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# SCANNED DEC 0 9 2016

# **Return of Private Foundation**

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

2010

OMB No 1545-0052

Department of the Treasury Internal Revenue Service	Note. The foundation may	be able to use a copy of this		rtıng requirements.	<b>20 10</b>
For calendar year 2010, (			, and ending		
G Check all that apply:	Initial return Amended return	Initial return of a fo	ormer public charity	Final return	
Name of foundation			<del> </del>	A Employer identification	number
TRUE V	VINE EXPERIENCE	, INC.		20-4100100	
· ·	x number if mail is not delivered to stree		Room/suite	B Telephone number	
3660 I	OWER ROSWELL RI	).			
City or town, state, and Z				C if exemption application is pe	
H Check type of organiza	TTA , GA 30068 tion. X Section 501(c)(3) e	vernet projets foundation		D 1 Foreign organizations, 2. Foreign organizations mee check here and attach con	check here
	nonexempt charitable trust	Other taxable private found	ation		
Fair market value of all a		ting method X Cash	Accrual	If private foundation state under section 507(b)(1)(	
(from Part II, col. (c), I	·	Other (specify)		F If the foundation is in a 6	
	5,358,697. (Part I, cold	umn (d) must be on cash	basis.)	under section 507(b)(1)(	
Part I Analysis of Re (The total of amounecessarily equal	venue and Expenses ints in columns (b), (c), and (d) may not the amounts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, g	ifts, grants, etc., received	506,314.			
2 Check	the foundation is not required to attach Sch. B				
3 cash investments	nterest from securities				
4 Dividends and ir 5a Gross rents	iterest from securities				
D Net rental income of	or (loss)	CEIL	ED		
6a Net gain or (loss) fr	om sale of assets not on line 10	T REUE	18/		· <del> · · · · · · · · · · · · · · · · · ·</del>
b Gross sales price f assets on line 6a	or all		last tine		
<b>₩</b>	ome (from Part IV, line 2)	18/ MON 3/	图 0.		
8 Net Short-term t		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	119	0.	
9 Income modification Gross sales less real and allowances		1 naD	N. Cambridge		
b Less Cost of good	s sold	- Comment	<u> </u>		
c Gross profit or (	<del></del>				
11 Other income					
12 Total, Add lines	1 through 11	506,314.	0.	0.	
	fficers, directors, trustees, etc	53,227.	0.	0.	0.
14 Other employee 15 Pension plans, e	salaries and wages	44,313.	<u></u>	0.	0.
S 16a Lanal fees	STMT 1	739.	0.	0.	0.
b Accounting fees					
c Other profession	nal fees STMT 2	12,368.	0.	0.	0.
17 Interest	amem 3	14 455			
b Accounting fees c Other profession 17 Interest 18 Taxes 19 Depreciation and 20 Occupancy 21 Travel, conferen 22 Printing and put 23 Other expenses 24 Total operating expenses. Add	STMT 3	14,475.	0.	3,358.	0.
20 Occupancy	a debierion	9,761.	0.	3,336.	0.
21 Travel, conferen	ces, and meetings	6,671.	ŏ.	0.	0.
22 Printing and put					
23 Other expenses	STMT 4	8,616.	0.	0.	0.
24 Total operating	and administrative	150 500		2 252	
expenses. Add	lines 13 through 23	153,530.	0.	3,358.	40.272
25 Contributions, g	itts, grants paid and disbursements.	40,2/2.			40,272.
Add lines 24 and		193,802.	0.	3,358.	40,272.
27 Subtract line 26					
	over expenses and disbursements	312,512.			
	income (if negative, enter -0-)		0.		
c Adjusted net ind	come (if negative, enter -0-) erwork Reduction Act Notice, see	<u> </u>		0.	Form <b>990-PF</b> (2010)

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Page 2

Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	f year
뜨	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	59,717.	374,519.	374,519.
	3	Accounts receivable ▶			
		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			
	İ	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶	3,240.	0.	0.
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ÿ	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ► 4,994,288.  Less accumulated depreciation STMT 5 ► 10,110.			
		Less accumulated depreciation STMT 5  10,110.	4,980,444.	4,984,178.	4,984,178.
	15	Other assets (describe ►)		·	
	16	Total assets (to be completed by all filers)	5,043,401.	5,358,697.	<u>5,358,697.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Lrabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
de.	21	Mortgages and other notes payable			
_	22	Other liabilities (describe ► STATEMENT 6)	0.	2,784.	
				0.004	
_	23	Total liabilities (add lines 17 through 22)	0.	2,784.	
		Foundations that follow SFAS 117, check here			
S	١	and complete lines 24 through 26 and lines 30 and 31.			
nce	24	Unrestricted		· · · · · · · · · · · · · · · · · · ·	
ala	25	Temporarily restricted			
g B	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31	,	0	
Net Assets or Fund Bala	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	7 1		
et A	29	Retained earnings, accumulated income, endowment, or other funds	5,043,401.	5,355,913. 5,355,913.	
ž	30	Total net assets or fund balances	5,043,401.	5,355,913.	
	31	Total liabilities and net assets/fund balances	5,043,401.	5,358,697.	
Ξ			-	3,330,037.	
<u>P</u>	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	5,043,401.
2	Ente	amount from Part I, line 27a		2	312,512.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	5,355,913.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	5,355,913.
					Form <b>QQ0_DF</b> (2010)

	nd Losses for Tax on Ir the kind(s) of property sold (e.g		Income	[ (b) F	low acqui	red	(c) Date a	coured	(d) Date sold	
2-story brick ware	house, or common stock, 200 shs	s. MLC Co.)		P	Purchase Donation	e n	(mo., da		(mo., day, yr.)	
1a										
b NON	E			<u> </u>						
d d	<del>.</del>	·		<del> </del>		$\dashv$	-			
e		<del></del> .								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					in or (loss (f) minus		
a		-								
b				_						
d	<del></del>			-+						
e	<del></del>			$\dashv$	-					
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69					ol. (h) gain		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			col.		(k), but not less than -0-) or Losses (from col. (h))		
<u>a</u>										
b c				-						
d	<del> </del>			$\dashv$						
е										
2 Capital gain net income or (net capi	tal loss)   If gain, also enter If (loss), enter -0	n Part I, line	7 7	}	2					
3 Net short-term capital gain or (loss)	`									
If gain, also enter in Part I, line 8, co		(-/-		}						
If (loss), enter -0- in Part I, line 8  Part V   Qualification Un	der Section 4940(e) for	Poducod	Tay on Not	127/	3	at Inc				
If section 4940(d)(2) applies, leave this  Was the foundation liable for the sectio  If "Yes," the foundation does not qualify  1 Enter the appropriate amount in ea	n 4942 tax on the distributable am	mplete this pa	rt.						Yes X No	
(a) Base period years	(b)	. ]		(c)	4-bl			Distrib	(d) oution ratio	
Calendar year (or tax year beginning 2009		3,721.	Net value of no		959,			col. (b) dıv	(ided by col (c)) • 0 0 4 7 8 3	
2008		$\frac{3,721}{6,346}$ .			984,				.005286	
2007	2	4,189.			485,				.005392	
2006	1	5,941.			880,				.005535	
2005		0.		1	<u>,365,</u>	210	<del>-</del>		.000000	
2 Total of line 1, column (d)	and the second decide the head	h 0 h - 5	- b. 16				2		.020996	
3 Average distribution ratio for the 5-the foundation has been in existence		on line 2 by 5,	or by the number	or yea	ırs		3		.004199	
4 Enter the net value of noncharitable	-use assets for 2010 from Part X,	line 5					4		5,289,581.	
5 Multiply line 4 by line 3							5	-	22,211.	
6 Enter 1% of net investment income	(1% of Part I, line 27b)						6		0.	
7 Add lines 5 and 6							7		22,211.	
8 Enter qualifying distributions from F	•						8		40,272.	
If line 8 is equal to or greater than li See the Part VI instructions	ne 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1%	tax rate.					

Form 990-PF (2010) TRUE VINE EXPERIENCE, INC.		20-410			Page 4
Part VI Excise Tax Based on Investment Income (Section 494	The state of the s	948 - see	instru	ctior	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and €					
Date of ruling or determination letter: (attach copy of letter if ne					_
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► LX_ and enter 1%	1			0.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49					_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only 0	Others enter -0-)	2			0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -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 payments and 2009 overpayment credited to 2010	_ 6a				
<b>b</b> Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d				_
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. •	10			
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax	Refunded ►	11			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legi-	slation or did it participate or intervene	ın 💮		Yes	
any political campaign?			1a		Х
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for definition)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	nd copies of any materials publishe	ed or			1
distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th	•				
(1) On the foundation. ► \$ (2) On foundation manager	s. ► \$0.	_			
e Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax imposed on foundation				
managers. ► \$0.					1
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?		2		X
If "Yes," attach a detailed description of the activities					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorporation,	or	į į		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	•		3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
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					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either				
By language in the governing instrument, or					
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandato</li> </ul>	ry directions that conflict with the state	e law		<u>.                                    </u>	
remain in the governing instrument?			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
If "Yes," complete Part II, col (c), and Part XV	_				
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►		-		
GA			-		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation			8b	Х	ļ
9 Is the foundation claiming status as a private operating foundation within the meaning of se		endar			
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes,"			9	X	L
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	ule listing their names and addresses		10		X

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Part VII-A Statements Regarding Activities (continued)			
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
August 17, 2008?	12		Х
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ► N/A	_ ''		
	770-422-0	500	
	ZIP+4 ▶30068		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	_II ++	_	T
and enter the amount of tax-exempt interest received or accrued during the year	15   N	/A	
16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	10 1	Yes	No
securities, or other financial account in a foreign country?	مد ا	1 62	X
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of	16	Į.	
the foreign country			
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<del> </del>	Yes	No
1a During the year did the foundation (either directly or indirectly):	<u> </u>	165	140
	X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	· (A) NO	1	
	X No	]	
	X No		
(5) Transfer any income or assets to a disqualified person (or make any of either available	[ <del>V</del> ]		
	X No		
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after	TZ		
	X No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	27/2	- 1	
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	N/A 1b		
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2010?	1c		_X_
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	X No		
If 'Yes," list the years -,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.)	N/A 2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
<b>&gt;</b>	ĺ		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	X No		
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis	pose		
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		1	
Form 4720, to determine if the foundation had excess business holdings in 2010)	N/A 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose t	hat		
had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

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Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)				
5a During the year did the foundation pay or incur any amount to							
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,					
any voter registration drive?		Y6	es X No				
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No				
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				1		
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	es X No				
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f						
the prevention of cruelty to children or animals?	o. o		es X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i						
section 53.4945 or in a current notice regarding disaster assistance (see instru		iii regulations	N/A	5b			
Organizations relying on a current notice regarding disaster assistance check h	•		<b>-</b>	+	+-		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ınad					
expenditure responsibility for the grant?			es 🔲 No				
		'/A it	יא ביי אי				
If "Yes," attach the statement required by Regulations section 53 494.  6a Did the foundation, during the year, receive any funds, directly or indirectly, to	` '						
3. 1	pay premiums on		es X No				
a personal benefit contract?	anneal benefit and 1 (0)	Ye		_	v		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<b>⊢</b>	6Ь	<u> </u>		
If "Yes" to 6b, file Form 8870	_						
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	_	<del></del>		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b			
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	ınagers, Highly	<b>y</b>				
Paid Employees, and Contractors							
List all officers, directors, trustees, foundation managers and their		L(-) Componention	(4)		F		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other		
	to position	`enter'-0-)'	compensation	alle	owances		
	DIRECTOR						
3660 LOWER ROSWELL RD.							
MARIETTA, GA 30068	1.00	0.	0.		<u> </u>		
	DIRECTOR						
3660 LOWER ROSWELL RD.							
MARIETTA, GA 30068	0.00	0.	0.		0.		
NAYNE SMITH	DIRECTOR						
3660 LOWER ROSWELL RD.	1						
MARIETTA, GA 30068	40.00	53,227.	0.		0.		
		<u> </u>					
	1						
	1						
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."					
A Name and address of each analysis and the Are age	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accc	ount, other owances		
NONE			compensation	•			
	1						
			-				
	1						
		<del>                                     </del>					
	1						
			-				
	1						
		L	L				
Total number of other employees paid over \$50,000			<u> </u>		0		

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	E."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u></u>	
<del></del>		
Total number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	0
Part IX-A Summary of Direct Charitable Activities	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	rmation such as the	<del> </del>
number of organizations and other beneficiaries served, conferences convened, research papers produced, e	IC.	Expenses
1		
SEE STATEMENT 7		45,043.
2		
3		
4		<del></del>
*	<del></del>	
Part IX-B   Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2.	Amount
1 N/A		
2		
All abbas areas related as a baseline of the second		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>•</b>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	400,133.
	Fair market value of all other assets	1c	4,970,000.
d	Total (add lines 1a, b, and c)	1d	5,370,133.
	Reduction claimed for blockage or other factors reported on lines 1a and		<del></del>
	1c (attach detailed explanation)   1e   0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,370,133.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	80,552.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,289,581.
6	Minimum investment return Enter 5% of line 5	6	264,479.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	d certair	
1	Minimum investment return from Part X, line 6	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	
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		40.000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	40,272.
	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.		
а	Suitability test (prior IRS approval required)	3a	
b	4	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	40,272.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,272.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies	for the section

Part XIII Undistributed Income (see	instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years:				
, ,				
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
<b>b</b> From 2006				
c From 2007				
<b>d</b> From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$				
a Applied to 2009, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2010 distributable amount			· · · · · · · · · · · · · · · · · · ·	
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount				ļ
must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b			<del></del>	
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				
7 Amounts treated as distributions out of	<del></del> : :			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:			·	
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

Part XIV Private Operating F	<b>oundations</b> (see ins	structions and Part VII-	A, question 9)		
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2010, enter the date of the	he ruling	<b>&gt;</b>		
b Check box to indicate whether the found	iation is a private operatin	ig foundation described in	n section X	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed	0.	0.	0.	2,950.	
<b>b</b> 85% of line 2a	0.	0.	0.	2,508.	2,508.
c Qualifying distributions from Part XII,					
line 4 for each year listed	40,272.	23,721.	26,349.	24,235.	114,577.
d Amounts included in line 2c not					
used directly for active conduct of		_ '	_	_	
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities	40.000				
Subtract line 2d from line 2c	40,272.	23,721.	26,349.	24,235.	114,577.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	5,355,913.	5,038,844.	5,073,986.	4,690,381.	20,159,124.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	5,355,913.	5,038,844.	5,073,986.	4,690,381.	20,159,124.
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed	176,319.	165,331.	166,137.	149,523.	657,310.
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)	506,314.	106,315.	544,667.	1,747,628.	2,904,924.
(2) Support from general public and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)	506,314.	106,315.	544,667.	1,747,628.	2,904,924.
(3) Largest amount of support from					
an exempt organization			· · · · · · ·		0.
(4) Gross investment income		An Abia mantanti	6 Ab - 6	h   65 000	0.
Part XV Supplementary Info at any time during t				nad \$5,000 or m	ore in assets
1 Information Regarding Foundation					
a List any managers of the foundation who year (but only if they have contributed π			ributions received by the t	foundation before the clo	se of any tax
SEE STATEMENT 8					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portio	n of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribute	on, Grant, Gift, Loan.	Scholarship, etc., Pr	ograms:		
	nly makes contributions t	to preselected charitable (	organizations and does no		
a The name, address, and telephone numl	<u> </u>	<del>-</del>			
	sor or the person to whom	mappingations should be	udd10050d;		
b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include:		<u>.                                    </u>
c Any submission deadlines;					
d Any restrictions or limitations on awards	s such as hy generaphies	al argae, phanitable fields	kinds of institutions or a	ther factors:	
w may resulted this of initiality is off awards	, such as by geographica	הו מודמט, נוומו וומטול וונועט,	kinus or institutions, of 0	uici iacivis.	

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment	<del>,                                      </del>	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 10				
Total			<b>▶</b> 3a	40,272.
<b>b</b> Approved for future payment				
NONE				
Tatal	1	L		
Total			<b>▶</b> 3b	0.

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	(a)				(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
_	Couc	· · · · · · · · · · · · · · · · · · ·	0000		<del></del>
L	<del>                                     </del>	· · ·- ·-		-	
С	<del>                                     </del>	<u> </u>	<del> </del>		
4	· <del>    -</del>		<del>  </del>		
Δ					
f	<del> </del>				<del></del>
g Fees and contracts from government agencies		-			
2 Membership dues and assessments		·			
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			1 1		
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					
10 Gross profit or (loss) from sales of inventory				-	
11 Other revenue:					
8					
b					
С			ļ		
d				_	
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					***

#### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ■	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
022621	

the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

(2) Other assets  b) Other transactionst:  11(1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Retail of facilities, equipment, or other assets  (4) Remotivement arrangements  (5) Loss or floar guarantees  (6) Parformance of services or membership or fundrasing solicitations  c) Sharing of facilities, equipment, making liets, other assets, or paid employees  c) Sharing of facilities, equipment, making liets, other assets, or paid employees  c) Sharing of facilities, equipment, making liets, other assets, or paid employees  c) Sharing of facilities, equipment, making liets, other assets, or paid employees  c) Sharing of facilities, equipment, making liets, other assets, or paid employees  c) Sharing of facilities, equipment, or elabed to the condition of the standard of the production of t	a Transfers	s from the reporting found:	ation to a noncharitable exempt o	organization of				
b. Other transactions:  (1) Sales of assets for a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rehalful of facilities, equipment, or other assets  (4) Reminuscent arrangements  (5) Loans or lean guarantees  (6) Performance of services or membership or fundrasing solicitations  (5) Sharing of facilities, equipment, making lists, other assets, or paid employees  (5) Sharing of facilities, equipment, making lists, other assets, or paid employees  (5) Sharing of facilities, equipment, making lists, other assets, or paid employees  (6) Reminuscent of services of one by the reporting fundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (1) the value of the goods, other assets, or services received.  (9) Live-ino  (9) Amount involved  (1) Name of noncharitable exempt organization  (1) Charitable exempt organization  (1) Charitable exempt organization  (1) Charitable exempt organization  (1) Charitable exempt organization  (2) Description of relationship  (3) Description of relationship  (4) Description of relationship  (5) Live-ino  (6) Amount involved  (7) Name of organization  (8) Type of organization  (9) Description of relationship  (1) Description of relationship  (2) Description of relationship  (3) Description of relationship  (4) Description of relationship  (5) Live-ino  (6) Name of organization  (7) N/A  (8) Type of organization  (9) Type of organization  (9) Description of relationship  (1) Description of relationship  (2) Description of relationship  (3) In the code (other than section SOI(c)(3)) or m section S2??  (4) If the code (other than section SOI(c)(3)) or m section S2??  (5) If Type of organization  (6) Description of relationship  (9) Description of relationship  (1) Description of relationship  (2) Description of relationship  (3) If the code (other than section SOI(c)(3)) or m section S2??  (5) If Type of organization or species has every norganization or sharing a	• •						1a(1)	
(1) Sales of assets from a nonchamble exempt organization (2) Purchases of assets from a nonchamble exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Losins or load any arrantes (6) Losins or load any arrantes (7) Losins or load any arrantes (8) Performance of services or metheship or fundratising solicitations (9) Performance of services or metheship or fundratising solicitations (9) Losins or load any arrantes (10) Losins or load any arrangement, show in section 50 (c) (c) Information involved (10) Arranti i	(2) Othe	er assets					1a(2)	X
19/2   Mark		· · · · · · · · · · · · · · · · · · ·						
(a) Remaind and additions, apulpment, or other assets (4) Remaindered a rangements (5) Losers or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) A loser or loan guarantees (8) Losers or loan guarantees (9) Performance of services or membership or fundrasing solicitations (9) It is answer to any of the above is "res," complete the following schedule. Column (9) should always show the fair market value of the goods, other assets, or services processed.  (9) Live no (9) A mount monitored (1) Name of noncharrishie evempt organization (4) Description of wanders, warraccions, and pauring awargements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-evempt organization or sharing arrangement, show in column (9) the value of the goods, other assets, or services received.  (9) Name of fonocharrishie evempt organization (4) Description of wanders, warraccions, and pauring awargements.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-evempt organization or wanders, warraccions, and pauring awargements.  N/A  (9) Name of Odde (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  (b) Type of organization (c) Description of relationship in its war, correct.  Sign Modern of Officer or fusible or fluctuary is based on all information of which propayer has any troovedge or thousands and pauring schedules and statements, and to the pegt of my knowledge and bying, it is war, correct.  Sign Modern of Officer or fusible or fluctuary is based on all information of which propayer has any troovedge or thousands are compared to the control of the organization of the organization of which propayer has any troovedge or fluctuary is based on all information of which propayer has any troovedge or thousands and pau			, •				1b(1)	
(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Early 100 Miles (100 Miles) (8) Performance of services or membership or fundraising solicitations (8) Let X (16) X (								
(6) Lears or loan guarantees (6) Parformance of servores or membership or fundraising solicitations (6) Parformance of servores or membership or fundraising solicitations (7) Experimental of services or membership or fundraising solicitations (8) The answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received.  (8) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of reinstein, bursactions, and sharing amargements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of reinstein, bursactions, and sharing amargements  N/A  17	• •							
(6) Performance of services or membership or fundrasings solicitations c Sharing of facilities, equipment, making lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting of transfers, barracctions, and abarring saringements.    (a) Amount involved   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of transfers, barracctions, and abarring saringements.    (a) Amount involved   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of relationship in section 501(c) of the Good (other than section 501(c)(s)) or in section 527?		•						
E Sharmg of facilities, equipment, mailing lists, other assets, or paid employees  If it is answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.    (a)_List enc.   (b)_Amount involved   (c)_Name of nonchantable exempt organization   (d)_Description of transfers, transactions, and sharing arrangements. N/A		•						
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.    (a) Live no   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of transfers, transactions, and althoring arrangements								
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Image of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A    Didder permittee of/EP/Py, I declare that have exampled than section 501(c) of the Organization (c) Description of relationship  N/A    Didder permittee of/EP/Py, I declare that have exampled than section, including accompanying schedules and statements, and to the best of my knowledge and ballly, it is true, correct.    Signature of officer or lytistee   Printy Type preparer shame   Preparer's signature   Date   Citieck   If PTIN   Self-employed   P00456452   Preparer   Firm's address > 366   POWDER SPRINGS ST.   MARIETTA, QA 30064   Phone no 770-422-0500								
column (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 f(c) of the Code (other than section 50 f(c)(3)) or in section 52?  If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Under penalties of Seriey, it declare that I have examing their return, including accompanying schedules and statements, and to the begind my knowledge and beging, it is true, correct.  Sign and complete the following of preparer femilier transfers of preparer for the treatment of the code of t								
(a) Live no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  11 Yes, "complete the following schedule.  (a) Name of organization (b) Type of organization (e) Description of relationship  N/A  10 Under penalties of Seriey, 1 declare that have examined this return, including accompanying schedules and statements, and to the sest of my knowledge and belief), it is true, correct.  Sign Indicate the following of prepared fether than typicity or inducedly is based on all information of which prepare has any knowledge and belief), it is true, correct.  Signal Type of organization of prepared fether than typicity or inducedly is based on all information of which prepare has any knowledge and belief), it is true, correct.  Primitable of officer of flustes  DONALD L. MCGRATH Amal Mark 19028/11  Firm's address > 366 POWDER SPRINGS ST.  MARIETTA, GA 30064  Phone no 770-422-0500					ic iii aiiy transactii	on or snaring arrangemen	L, SHOW III	
N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??    Yes					(d) Descripti	on of transfers, transactions, a	nd sharing agange	ements
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A    Differ penaltines of Schipp, 1 declare what have examined the return, including accompanying schedules and statements, and to the last of my knowledge and byling, it is mue, correct, and complete Declaration of expressed (other than habore) or followingly is based on all information of white prepare has any knowledge.    Print/Type preparer's Yname	· · · · · · · · · · · · · · · · · · ·		<u> </u>	····	(-,			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No					1	<del></del>		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No						•		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No					1			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No			1	.,.				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No		_						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?						· · · · · · · · · · · · · · · · · · ·		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		<del>-</del> -	ļ <u> </u>					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	<del></del>		<del></del>		<del> </del>	<del></del>		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No						<del></del>		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No	2a Is the fou	indation directly or indirect	thy affiliated with or related to or	ne or more tay-evennt organi	zations described			
b if 'Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perityr, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer fother than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Print/Type preparer soname				• •	zations described		Ves [	X No
(a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perlary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belie), it is true, correct, and complete Declaration of preparer (other than taybayer or induciary) is based on all information of which preparer has any knowledge    Vittle   Print/Type preparer for my ustee   Date   Tittle								
Sign Here    Under penalties of perary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge   Signature of officer or justee				(b) Type of organization		(c) Description of relatio	nship	
Signature of officer of trustee  Print/Type preparer's name  Preparer's signature  Donald Preparer  Donald Prim's name ► MOORE & CUBBEDGE, LLP  Firm's address ► 366 POWDER SPRINGS ST.  MARIETTA, GA 30064  Phone no 770-422-0500		N/A				_ · · ·		
Signature of officer of trustee  Print/Type preparer's name  Preparer's signature  Donald Preparer  Donald Prim's name ► MOORE & CUBBEDGE, LLP  Firm's address ► 366 POWDER SPRINGS ST.  MARIETTA, GA 30064  Phone no 770-422-0500								
Signature of officer of trustee  Print/Type preparer's name  Preparer's signature  Donald Preparer  Donald Prim's name ► MOORE & CUBBEDGE, LLP  Firm's address ► 366 POWDER SPRINGS ST.  MARIETTA, GA 30064  Phone no 770-422-0500								
Signature of officer of trustee  Print/Type preparer's name  Preparer's signature  Donald Preparer  Donald Prim's name ► MOORE & CUBBEDGE, LLP  Firm's address ► 366 POWDER SPRINGS ST.  MARIETTA, GA 30064  Phone no 770-422-0500								
Signature of officer of trustee  Print/Type preparer's name  Preparer's signature  Donald Preparer  Donald Prim's name ► MOORE & CUBBEDGE, LLP  Firm's address ► 366 POWDER SPRINGS ST.  MARIETTA, GA 30064  Phone no 770-422-0500			$\wedge$					
Paid Preparer Use Only  Donald L. McGrath  Preparer's signature  Donald L. McGrath  Donald L. McGrath  Firm's name  Moore & Cubbedge, LLP  Firm's address  366 POWDER SPRINGS ST.  MARIETTA, GA 30064  Pout Date  Title  Check if PTIN  self- employed  P00456452  Pirm's EIN  58-1113036  Phone no 770-422-0500	land						belief, it is true, c	orrect,
Paid Preparer Use Only  Signature of officer or yustee  Print/Type preparer's name Preparer's signature  Preparer's signature  Preparer's signature  Date  Check if self- employed P00456452  P1IN Self- employed P00456452  Firm's name ► MOORE & CUBBEDGE, LLP  Firm's address ► 366 POWDER SPRINGS ST. MARIETTA, GA 30064  Phone no 770-422-0500				11-11-		1-101 h.T	H	
Paid Preparer's name  Date  Date  Check if self-employed  Proparer's signature  DoNALD L. MCGRATH  DONALD L. MCGRATH  Proparer's signature  Proparer's signature  Date  10/28/11  Firm's name ► MOORE & CUBBEDGE, LLP  Firm's address ► 366 POWDER SPRINGS ST.  MARIETTA, GA 30064  Phone no 770-422-0500	nere		MA I JULYVVIA		<del>/ /</del>			_
Paid Preparer Use Only    DONALD L. MCGRATH   Now Down   10/28/11   Self-employed   P00456452		- //			Data		NI .	
Paid Preparer Use Only    DONALD L. MCGRATH   Dowld 2 McDuth.   10/28/11   P00456452		Fillio Type preparer Sila	ille / Freparers	Signature	Date	<u>                                 </u>	IV	
Preparer Use Only Firm's name ► MOORE & CUBBEDGE, LLP Firm's address ► 366 POWDER SPRINGS ST. MARIETTA, GA 30064 Firm's name ► MOORE & CUBBEDGE, LLP Firm's EIN ► 58-1113036 Phone no 770-422-0500	Paid	DONALD T.	MCGRATH Dowl	2 M Duth. I.	10/28/11	Son omployed	P00456452	
Use Only   Firm's address ▶ 366 POWDER SPRINGS ST.   MARIETTA, GA 30064   Phone no 770-422-0500						Firm's FIN		
Firm's address ► 366 POWDER SPRINGS ST.  MARIETTA, GA 30064  Phone no 770-422-0500			TE & CODDEDUE,			58-1	1113036	
MARIETTA, GA 30064 Phone no 770-422-0500			6 POWDER SPRIN	GS ST.	<del></del>	+		
						Phone no 770	-422-05	00
			<u> </u>					

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No 1545-0047

2010

Name of the organization

Employer identification number

TRUE VINE EXPERIENCE, INC. 20-4100100 Organization type (check one) Filers of: Section: 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more 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),

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)

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

### TRUE VINE EXPERIENCE, INC.

20-4100100

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FREDERICK & LYNN HANNA  3660 LOWER ROSWELL RD  MARIETTA, GA 30068	\$ 506,314.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(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 contributions	(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 contributions	(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 contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part It if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )

of Part II

Name of organization

Page of of Employer identification number

## TRUE VINE EXPERIENCE, INC.

20-4100100

	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	(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. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- $ $			
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

of

of Part III

	INE EXPERIENCE, INC.			20-4100100
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year (Enter this info	e columns (a) through (e) and the ous, charitable, etc., contributions	e following line entry. For a s of	rganizations aggregating organizations completing
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		ription of how gift is held
	Transferrado pomo addresa a	(e) Transfer of gif		
	Transferee's name, address, ar	10 ZIP + 4	Helationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gil	it	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4		nsferor to transferee

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year Deduction	1,070.	457.	208.	114.	102.	900	507.	3,358.	,						
Current Sec 179								0						-	
Accumulated Depreciation	3,745.	1,599.	520.	286.	153.	450.		6,753.					-		
Basis For Depreciation	5,349.	3,197.	1,039.	801.	508	6,302.	7,092.	24,288.			_				
Reduction In Basis								0			-				
Bus % Excl		_						-			<u>-</u>	•			
Unadjusted Cost Or Basis	5,349.	3,197.	1,039.	801.	508.	6,302.	7,092.	24,288.							
Line	16	16	16	16	16	16	16								
Life	2.00	7.00	5.00	7.00	5.00	7.00	7.00			·	·				
Method															
Date Acquired	070106SL	070106SL	070107SL	070107SL	070108SL	070109SL	070110SL								
Description	OFFICE EQUIPMENT	20FFICE FURNITURE	3OFFICE EQUIPMENT	40FFICE FURNITURE	SOFFICE EQUIPMENT	60FFICE EQUIPMENT	QUIPMENT	TOIAL 390-FF FG L DEPR							
	<u>.</u>	<u> </u>								 					

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF	LEGAL	FEES	Si	TATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
LEGAL	739.	0.	0.	0.		
TO FM 990-PF, PG 1, LN 16A	739.	0.	0.	0.		
FORM 990-PF	OTHER PROFES	SIONAL FEES	Si	PATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
OTHER	12,368.	0.	0.	0.		
TO FORM 990-PF, PG 1, LN 16C	12,368.	0.	0.	0.		
FORM 990-PF	TAX	ES	Si	ratement 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
PROPERTY TAX PAYROLL TAX BUSINESS LICENSE	6,314. 8,131. 30.		0. 0. 0.	0. 0. 0.		
TO FORM 990-PF, PG 1, LN 18	14,475.	0.	0.	0.		
FORM 990-PF	OTHER E	XPENSES	STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
BANK CHARGES OFFICE EXPENSE TRAINING & EDUCATION INSURANCE PROJECT EXPENSE	40. 3,144. 516. 145. 4,771.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.		
TO FORM 990-PF, PG 1, LN 23	8,616.	0.	0.	0.		
		:				

FORM 990-PF DEPRECIATION OF ASSET	rs not held for	INVESTMENT	STATEMENT 5	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
OFFICE EQUIPMENT OFFICE FURNITURE OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT	5,349. 3,197. 1,039. 801. 508. 6,302. 7,092.	4,815. 2,056. 728. 400. 255. 1,350. 507.	253.	
TOTAL TO FM 990-PF, PART II, LN 14	24,288.	10,111.	14,177.	
FORM 990-PF OTH	ER LIABILITIES		STATEMENT 6	
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
PAYROLL TAX PAYABLE		0.	2,784.	
TOTAL TO FORM 990-PF, PART II, LIN	E 22	0.	2,784.	

#### ACTIVITY ONE

FORM 990-PF

PROVIDE ASSISTANCE FOR VARIOUS NEEDS IN THE COMMUNITY: RELATED TO THE PROTECTION, HOUSING, EDUCATION AND ENCOURAGEMENT OF YOUTH AND YOUNG ADULTS INCLUDING THE PROVIDING OF ETHICS, RELIGIOUS TRAINING AND CULTURAL DEVELOPMENT. IN THE CURRENT ECONOMIC ENVIRONMENT SPECIAL ATTENTION HAS BEEN GIVEN TO FAMILIES IN NEED INCLUDING PROGRAMS TO SUPPORT THE HOMELESS, ALCOHOL AND DRUG REHABILITATION AND ORPHANAGES.

		EXPENSES
TO FORM 990-PF, PART IX-A,	LINE 1	45,043.

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

7

FORM 990-PF PART XV - LINE 1A STATEMENT 8
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

LYNN HANNA FREDERICK HANNA FORM 990-PF

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

9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WAYNE SMITH 3084 WATERFRONT DR MARIETTA, GA 30062

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

HAS A PRINTED APPLICATION FORM WITH A DESCRIPTION OF BUDGET, ORGANIZATION'S FUNCTION, PLANS FOR FUNDS.

#### ANY SUBMISSION DEADLINES

WITHIN 30 DAYS AFTER APPLICATION IS GIVEN TO POTENTIAL RECIPIENT

RESTRICTIONS AND LIMITATIONS ON AWARDS

LOCAL AREA, MOST RECIPIENTS ARE RELIGIOUS OR TAKE CARE OF THE POOR.

FORM 990-PF

STATEMENT 10

	DURING THE YEAR	STATI	EWENT. IO
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ASSISTANCE TO INDIVIDUALS UNDER \$1,000 EACH VARIOUS LOCATIONS VARIOUS	NONE GENERAL ASSISTANCE TO NEEDY INDIVIDUALS	N/A	2,042.
7 BRIDGES TO RECOVERY 2875 BROWNSMILL RD ATLANTA, GA 30354	NONE CONTRIBUTION TO MINISTRY	N/A	5,416.
CANCER WARRIORS P.O. BOX 509 ORCHARD HILL, GA 30266	NONE CONTRIBUTION TO MINISTRY	N/A	5,000.
EMERGENCY FUND - TRACEY VICTOR 3070 WATERFRONT DRIVE MARIETTA, GA 30062	NONE GENERAL ASSISTANCE TO NEEDY INDIVIDUALS	N/A	1,444.
JARS OF CLAY 937 SIMS ST. SW ATLANTA, GA 30310	NONE CONTRIBUTION TO MINISTRY	N/A	4,000.
PORN ADDICTION 3095 JOHNSON FERRY RD MARIETTA, GA 30062	NONE CONTRIBUTION TO MINISTRY	N/A	5,000.
PRISON MINISTRY P.O. BOX 315 NELSON, GA 30151	NONE CONTRIBUTION TO MINISTRY	N/A	1,000.
SOULS FOR ETERNITY P.O. BOX 314 NELSON , GA 30151	NONE CONTRIBUTION TO MINISTRY	N/A	2,070.

GRANTS AND CONTRIBUTIONS

TRUE VINE EXPERIENCE, INC.			20-4100100
SHERRY MCCALLEY 2850 ARABIAN CT MARIETTA, GA 30062	NONE GENERAL ASSISTANCE TO NEEDY INDIVIDUALS	N/A	9,300.
YOUTH AND CHILDREN 2500 DALLAS HIGHWAY SUITE 202 MARIETTA, GA 30064	NONE CONTRIBUTION TO MINISTRY	N/A	5,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A	_	40,272.

Form 8868 (Rev. 1-2011)				Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Ex</li> </ul>	tension, d	complete only Part II and check this bo	x	<b>→</b> [X]
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form 8868.	
• If you are filing for an Automatic 3-Month Extension, complet	te only Pa	art I (on page 1).		
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	oples needed).	
Type or Name of exempt organization			Employer identification	n number
TRUE VINE EXPERIENCE, INC.			20-4100100	
File by the Number street and ream as suite as If a D.O. how a	ee instruc	tions.		
due date for 3660 LOWER ROSWELL RD.				
filing your return. See City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.		
matrucliona. MARIETTA, GA 30068	g., u			
FIRST CO. CO. CO.				· · · - · · · · · · · · · · · · · · · ·
Enter the Return code for the return that this application is for (file	e a separa	ite application for each return)		04
Application	Return	Application		Return
Is For	Code	is For		Code
Form 990	01			<u> </u>
Form 990-BL	02	Form 1041-A		08
Form 990-EZ	03	Form 4720	<del>-</del>	09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
STOP! Do not complete Part II if you were not already granted		<u>natic 3-month extension on a previou</u>	sly filed Form 8868	
FREDERICK J. HA			20000	
<ul> <li>The books are in the care of ► 3660 LOWER ROSY</li> </ul>	WELL !		30068	
Telephone No. ► 770-422-0500		FAX No		
<ul> <li>If the organization does not have an office or place of business</li> </ul>				• []
If this is for a Group Return, enter the organization's four digit				
box ▶			members the extension	is for.
4 I request an additional 3-month extension of time until1				
5 For calendar year 2010, or other tax year beginning				·
6 If the tax year entered in line 5 is for less than 12 months, o	heck reas	ion: L Initial return L	Final return	
Change in accounting period				
7 State in detail why you need the extension	O CAM	UPD THEODMANTON NECE	CCADY TO DDE	DADE
	U GAT	MER INFORMATION NECT	TAT OF TARGE	FARE
AN ACCURATE TAX RETURN.				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060	mtor the tenializa tay less any	T	
nonrefundable credits. See instructions.	01 00009, 1	aller the terrative tax, less any	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter on	refundable credite and setimated	8a   \$	
tax payments made, include any prior year overpayment all	•		1 1	
previously with Form 8868.	iowed as	a create and any amount paid	8b \$	0.
	wment wil	th this form if required by using	1 0D 1 W	
e Balance due, Subtract line 8b from line 8a. Include your pa EFTPS (Electronic Federal Tax Payment System) See instri	•	(i) tills form, ii toquiloo, by daing	8c \$	0.
		nd Verification	<u>, ος _ φ</u>	
Under penalties of perjury, I declare that I have examined this form, include			e hest of my knowledge and	l helief
it is true, correct, and complete, and that I am authorized to prepare this for	orui'	handing consesses and oracinomed and to til	_	
Signature Deviced Cornell Title	() Pr	)	Date -8-15-1	1
THE PARTY OF THE P				(Rev. 1-2011)