck re	eason Initial return F		·····			
	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	720, or 6069	, enter the tentative tax, less any	3a	\$	0.		
	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment a			3b	\$	0.		
EFTP:	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System) See	<u>instructions</u>	<u> </u>	30		0.		
Caution. If payment ins	you are going to make an electronic fund withdra structions.	wal with this	Form 8868, see Form 8453-EO and For	m 8879	-EO for			

**BAA For Paperwork Reduction Act Notice, see Instructions.** 

Form 8868	(Rev 1-2011)				Page 2		
• If you a	are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this	box	► X		
Note. Only	complete Part II if you have already been granted	an automati	ic 3-month extension on a previously	y filed Form 8868.	_		
	are filing for an Automatic 3-Month Extension, com						
Partil Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
Name of exempt organization Employer identification							
Type or							
print	GAVRANOVIC FOUNDATION, INC.	20-0052650					
F1. 6. 46.	Number, street, and room or suite number. If a P O. box, see instructions						
File by the extended	ROBERT S. BLAD, P.C.						
due date for filing the	1832 INDEPENDENCE SQUARE, STE. A						
return See instructions	City, town or post office, state, and ZIP code. For a foreign address	ess, see instruc	tions				
	DUNWOODY, GA 30338						
Enter the F	Return code for the return that this application is for	file a sepa	arate application for each return)		04		
Application	า	Return	Application		Return		
Is For		Code	Is For	CHARLES TO THE TAX OF STREET, SEA ON THE WALLES	Code		
Form 990		01					
Form 990-E		02	Form 1041-A		08		
Form 990-E		03	Form 4720	·	09		
Form 990-F		04	Form 5227	10			
	(section 401(a) or 408(a) trust)	05	Form 6069	11			
	(trust other than above)	06	Form 8870		12		
	not complete Part II if you were not already grante	d an automa	itic 3-month extension on a previou	sly filed Form 8868.			
	oks are in care of KENNETH GAVRANOVIC						
=		FAX No.		•	_ []		
	rganization does not have an office or place of bus			16.11			
	s for a Group Return, enter the organization's four				is for the		
_	<del></del>	group, cnec	k this box ► 🔲 and attach a list wil	in the names and Elivs of	all		
A 1	he extension is for.  Just an additional 3-month extension of time until	11/15	20 11				
4 Frequ	alendar year $2010$ , or other tax year beginning tax year beginning tax year entered in line 5 is for less than 12 months.	_11/13	$\frac{1}{20}$ , $\frac{11}{20}$ , and and $\frac{1}{20}$	20			
5 Force 6 If the	tox year entered in the Eus for less than 12 month	y	, 20 , and ending _	Final return	<b>–</b> ·		
	tax year entered in line 5 is for less than 12 month. Shange in accounting period	is, check re	ason iiiiiai returii	Final return			
	in detail why you need the extension TAXF	AVED DE	CDECTEILLY DEUILECTE VO	DITTONAL TIME TO	1		
	HER INFORMATION NECESSARY TO FI				<u></u>		
GAI	TIER INFORMATION NECESSARI TO IT	TT T CO	MFLETE AND ACCORATE IA	A KETOKN.			
0 - 10 11-1-		00					
	application is for Form 990-BL, 990-PF, 990-T, 47 application is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069,	enter the tentative tax, less any	. 8a\$	0.		
	application is for Form 990-PF, 990-T, 4720, or 60	169 enter au	ny refundable credits and estimated	ALEXA PROPERTY.			
paym	ents made, include any prior year overpayment al			Sly	•		
	Form 8868			8b \$	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\$							
	<del></del>		d Verification	<u>8C</u>   <del>y</del>	0.		
Under penaltie				knowledge and belief, it is true.			
correct, and co	s of perjury, I declare that I have examined this form, including a implete, and that I am authorized to prepare this form	- 1	1	4.5 /	- 1		
Signature -	Pel 1 Brad Title >	(//		Date > 3/ 3	5/11		
BAA		FIFZ0502L	. 11/15/10	Form 8868 (	Rev 1-2011)		

2010

### **FEDERAL STATEMENTS**

PAGE 1

GAVRANOVIC FOUNDATION, INC.

20-0052650

STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

		EXPÌ	A) ENSES BOOKS	IN	(B) NET VESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	TOTAL	\$ \$	37. 37.	\$ \$	37. 37.	\$ 0.	\$ 0.

STATEMENT 2 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

KENNETH GAVRANOVIC HEATHER GAVRANOVIC

### STATEMENT 3 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

ALL

NAME:

KENNETH GAVRANOVIC

CARE OF:

STREET ADDRESS:

P.O. BOX 7015

CITY, STATE, ZIP CODE:

DOUGLASVILLE, GA 30154

TELEPHONE:

FORM AND CONTENT:

WRITTEN REQUESTS ONLY

SUBMISSION DEADLINES:

NONE

RESTRICTIONS ON AWARDS:

PREFERENCE GIVEN TO ORGANIZATIONS LOCATED OR OPERATING IN

THE SOUTHEASTERN UNITED STATES

#### STATEMENT 4 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
ST. JULIANS EPISCOPAL CHURCH 5400 STEWARTS MILL ROAD DOUGLASVILLE, GA 30135	NONE	PUBLIC	RELIGIOUS	\$ 15,300.
BOYS AND GIRLS CLUB OF METRO ATLANTA 8828 GURLEY ROAD DOUGLASVILLE, GA 30134	NONE	PUBLIC	EDUCATION AND RECREATION	3,358.

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LV	ı	v

### **FEDERAL STATEMENTS**

PAGE 2

**GAVRANOVIC FOUNDATION, INC.** 

20-0052650

### STATEMENT 4 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE O	F 	AMOUNT
JUNIOR LEAGE OF DOUGLAS COUNTY P.O. BOX 1324 DOUGLASVILLE, GA 30133	NONE	PUBLIC	EDUCATION AND RECREATION	\$	60.
WEST ATLANTA/DOUGLAS CHORAL SOCIETY, INC PO BOX 6471 DOUGLASVILLE, GA 30154	NONE	PUBLIC	EDUCATION AND RECREATION	)	2,000.
SHARE HOUSE P.O. BOX 723 DOUGLASVILLE, GA 30133	NONE	PUBLIC	DOMESTIC VIOLENCE		750.
UNITED WAY OF METRO ATLANTA 100 EDGEWOOD AVENUE, NE ATLANTA, GA 30303	NONE	PUBLIC	EDUCATION AND RECREATION		500.
CHAPEL HILL CHRISTIAN SCHOOL 5357 CHAPEL HILL RD., DOUGLASVILLE, GA 30135	NONE ,	PUBLIC	RELIGIOUS		2,100.
EPISCOPAL RELIEF 815 SECOND AVENUE NEW YORK, NY 10017	NONE	PUBLIC	MEDICAL AND WELFARE		2,500.
			ŋ	TOTAL \$	26,568.