

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

2010

OMB No 1545-0052

For	calen	dar year 2010, or tax yea	r beginning		, and ending		
G	Check	all that apply	Initial return	Initial return of a fo	ormer public charity	Final return	
			Amended return	Address chan	ge 🔲	Name change	
Na	me of	foundation				A Employer identification	number
		R. A. GRIE	FIN FAMILY	FOUNDATION,	INC.	58-1977357	
Nur	nber a	nd street (or PO box number	if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
		3821 SKIP	PER BRIDGE F	ROAD		229-293-40	63
Cit	y or to	own, state, and ZIP code				C If exemption application is p	ending, check here
		VALDOSTA,	GA 31605			D 1. Foreign organizations	, check here
H (Check	type of organization	X Section 501(c)(3) e.	xempt private foundation		Foreign organizations me check here and attach co	eting the 85% test, putation
	☐ Se	ction 4947(a)(1) nonexem	npt charitable trust 🔲	Other taxable private founda	ition	E If private foundation sta	
I Fa	air ma	rket value of all assets at o	end of year J Account	ing method X Cash	Accrual	under section 507(b)(1)	
(fi	rom F	Part II, col. (c), line 16)		ther (specify)		F If the foundation is in a	60-month termination
	- \$	3,978	3,355 • (Part I, colu	ımn (d) must be on cash l	basis.)	under section 507(b)(1)	
Pá	art l	Analysis of Revenue an	nd Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amoun	nts in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, gran	ts, etc , received	0.	(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	N/A	
	2	Check X if the foundation					
	3	Interest on savings and temporals investments	orary				
	4	Dividends and interest fro	om securities	47,911.	47,911.		STATEMENT 1
	5a	Gross rents		11731			
	b	Net rental income or (loss)					
Ð	6a	Net gain or (loss) from sale of		<70,920.	>		
Z.	b	Gross sales price for all assets on line 6a	429,302.	. ' '		COLUEN	
Revenue	7	Capital gain net income (from	Part IV, line 2)		00.	I COLIVED	
ш	8	Net short-term capital gai	ın		- la	G	
	9	Income modifications Gross sales less returns	ı	,	<u> </u>	10V 1 7 2011 S	
	10a	and allowances		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	
	b	Less Cost of goods sold	L				-
	C	Gross profit or (loss)		4 174		JGDEN, UI	Constitution of
	11	Other income		4,174.	4,174.		STATEMENT 2
_	12	Total. Add lines 1 throug		<18,835.	> 52,085. 4,800.		4 000
	13	Compensation of officers, dire	•	9,600.	4,000.	<u> </u>	4,800.
	14	Other employee salaries a	•				
Š	15	Pension plans, employee	benefits				
nse	162	Legal fees	STMT 3	3,560.	1,780.	-	1,780.
x	D	Accounting fees	STMT 4	14,909.	7,455.		7,454.
e E	_ C	Other professional fees	SIMI 4	14,505.	1,133.		7,334.
Ě	17	Interest	STMT 5	21.	21.		0.
stra	16a b c 17 18 19 20 21 22 23 24	Taxes Depreciation and depletio			<u> </u>		
<u> </u>	19	Occupancy)()				
þ		Travel, conferences, and	meetings	t.C			· -
Ď	22	Printing and publications	-				
G	22	Other expenses	STMT 6	2,521.	2,332.		189.
Ę	24	Total operating and adm	•	2/3224	2,0021		
era era	5	expenses. Add lines 13 t		30,611.	16,388.		14,223.
O,	25 25	Contributions, gifts, grant		209,000.			209,000.
	F.74	Total expenses and disb		;			
	1-/	Add lines 24 and 25		239,611.	16,388.	1	223,223.
	27,	Subtract line 26 from line	12		, ,		
	12 1	Excess of revenue over expen		<258,446.	>		
	1111	Net investment income (35,697.	<u> </u>	• • • • • • • • • • • • • • • • • • •
		Adjusted net income (if n			•	N/A	
0235		1111 5 5 5					5 000 DE (0010)

Ö	-	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End (of year
	dir	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	1	Savings and temporary cash investments	37,131.	44,542.	44,542.
	3	Accounts receivable		•	
		Less allowance for doubtful accounts			
	4	Pledges receivable -			
		Less allowance for doubtful accounts	<u></u>		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			,
		Less, allowance for doubtful accounts ▶			
Assets		Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
-	1	Investments - U.S. and state government obligations Investments - corporate stock STMT 8	3,410,471.	3,208,050.	3,282,410.
	I	G The Control of the	605,359.	610,282	636,692.
	١		000,009.	010,202	030,092.
	11	Investments - land, buildings, and equipment basis	-		
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other			
	1	Land, buildings, and equipment basis		```	1 11 110 110 110 110 110 110 110 110 11
	17	Less: accumulated depreciation	,		
	15	Other assets (describe STATEMENT 10)	11,199.	11,199.	14,711.
			•		
	16	Total assets (to be completed by all filers)	4,064,160.	3,874,073.	3,978,355.
	T	Accounts payable and accrued expenses			
	18	Grants payable			
Ş	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jap	21	Mortgages and other notes payable			<u></u>
_	22	Other liabilities (describe)			
			-	_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	<u>.</u>
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31.	1		4
92	24	Unrestricted			_
ala	25	Temporarily restricted			
B	26	Permanently restricted			
뎚		Foundations that do not follow SFAS 117, check here			
<u>6</u>		and complete lines 27 through 31.	0.	0.	
ets	27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	<u>'</u>
Net Assets or Fund Balance	28 29	Retained earnings, accumulated income, endowment, or other funds	4,064,160.	3,874,073	4 , 1 , 2 , 4
a	30	Total net assets or fund balances	4,064,160.	3,874,073	<u>"</u>
Z	30	Total liet assets of fully parallees	1,001,1001	3/0/1/0/3/	
	31	Total liabilities and net assets/fund balances	4,064,160.	3,874,073.	
				3/0/1/0/3	<u>' </u>
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	4,064,160.
	•	r amount from Part I, line 27a	•	2	<258,446.>
3	Othe	r increases not included in line 2 (itemize)	SEE STA	ATEMENT 7 3	68,359.
4	Add	lines 1, 2, and 3		4	3,874,073.
5	Decr	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	3,874,073.

023511 12-07-10

223,223.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

See the Part VI instructions

Enter qualifying distributions from Part XII, line 4

8

		97735		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see Instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	¥		
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 1		7	14.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
3	Add lines 1 and 2		7	14.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	····	7	14.
6	Credits/Payments			
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 3, 769.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		<u>3,7</u>	<u>69.</u>
8	Enter any penalty 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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3,0	
	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 3,055. Refunded ▶ 11			0.
Pa	rt VII-A Statements Regarding Activities		· ·	,
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>	Yes	No
	any political campaign?	1a	1	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	<u>1b</u>	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	10		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 ▶ \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	ŀ		
	managers > \$O.			
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			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u>4a</u>		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	/ 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 either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	<u>.</u>
	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 instructions)		.] /	,
	GA ,		1	
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? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

orm 990-PF (2010) R. A. GRIFFIN FAMILY FOU			58-19773	57 Ýage 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	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	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indi	rectly,	ľ	
any voter registration drive?	• • •		s X No	•
(3) Provide a grant to an individual for travel, study, or other similar purposes	s? +		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?	JII GOSONDOG III SOCION	□ v _e	s X No	
	ar adventional purposes or		3 (<u>21</u> NU	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or		s X No	
the prevention of cruelty to children or animals?			S TY NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	27/2	_
section 53 4945 or in a current notice regarding disaster assistance (see instr	·		N/A	5b
Organizations relying on a current notice regarding disaster assistance check				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?	I	N/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53 494	15-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		_	
a personal benefit contract?	-	Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870			j	
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No	
b if "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b
Information About Officers Directors Touch		anagers. Highly		
Part VIII Paid Employees, and Contractors			,	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
R. A. GRIFFIN, JR.	CEO	J	30	
3821 SKIPPER BRIDGE ROAD	-			
VALDOSTA, GA 31605	2.00	0.	0.	0.
AMY KING	DIRECTOR	+	•	
3900 SKIPPER BRIDGE ROAD	DIRECTOR ,			
VALDOSTA, GA 31605	10.00	3,000.	0.	0.
	DIRECTOR	3,000.	· ·	
VENDY ROGERS	DIRECTOR			
1625 GILSTRAP LANE	15 00	2 000	_	^
ATLANTA, GA 30318	15.00	3,000.	0.	0.
THOMAS REED	DIRECTOR	i		
3854 ORCHARD WAY		2 600		_
VALDOSTA, GA 31605	5.00	3,600.	0.	0.
2 Compensation of five highest-paid employees (other than those in		, enter "NONE."	(d) Contributions to	(-) 5
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(o) o,ponounon	compensation	allowances
NONE				
,				
		,		
	7			
	1			
otal number of other employees paid over \$50,000			▶	0
and the same of th			Form	990-PF (2010)

0.

All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations	must complete this pai	t. Foreign foui	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitat	ole, etc., purposes.			
а	Average monthly fair market value of securities	,		1a	3,749,988.
þ	Average of monthly cash balances			1b	3,749,988. 53,474.
C	Fair market value of all other assets			10	14,711.
d	Total (add lines 1a, b, and c)			1d	3,818,173.
е	Reduction claimed for blockage or other factors reported on lines 1a and				· · · · · · · · · · · · · · · · · · ·
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	3,818,173.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amoun	t, see instructions)		4	57,273.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and o	n Part V, line 4		5	3,760,900.
6	Minimum investment return. Enter 5% of line 5			6	188,045.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here and do not complete this part		foundations ar	nd certain	
1	Minimum investment return from Part X, line 6			1	188,045.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	714.		
b	Income tax for 2010 (This does not include the tax from Part VI)	2b			
C	Add lines 2a and 2b			2c	714.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	714. 187,331.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	187,331.
6	Deduction from distributable amount (see instructions)			6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Par	7	187,331.		
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes			
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a	223,223.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	ible, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the		_		
а	Suitability test (prior IRS approval required)		•	3a	·
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, a	and Part XIII, line 4		4	223,223.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	estment			
	income Enter 1% of Part I, line 27b			5	. 0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	223,223.
	Note. The amount on line 6 will be used in Part V. column (b) in subsequent years:	when calculating whether	the foundation	qualifies for	the section

Page 9

,	(a) Corpuş	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI, line 7	,		7,	187,331.
2 Undistributed income, if any, as of the end of 2010				, T
a Enter amount for 2009 only			0.	
b Total for prior years				, , , , , , , , , , , , , , , , , , , ,
		0.	i	manager of the state of the sta
3 Excess distributions carryover, if any, to 2010				
a From 2005 67,819. b From 2006 113,708.				
c From 2007 148,793.				
d From 2008 131,465. e From 2009 93,797.				
	555,582.			
f Total of lines 3a through e	333,362.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ► \$ 223, 223.			0.	
a Applied to 2009, but not more than line 2a			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	V • I			187,331
d Applied to 2010 distributable amount	35,892.			107,331
e Remaining amount distributed out of corpus	33,092.	a a charata an a character	+	0
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount 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	591,474.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	-	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line	,			
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		H'. 'nh'n watellland da		
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	65, 616	-		
not applied on line 5 or line 7	67,819.			
9 Excess distributions carryover to 2011.	500 655			
Subtract lines 7 and 8 from line 6a	523,655.		· · · · · · · · · · · · · · · · · · ·	
O Analysis of line 9				
a Excess from 2006 113, 708.				
b Excess from 2007 148, 793.		•		
c Excess from 2008 131, 465.				
d Excess from 2009 93, 797.		1	1	

Form **990-PF** (2010)

e Excess from 2010

	RIFFIN FAMI				77357 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o			i		,
foundation, and the ruling is effective for	r 2010, enter the date of t	he ruling	>		
b Check box to indicate whether the found	lation is a private operatir	g foundation described in	n section	4942(j)(3) or49	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	- '				
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				<u> </u>	
used directly for active conduct of		,			
•		•			
exempt activities				· · · · · · · · · · · · · · · · · · ·	
e Qualifying distributions made directly					
for active conduct of exempt activities	·				
Subtract line 2d from line 2c				ļ	
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 "Endowment" alternative test - enter					1
2/3 of minimum investment return					
shown in Part X, line 6 for each year			1		
listed		<u> </u>			+
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		1			
and 5 or more exempt					
- organizations as provided in section 4942(j)(3)(B)(iii)	1		ļ ·		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		·			
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t				,	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		
5 1 5 1 5 1	•	than 00/ of the total cont	rehistions resoured by the	foundation hafars the als	on of any toy
a List any managers of the foundation where year (but only if they have contributed in			ributions received by the	Touridation before the cit	se of any tax
, , , ,		0011011 001 (0)(2) /			
NONE					
b List any managers of the foundation who			(or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% of greater interes	OL .			
NONE					
2 Information Regarding Contributi		• • • •	-		
Check here ► X if the foundation o					
the foundation makes gifts, grants, etc	(see instructions) to indiv	iduals or organizations u	nder other conditions, c	omplete items 2a, b, c, an	d d
a The name, address, and telephone num	ber of the person to who	n applications should be	addressed.		
		•			
b The form in which applications should b	e submitted and informat	ion and materials they sh	nould include		
The form in minor approactions should be		and the transfer they of			
e Any submission deadlines					P4. 78.1
c Any submission deadlines					
d Any rectrictions or limitations on available	euch se hu assarashire	Il argae inhantable fields	kinde of inetitutions of	other factors	
d Any restrictions or limitations on awards	s, such as by geographica	u aivas, ciidillaule lieiūs,	kinus or institutions, or	VIII 14 LL (UIS	
		<u>*</u>			
	 	· · · · · ·			F 000 DE (00/0)
023601 12-07-10	,	10			Form 990-PF (2010)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Yo	ear or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
	- !			
	3,4			
	,			
•				
	•			•
	1 3		_	
	3 \$			
SEE STATEMENT 11				
Total			▶ 3a	209,000.
h Approved for future payment	t			
NONE				
	i			
	,			
			į	
				1
Total			▶ 3b	0.

Part Avi*A : Analysis of Income-Producing Activiti	Part XVI-A	Analysis o	of Income-Producing	Activities
--	------------	------------	---------------------	------------

Enter gross amounts unless otherwise indicated.	Unrelated bu	siness income		by section 512, 513, or 514	' (e)
1 Program service revenue	Business Code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
_	code		1000		
			 		
			 		<u> </u>
cd					
<u> </u>	_				
e 1	_				· - · · · · · · · · · · · · · · · · · ·
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			14	47,911.	
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income	523000	<5,748	.>14	9,922.	
8 Gain or (loss) from sales of assets other than inventory			18	<70,920.>	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue	- - -				
a	_ •				•
b	_				
C					
d	_				
e	_	: :5 740	 	1 112 007	
2 Subtotal Add columns (b), (d), and (e)		<5,748	<u>.p </u>	<13,087.>	0.
13 Total. Add line 12, columns (b), (d), and (e)		-		13	<18,835.
See worksheet in line 13 instructions to verify calculations)	-			

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)							
		 						
	,							
	 							
	•							
								
	1							
								
)23621 12-07-10	, , , , , , , , , , , , , , , , , , , ,	Form 990-PF (2010						

Information Regarding Transfers To and Transactions and Relationships With Noncharitable				N FAMILY					77357		e 13
1 Dot the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)3 organizations) or in section 527; relating to political organizations? 1 Transfer from the reporting foundation to a monchartable exempt organization of (1) Cash (2) Other assets 1 (2) Other assets 2 (3) Other assets in an anochartable exempt organization (3) Site of assets to a sonichartable exempt organization (3) Site of assets to a monchartable exempt organization (3) Renthussement arrangements (4) Reimbursement arrangements (5) Loans or foan guarantees (5) Performance of services or membership or fundrasing solicitations (5) Performance of services or membership or fundrasing solicitations (5) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Exemplate or fund or services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (10) Amount involved (1	Part >			ansfers To	and Tran	sactions a	nd Relat	ionships With Nonc	haritable)	
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1 (2) Other assets (3) Other assets of section 501(c) Other assets (1) Sakes of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursterment arrangements (5) Loans or foan guarantees (6) Performance of services or membership or fundratising selectations (6) Performance of services or membership or fundratising selectations (7) A state of an answer for 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 precised (6) Performance or by the reporting foundation reterved less than fair market value in any transaction or sharing arrangements have no culture (d) the value of the goods, other assets, or services received (a) Time no (b) Amount Involved (c) Name of noncharitable exempt organization (d) Description of relationship 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of relationship 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of relationship N/A (a) International transactions, and arrangements (b) Type of organization (c) Description of relationship N/A (c) Description of relationship N/A (d) Other passets (e) Description of relationship N/A (e) Description of relationship Preparer's signature (f) Date (f) Prin passet is signature of other or trusts Preparer's signature (f) Date (f) Prin passet is signature (g) Date (f) Prin passet is signature (g) Date (g) Prin passet is signature (
a Transfers from the reporting foundation to a nonchantable exempt organization of (1) Cash (2) Other assets (2) Other assets (3) an onchantable exempt organization (2) Purchases of assets from a nonchantable exempt organization (3) Rental of facilities, equipment, or other assets (3) Louis or rional quarantees (3) Louis or rional quarantees (3) Performance of services or membership or fundiasing solicitations (3) Performance of services or membership or fundiasing solicitations (3) Performance of services or membership or fundiasing solicitations (3) Performance of services or membership or fundiasing solicitations (3) Performance of services or membership or fundiasing solicitations (3) Performance of services or membership or fundiasing solicitations (3) Performance of services or membership or fundiasing solicitations (3) Performance of services or membership or fundiasing solicitations (3) Performance of services or membership or fundiasing solicitations (3) Performance of services or membership or fundiasing solicitations (3) Performance of services or membership or fundiasing solicitations (4) Performance of services or membership or fundiasing solicitations (4) Performance of the goods, other assets, or services received (3) International (4) Description of resistent, increasitions, and sharing arrangement, shown in section SOI(c) of the Code (other than section SOI(c)(3)) or in section SOI(c) of the Code (other than section SOI(c)(3)) or in section SOI(c) or indication of indication or indication of indication or indication of indication or indication of indication or ind		-		=	-	-		n section 501(c) of		Yes	No
(1) Cash (2) Other ransactions (1) Sales of assets to a noncharitable exempt organization (2) Purchase of assets from a noncharitable exempt organization (3) Retail of facilities, equipment, or other assets (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundriasing solicitations (6) Performance of services or membership or fundriasing solicitations (7) It is answer to any of the above is "ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services precised (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (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 trumbles, trumsactions, and sharing amargements (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of trumbles, trumsactions, and sharing amargements (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of trumbles, trumsactions, and sharing amargements (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of trumbles, trumsactions, and sharing amargements (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of trumbles, trumsactions, and sharing amargements (a) Name of organization (b) Type of organization (c) Description of relationship N/A (c) Description of relationship (d) Description of trumbles, trumsactions, and sharing accompanying schedules and sharing the analytic complete for the product of the produc				•			izations?				4
(2) Purchases of assets to a noncharitable exempt organization (3) Setial of facilities, equipment, or other assets (4) Reinbursement arrangements (5) Loans or front any parenter of the assets (5) Loans or front any parenter of the assets (6) Performance of services or membership or fundrasing solicitations (7) Exemply any parenter of the assets or asset or an incharitable exempt organization (8) Reinbursement arrangements (9) Loans or front on guarantees (16) Loans or front on guarantees (17) Exemply any parenter of the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greened of a find an asset of a guarantees or services greened (a) Line so (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationship (d) Description of relationship (e) Description of relationship N/A (ii) State of organization (iii) Description of relationship N/A (iv) Description of relationship (iv) Description of relationship (iv) Description of relationship N/A (iv) Description of relationship N/A (iv) Description of relationship (iv) Description of relationshi	a Tran	isfers from the reporting found	ation to a noncha	ıntable exempt or	ganization of	;					
b Other transactions (1) Sales of a seets to a noncharitable evempt organization (2) Purchases of a seets from a noncharitable evempt organization (3) Rental of facilities, equipment, or other assets (4) Rentitions inseriment arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing selectations (7) Ferformance of services or membership or fundrasing selectations (8) Performance of services or membership or fundrasing selectations (9) The answer to any of the above is "tes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received (a) Line rise (b) Amount involved (c) Name of noncharible evempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A (a) Line rise (b) Amount involved (c) Name of noncharible evempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A (e) Description of transfers, transactions, and sharing arrangements. N/A (a) Haves, complete the following specified with, or related to, one or more tax-exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A (e) Description of transfers, transactions, and sharing arrangements. N/A (e) Description of transfers, transactions, and sharing arrangements. N/A (e) Description of transfers, transactions, and sharing arrangements. N/A (e) Description of transfers, transactions, and sharing arrangements. N/A (e) Description of transfers, transactions, and sharing arrangements. N/A (e) Description of transfers, transactions, and sharing arrangements. N/A (e) Description of transfers, transactions and sharing arrangements are transactions, and sharing arrangements. N/A (e) Description of transfers, transactions and sharing arrangements are transactions, and sharing arrangements. N/A (e) Description of transactions are transactions and sharing arrangements are transactions. And sharing arrangements are transactions	(1)	Cash							1a(1)		
(1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remibursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or services or services or services given by the reporting foundation of the fundation 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 secured (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and ehering amangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations (d) Description of transfers, transactions, and ehering amangements 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 11 If Yes, complete the following specticule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Uniform penalties of populy, I section that I tage exgrained the return, including excompanying schedules and statements, and to the beat of my knowledge and belief, it is true, correct, and complete Declaration of Grainer (specific hing skippers or folicitally) in page of the folicy of	(2)	Other assets							1a(2)		X
(2) Prochases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Technicity (7) Interest (7) I	b Othe	er transactions								1	
(3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations (7) Loans or loan quarantees (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) In the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services geven by the reporting foundation if the foundation ecceived less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharifable exempt organization (d) Description of transfers, transactions, and sharing amingments 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) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c)	(1)	Sales of assets to a nonchanta	ble exempt organ	nization					16(1)		
(4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundratising solicitations (7) Performance of services or membership or fundratising solicitations (8) Performance of services or weimburship or fundratising solicitations (8) Performance of services or weight in 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) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of invastivin, 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? B If Yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under pensities of perjury, Loeslave that I hage examined this relum, including eccompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and complete, containing or of programs or the present has any knowledge and belief, it is line, correct, and complete, containing or of programs or the present has any knowledge and belief, it is line, correct, and or the program of the programs of programs or following schedules and statements, and to the best of my knowledge and belief, it is line, correct, and complete, containing the programs of programs and complete programs and complete programs and complete programs. Printly per preparer's name preparer's signature of all parts and containing the programs and containing the programs and programs and containing the programs and containing the programs and containing the programs and containing the programs and cont	(2)	Purchases of assets from a no	ncharitable exem	pt organization					1b(2)		
(5) Loans or loan guarantees (5) Performance of services or membership or fundraising solicitations (5) Performance of services or membership or fundraising solicitations (6) Performance of services given by the review is "Services" 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 received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing amagnements 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? (a) Name of longuization (c) Type of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A (c) Description of relationship N/A Interconsisted of penuly, describe that large expinited the nature, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Description of General Date of the control of the property of the control of the pr	(3)	Rental of facilities, equipment,	or other assets								
(6) Performance of services or membership or fundratising soliotations 2 Sharing of facilities, equipment, mailing lists, other assets, or paid employees 3 If the answer to any of the above 8 "ves", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received severable with 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) 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 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No If Yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Linear penalties of perjury, Loeders that Lingue examined this intuition, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and organization or organization o	(4)	Reimbursement arrangements	;								
the Sharing of faculities, equipment, mailing 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 greateved (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A (e) Name of noncharitable exempt organization (f) Description of transfers, transactions, and sharing arrangements N/A (g) Line no (h) Amount involved (g) Name of noncharitable exempt organization (g) 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? (a) Name of reganization (b) Type of organization (c) Description of relationship N/A Under pessitive of longury, lockber that liber examined this return, including accompanying schedules and slatements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration or follower logic following schedules Sign Line of officer or trustley Printflype preparer's name Preparer's signature Printflype preparer's name Preparer's signature Printflype preparer's name Proposola S. PALVEY P. C. Line S. III Policy S. POWLER Printflype preparer's name Printflype preparer's name Proposola S. PALVEY P. C. Line S. III Printflype preparer's name CURTIS G. FOWLER Printflype preparer's name Printflype preparer		•								-+	
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 green 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) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, intersactions, and sharing arrangements in 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? (a) Name of organization (b) Type of organization (c) Type of organization (c) Description of relationship in N/A Under penalties of pequiry, Ideclairs that I hape examined this return, including eccompanying schedules and statements, and to the best of my knowledge and betief, it is frue, correct, and completes Pedianation of primitive for other hand flavore or flocustry is based on all information of which prepare has any knowledge. Penalty of officer or trustley Properer's signature Paid CURTIS G. FOWLER HOLLEY RAMBO & STALVEY D. C. Europe (s) is best in my knowledge.	, ,		•	•							
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 (e) Name of noncharitable exempt organization (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 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of penys, I declare that I have examined in the inture, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of fethigrare (orgic from facility) is based on all information of which and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of fethigrare (orgic from facility) is based on all information or the matter and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of fethigrare (orgic from facility) is based on all information or the matter and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of fethigrare (orgic from facility) is based on all information of which and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of officer or trustles Print/Type preparer's name Preparer's signature CURTIS G. FOWLER HOLLEY RAMBO & STALIVEY P. C. Exemples B. EVEN STALIVEY P. C. Exemples B			-		-]	<u> </u>
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 501(c) of the Code (other than section 501(c)) or in section 527? If Yes \(\text{No} \) if Yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penury, I declare that I have augmined this return, including accompanying schedule and statements, and to the best of my knowledge and belief, it is true, correct, and complete-Declaration of finite factories of the complete of factories of the c										ets,	
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing amagements 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? b if "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penjury, I decisive that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, if is true, correct, and completes pectanation of frequency force from Sarkefure or flourisely) is based on all information of which preparer has any knowledge Under penalties of penjury, I decisive that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, if is true, correct, and completes pectanation of frequency force from Sarkefure or flourisely) is based on all information of which preparer has any knowledge Under penalties of penjury, I decisive that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, if is true, correct, and completes pectanation of frequency is based on all information of which preparer has any knowledge Under penalties of penjury, I decisive 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 completes pectanation of frequency is based on all information of which preparer has any knowledge and belief, it is true, correct, and the pentiles of penjury is pending accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and the pentiles of penjury is pending accompanying schedules and statements, and to the best of my knowledge and belief, it is true, corre					ed less than	fair market valu	e in any trans	saction or sharing arrangeme	nt, show in		
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? b If Yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penjury, I declare that I haye examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, It is true, correct, and complate Poclaration of penjury in the penjury of the penjury in		T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					(4)				
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?? Ves	(a) ⊔ne no	(b) Amount involved	(c) Nam		e exempt org	anization	(0) Des	scription of transfers, transactions,	and sharing an	angemer	nts
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.				N/A							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.									······································		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.					 -						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.		<u> </u>	· · · · · · · · · · · · · · · · · · ·			 .					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.		-						<u>-</u>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.			ļ								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.			 			· · · · ·					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.		 									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.			1					41	_		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In the code (other than section 501(c)(3)) or in section 527. In the code (other than section 527.			41								
b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, 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 have tax dayer or fiduciary) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature Check If PTIN Self- employed POLOSIC 32-9 Preparer's firm's name FOWLER HOLLEY RAMBO & STALVEY P.C. Firm's FIN Declaration of Print Policy Firm's FIN Declaration of Policy Firm's FI		•	•			-exempt organia	zations desci	ibeu	□ voc	Y] No
(c) Description of relationship N/A Under penalties of perjury, 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 han fax dayer or fiduciary) is based on all information of which preparer has any knowledge Virial				r(c)(3)) or iji sec	11011 5277				L 163		טוו נ
N/A Under penalties of perjury, 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 tax player or fiduciary) is based on all information of which preparer has any knowledge	<u>U 11 T</u>				(h) Type o	f organization		(c) Description of relat	ionshin		_
Sign Here Under penalties of penury, 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 faxodyer or fiduciary) is based on all information of which preparer has any knowledge			,	· · · · · · · · · · · · · · · · · · ·	(5) 1) 50 0	· organization		(0) = 000			
Sign Here Signature of officer or trustee Print/Type preparer's name Preparer's signature CURTIS G. FOWLER POLOSIGNATOR FOWLER HOLLEY RAMBO & STALVEY P. C. Firm's SIN D. FOWLER HOLLEY RAMBO & STALVEY P. C. Firm's SIN D. FOWLER FOWLER FOR SIN D. FOWLER FOR SIN D. FOWLER FOWLE FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER		- 11/21			1						
Sign Here Signature of officer or trustee Print/Type preparer's name Preparer's signature CURTIS G. FOWLER POLOSIGNATOR FOWLER HOLLEY RAMBO & STALVEY P. C. Firm's SIN D. FOWLER HOLLEY RAMBO & STALVEY P. C. Firm's SIN D. FOWLER FOWLER FOR SIN D. FOWLER FOR SIN D. FOWLER FOWLE FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER				<u>_</u>	 						
Sign Here Signature of officer or trustee Print/Type preparer's name Preparer's signature CURTIS G. FOWLER POLOSIGNATOR FOWLER HOLLEY RAMBO & STALVEY P. C. Firm's SIN D. FOWLER HOLLEY RAMBO & STALVEY P. C. Firm's SIN D. FOWLER FOWLER FOR SIN D. FOWLER FOR SIN D. FOWLER FOWLE FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER				-							
Sign Here Signature of officer or trustee Print/Type preparer's name Preparer's signature CURTIS G. FOWLER POLOSIGNATOR FOWLER HOLLEY RAMBO & STALVEY P. C. Firm's SIN D. FOWLER HOLLEY RAMBO & STALVEY P. C. Firm's SIN D. FOWLER FOWLER FOR SIN D. FOWLER FOR SIN D. FOWLER FOWLE FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER					1						
Sign Here Signature of officer or trustee Print/Type preparer's name Preparer's signature CURTIS G. FOWLER POLOSIGNATOR FOWLER HOLLEY RAMBO & STALVEY P. C. Firm's SIN D. FOWLER HOLLEY RAMBO & STALVEY P. C. Firm's SIN D. FOWLER FOWLER FOR SIN D. FOWLER FOWLER FOR SIN D. FOWLER FOWLE FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER FOWLER		Under penalties of penury, I declar	e that I haye examin	ed this return, include	ling accompan	ring schedules and	d statements, a	nd to the best of my knowledge ar	nd belief, it is tr	ie, correc	ot,
Preparer Sum's same FOWLER HOLLEY RAMBO & STALVEY P.C. Sum's SIN Date Curric SIN Date Sum's SIN Date Curry SIN Date Sum's SIN Date SIN Date Sum's SIN Date SIN Date Sum's S	Sian								1 1		•
Print/Type preparer's name Print/Type preparer's name Preparer's signature Preparer's		\mathcal{L}	IN 1	ł		1 11/4/	///	cl	res		
Print/Type preparer's name Preparer's signature CPA Date Check if PTIN self-employed Polo56329 Preparer Symic same FOWLER HOLLEY RAMBO & STALVEY P.C. Symic SIN	.	Signature of officer or tri	ustee /		.	Date / "L	``	Title	, - o-		
Paid CURTIS G. FOWLER Curtin Samula 11/2/11 Self-employed Polo56329 Preparer Symission FOWLER HOLLEY RAMBO & STALVEY P.C. Symission FOWLER HOLLEY P.C. Symission FOWLER F		l, '	_/_/	Preparer's s	ignature		Date		TIN		-
Preparer Sum's same FOWLER HOLLEY RAMBO & STALVEY P.C. Sum's SIN D			-		.	CPA					
Preparer Symis same FOWLER HOLLEY RAMBO & STALVEY P.C. Symis SIN	Paid	CURTIS G.	FOWLER	custo	130	اسالسا	11/2/11		01056	32	9
				LLEY, RA	MBO &			Eirm's EIN			

(229) 244-1559

58-122-4069

Use Only

Firm's address ▶ 3208 WILDWOOD PLANTATION DRIVE VALDOSTA, GA 31605

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co (mo, day, yr) (mo, day, yr) D - Donation 1a ARTISAN 'INTL FD 07/02/0706/30/10 b ASTON MONTAG & 09/14/0702/22/10 CALDWELL (M) c ASTON MONTAG CALDWELL (M 12/14/0702/22/10 d ASTON MONTAG CALDWELL (M 12/05/0302/22/10 & MONTAG 11/15/0203/29/10 e ASTON CALDWELL (M 11/15/02/11/15/10 1 ASTON MONTAG & CALDWELL (M) 02/03/0312/13/10 q ASTON MONTAG CALDWELL (M MONTAG 12/29/08/11/15/10 h ASTON & CALDWELL (M) 12/29/0911/15/10 MONTAG & CALDWELL | ASTON 09/27/0702/22/10 DODGE & COX STOCK FUND 12/28/0702/22/10 COX STOCK FUND k DODGE 12/05/0302/22/10 COX STOCK FUND 1 DODGE 03/28/0802/22/10 m DODGE COX STOCK FUND & 06/27/0802/22/10 n DODGE & COX STOCK FUND 08/21/0803/26/10 o DODGE COX STOCK FUND & (f) Depreciation allowed (q) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) plus expense of sale (or allowable) 45,807. <20,807.> 25,000. а 214. 276. <62.> b 23,446 <4,024.> 19,422. C <5,774.> 46,138 40,364. đ <2,012.> 22,012 20,000. е 994. 7,309. 6,315 f 12,500. 10,385. 2,115. 6,272. 6,850 <578.> h 1,379.39. 1,418. i <170.> 263. 433. 10,834. <3,335.> 7,499. $<4,41\overline{1.}>$ 32,641.28,230. 1 4,347. <779.> 3,568. m <71.> 441. 512. n 32,906 <2,906.> 30,000. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) (i) FMV as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any <20,807.> <62.> b <4,024.> С <5,774.> d <2,012.> 994. 2,115.g <578.> ħ 39. <170.> <3,335.> <4,411.> <779.> m <71.> n <2,906.> 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c)

If (loss), enter "-0-" in Part I, line 8

Part IV Capital Gains and Los	ses for Tax on Investment Income				
	describe the kind(s) of property sold ck warehouse, or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a DODGE & COX STO	OCK FUND			08/21/08	11/15/10
b DODGE & COX STO	OCK FUND			08/21/08	
c HARBOR INTL FUN				10/05/07	
d HARBOR INTL FUN				12/19/07	
e HARBOR INTL FUN				12/19/08	
f HARBOR INTL FUN				04/30/09	
g HARBOR INTL FUN				12/18/09	
h HARBOR INTL FUN				03/30/10	
ISHARES TRUST F				06/28/07	
J ISHARES TRUST F				06/28/07	
k ISHARES TRUST F				04/15/08	
I ISHARES TRUST F		ŁX.		04/15/08 12/24/08	
m VANGUARD INFLAT				12/24/08	12/14/10
	DIVIDENDS				
0	(f) Depreciation allowed	(a) Cost or other books) Gain or (loss)	
(e) Gross sales price	(or allowable)	(g) Cost or other basis plus expense of sale		olus (f) minus (g)	
a 10,000.		10,903.	· ·		<903.>
b 12,500.		13,064.			<564.>
c 16,201.		25,687.			<9,486.>
d 18,273.		26,055.			<7,782.>
e 6,196.		4,997.			$\frac{1,199.}{3,662.}$
f 17,232.		13,570.			<408.>
g 3,902.		15,000.			<1,804.>
h 13,196. 50,028.		63,668.			<13,640.>
$\frac{1}{1}$ $\frac{30,028}{15,978}$.		19,530.			<3,552.>
0 7/1		9,607.			<866.>
$\frac{k}{1}$ 25,292.		26,774.			<1,482.>
$\frac{1}{m}$ 25,000.		22,776.		 	2,224.
n 4,263.	-				4,263.
0					
	g gain in column (h) and owned by t	he foundation on 12/31/69	(I) Lo:	sses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		of col (h) gain ove not less than "-0-")	
a					<903.>
b					<564.>
С					<9,486.>
d					<7,782.>
е					1,199.
f		ε,			3,662. <408.>
9					<1,804.>
h					<13,640.>
<u> </u>					< 3 552 >
1					<3,552.> <866.>
K					<1,482. >
<u></u>					2,224.
m n					4,263.
0					
Capital gain net income or (net cap	ortal loss) { If gain, also enter if (loss), enter if (loss).	in Part I, line 7	2		<70 , 920.>
3 Net short-term capital gain or (loss		, I			
If gain, also enter in Part I, line 8, 0 If (loss), enter "-0-" in Part I, line 8	column (c)	}	3	N/A	

FORM 990-PF DIVIDEND	S AND I	NTERI	EST I	FROM	SECU	JRITIES	STATEMENT	1
SOURCE	G	ROSS	AMOU	JNT		PITAL GAINS DIVIDENDS	COLUMN (AMOUNT	•
DIVIDEND INCOME			52,1	L74.		4,263.	47,	911.
TOTAL TO FM 990-PF, PART I, I	ın 4 .		52,1	174.		4,263.	47,	911.
FORM 990-PF	ОТН	ER II	NCOME	E			STATEMENT	. 2
DESCRIPTION		I	REVE	A) ENUE BOOKS	;	(B) NET INVEST- MENT INCOME		
FLAG PRIVATE EQUITY III, LP FLAG PRIVATE EQUITY III, LP				9,9 <5,7	22. 48.>			
TOTAL TO FORM 990-PF, PART I,	LINE 1	1		4,1	74.	4,174	•	
FORM 990-PF	ACCO	UNTIN	NG FE	EES			STATEMENT	3
DESCRIPTION	(A) EXPENS: PER BO			(B) INVE		(C) ADJUSTED NET -INCOMI		ABLE
FOWLER, HOLLEY, RAMBO,& STALVEY	3,	560.		1,	780.		1,	780.
TO FORM 990-PF, PG 1, LN 16B	3,	560.		1,	780.		1,	780.
FORM 990-PF O	THER PR	OFESS	SIONA	AL FE	ES		STATEMENT	4
DESCRIPTION	(A) EXPENS PER BO			(B) INVE		(C) ADJUSTED NET INCOM		ABLE
CONSULTING FEES	14,	909.		7,	455.		7,	454.
TO FORM 990-PF, PG 1, LN 16C	14,	909.		7,	455.		7,	454.

FORM 990-PF	TAX	ES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
INCOME	21.		21.			0.
TO FORM 990-PF, PG 1, LN 18	21.		21.			0.
	-	-				
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
INVESTMENT EXPENSES LICENSES INSURANCE PREMIUMS BANK CHARGES OFFICE SUPPLIES TRAVEL	'1,503. 30. 382. 257. 103. 246.	3 2	03. 15. 82. 57. 52.			0. 15: 0. 0. 51. 23.
TO FORM 990-PF, PG 1, LN 23	2,521.	2,3	32.		1	89.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUN	ID BA	LANCES	STATEMENT	7
DESCRIPTION	-		•		AMOUNT	
FLAG PRIVATE EQUITY III BOOK	TO TAX ADJU	STMENTS			68,3	59.
TOTAL TO FORM 990-PF, PART I	II, LINE 3	•			68,3	59.
FORM 990-PF	CORPORAT	E STOCK	-	· · · · · · · · · · · · · · · · · · ·	STATEMENT	8
DESCRIPTION			воо	K VALUE	FAIR MARKE VALUE	T
CORPORATE STOCK FLAG PRIVATE EQUITY, III LP LEHMAN COMMODITIES LP ALTERNATIVE INVESTMENTS		·	1	,535,907. 522,143. 250,000. 900,000.	1,744,3 488,5 169,7 879,8	96. '05.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	_	3	,208,050.	3,282,4	10.

FORM 990-PF	ORPORATE BONDS		STATEMENT	9
DESCRIPTION		BOOK VALUE	FAIR MARKE VALUE	Т
BONDS		610,282.	636,6	92.
TOTAL TO FORM 990-PF, PART II, LI	NE 10C	610,282.	636,6	92.
FORM 990-PF	OTHER ASSETS		STATEMENT	10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKE VALUE	T
LIFE INSURANCE POLICIES	11,199.	11,199.	14,7	11.
TO FORM 990-PF, PART II, LINE 15	11,199.	11,199.	14,7	11.

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT	
COMMUNITY FOUNDATION OF S.GA. P.O. BOX 2654 THOMASVILLE, GA 31799	N/A GENERAL	501(C)	6,000.	
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	•	501(C)	5,000.	
FUTURE NOW P.O. BOX 2980 VALDOSTA, GA 31604	N/A GENERAL	501(C)	45,000.	
MAIL BOX CLUB 404 EAGER ROAD VALDOSTA, GA 31602	N/A GENERAL	501(C)	110,000.	
PREGNANCY SUPPORT CENTER P.O. BOX 5907 VALDOSTA, GA 31601	N/A GENERAL	501(C)	15,000.	
THE NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE ALPHARETTA, GA 30004	n/a GENERAL	501(C)	24,000.	
VALDOSTA BLOCK CLUB FEDERATION 306 VARDEDOE ST VALDOSTA, GA 31601	N/A GENERAL	501(C)	4,000.	
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A		209,000.	

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If y	ou are filing for an Automatic 3-Month Extension, completou are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of this			X
	t complete Part II unless you have already been granted					
	ronic filing (e-file). You can electronically file Form 8868 if	•				
	ed to file Form 990-T), or an additional (not automatic) 3-mo					
of time	e to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Ce	rtaın
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on the	he elec	stronic filing of this f	orm,
visit w	ww irs gov/efile and click on e-file for Charities & Nonprofits	3.	·			
Par	Automatic 3-Month Extension of Time	e. Only su	ibmit original (no copies needed).			
A corp	poration required to file Form 990-T and requesting an autor	matic 6·mo	onth extension - check this box and con	nplete		
Part I	only				>	
	er corporations (including 1120-C filers), partnerships, REN Income tax returns	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
Туре	Name of exempt organization			Emp	loyer identification	number
print						
F1- 6 A	R. A. GRIFFIN FAMILY FOUND	ATION	, INC.	5	8-1977357	
File by t due date filing you return S	e for Number, street, and room or suite no. If a P.O. box, s or C/O 3208 WILDWOOD PLANTATIO					
instructi		oreign add	iress, see instructions			
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
An-1:-	ndian	Det	Application			Return
Applic		Return	Application			
Is For		Code	Is For			Code
Form 9		01	Form 990-T (corporation)			07
	990-BL	02	Form 1041-A			08
	990-EZ	03	Form 4720			09
	990-PF	04	Form 5227			10
Form 9	990-T (sec 401(a) or 408(a) trust) ·	05	Form 6069			11
Form 9	990-T (trust other than above)	06	Form 8870			12
Tel	R. A. GRIFFIN, be books are in the care of ► 3821 SKIPPER BI sephone No. ► (229) 293-4063	RIDGE	FAX No ▶	31	605	
	ne organization does not have an office or place of busines				•	لـــا
	nis is for a Group Return, enter the organization's four digit					
box 🕨					ers the extension is	for.
-		' -	to file Form 990-T) extension of time unt tion return for the organization named a		The extension	
	s for the organization's return for: X calendar year 2010 or					
i	tax year beginning	, an	d ending		<u> </u>	
2	f the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return Fina	al retur	n	
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or	or 6069, e	nter the tentative tax, less any			0
-	nonrefundable credits. See Instructions.			3a	\$	0.
	f this application is for Form 990-PF, 990-T, 4720, or 6069,					0.051
-	estimated tax payments made. Include any prior year overp			3b	\$	3,951.
	Balance due. Subtract line 3b from line 3a. Include your pa	-				^
-	by using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
Cautio	n. If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	tructions.
LHA	For Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re	ev. 1·2011)
023841 01-03-11						

Form 8868 (Rev. 1-2011)					D
					Page 2
 If you are filing for an Additional (Not Automatic) 3-Mor 	nth Extension,	complete only Part II and check this b	ох		▶ X
Note. Only complete Part II if you have already been grante	ed an automatic	3-month extension on a previously filed	Form	8868.	
 If you are filing for an Automatic 3-Month Extension, co 	omplete only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Mor	nth Extensio	n of Time. Only file the original (no o	opies r	reeded).	
Type or Name of exempt organization			Emp	loyer iden	tification number
print					
R. A. GRIFFIN FAMILY FOUL			5	8-197	7357
extended Number, street, and room or suite no. If a P.O. due date for C/O 3208 WILDWOOD PLANTA					
return See City, town or post office, state, and ZIP code. F					
NALDOSTA, GA 31605					
Enter the Return code for the return that this application is	for (file a separa	te application for each return)			0 4
Application	Return	Application	7		Return
s For	Code	Is For	*********	 	Code
Form 990	01			•••••	
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720		 	09
Form 990-PF	04	Form 5227			10
orm 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	_		11
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already gr		Form 8870		d E 00	12
וויטני בי ייי אירי אירי אירי אירי אירי אירי א				んハム	
The books are in the care of ▶ 3821 SKIPPEI Telephone No. ▶ (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four	isiness in the Ur	FAX No. ►	nis is fo	r the whole	
Telephone No. (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four tox. If it is for part of the group, check this box.	isiness in the Ur digit Group Exe ☐ and atta	FAX No. ►	nis is fo	r the whole	
Telephone No. (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four tox. If it is for part of the group, check this box. I request an additional 3-month extension of time until	isiness in the Ur digit Group Exe and atta NOVEM	FAX No. ►	nis is fo	r the whole	
Telephone No. ► (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four tox ► . If it is for part of the group, check this box I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning.	isiness in the Ur digit Group Exe and atta NOVEM	FAX No. ►	nis is fo	r the whole	
Telephone No. ► (229) 293–4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four tox ►	isiness in the Ur digit Group Exe and atta NOVEM	FAX No. ►	nis is fo	r the whole	
Telephone No. ► (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four tox ► . If it is for part of the group, check this box I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning.	isiness in the Ur digit Group Exe and atta NOVEM	FAX No. ►	nis is fo	r the whole	
Telephone No. ► (229) 293–4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four tox ► . If it is for part of the group, check this box I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months. Change in accounting period	isiness in the Ur digit Group Exe and atta NOVEM ng iths, check reas	FAX No. ►	nis is fo	r the whole ers the ext	tension is for.
Telephone No. ► (229) 293–4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four tox ► . If it is for part of the group, check this box I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months. Change in accounting period 7 State in detail why you need the extension	isiness in the Ur digit Group Exe and atta NOVEM ng iths, check reas	FAX No. ► Inited States, check this box Inited States Inited States Initial return Initial return	nis is fo	r the whole ers the ext	tension is for.
Telephone No. ► (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four the proop of the group, check this box ► I request an additional 3-month extension of time unit in For calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months in Change in accounting period 7 State in detail why you need the extension K-1S NEEDED FOR COMPLETE AN BEEN RECEIVED.	isiness in the Ur r digit Group Exe and atta NOVEM ng iths, check reas	FAX No. Inted States, check this box emption Number (GEN) If the chief a list with the names and EINs of all BER 15, 2011, and ending on Initial return	nis is fo	r the whole ers the ext	tension is for.
Telephone No. ► (229) 293–4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four tox ► . If it is for part of the group, check this box ► I request an additional 3-month extension of time uniting the for calendar year 2010, or other tax year beginning. If the tax year entered in line 5 is for less than 12 months. Change in accounting period State in detail why you need the extension K-1S NEEDED FOR COMPLETE AN	isiness in the Ur r digit Group Exe and atta NOVEM ng iths, check reas	FAX No. Inted States, check this box emption Number (GEN) If the chief a list with the names and EINs of all BER 15, 2011, and ending on Initial return	nis is fo	r the whole ers the ext	tension is for.
Telephone No. ► (229) 293–4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four two No. ► If it is for part of the group, check this box I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 mon Change in accounting period 7 State in detail why you need the extension K-1S NEEDED FOR COMPLETE AN BEEN RECEIVED. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions.	isiness in the Ur digit Group Exe and atta NOVEM ng ths, check reas ND ACCUR	FAX No. ► Inted States, check this box Interpretation Number (GEN) If the second site with the names and EINs of all BER 15, 2011 , and ending on: Initial return ATE CALCULATION OF Interpretation of the tentative tax, less any	nis is fo	r the whole ers the ext	tension is for.
Telephone No. ► (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four tox ► If it is for part of the group, check this box ► I request an additional 3-month extension of time unit is For calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months. Change in accounting period 7 State in detail why you need the extension K-1S NEEDED FOR COMPLETE AN BEEN RECEIVED. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions.	isiness in the Ur r digit Group Exe and atta NOVEM ng iths, check reas ND ACCUR 1720, or 6069, e 6069, enter any	FAX No. Inted States, check this box emption Number (GEN) If the challest with the names and EINs of all BER 15, 2011, and ending on: Initial return ATE CALCULATION OF Inter the tentative tax, less any refundable credits and estimated	Final r	r the whole ers the ext eturn	tension is for.
Telephone No. ► (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four the property of the group, check this box. I request an additional 3-month extension of time uniting the tax year entered in line 5 is for less than 12 months. Change in accounting period. The tax year entered in line 5 is for less than 12 months. The property of the extension is for the extension in the extension in the extension is for Form 990-BL, 990-PF, 990-T, 40 monrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or the tax payments made. Include any prior year overpayments.	isiness in the Ur r digit Group Exe and atta NOVEM ng iths, check reas ND ACCUR 1720, or 6069, e 6069, enter any	FAX No. Inted States, check this box emption Number (GEN) If the challest with the names and EINs of all BER 15, 2011, and ending on: Initial return ATE CALCULATION OF Inter the tentative tax, less any refundable credits and estimated	Final r	r the whole ers the ext eturn RN HA	VE NOT
Telephone No. ► (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four the property of the group, check this box. I request an additional 3-month extension of time uniting the tax year entered in line 5 is for less than 12 months. Change in accounting period. State in detail why you need the extension K-1S NEEDED FOR COMPLETE AND BEEN RECEIVED. Ball If this application is for Form 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or the tax payments made. Include any prior year overpayments previously with Form 8868.	Isiness in the Ur r digit Group Exe and atta NOVEM ng this, check reas ND ACCUR 1720, or 6069, e 6069, enter any ent allowed as a	FAX No. Inted States, check this box emption Number (GEN) If the challest with the names and EINs of all BER 15, 2011, and ending on Initial return ATE CALCULATION OF Inter the tentative tax, less any refundable credits and estimated a credit and any amount paid	Final r	r the whole ers the ext eturn	tension is for.
Telephone No. ► (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four this is for a Group Return, enter the organization's four the life this is for a Group Return, enter the organization's four this is for a Group Return, enter the organization's four this is for a Group Return, enter the organization's four this is for a Group Return, enter the organization's four time until the same and different and additional 3-month extension of time until the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of the tax year entered in line 5 is for less than 12 months of time until the tax year beginning to the tax year entered in line 5 is for less than 12 months of time until the tax year beginning to the tax yea	isiness in the Ur r digit Group Exe and atta NOVEM ng this, check reas ND ACCUR 1720, or 6069, e 6069, enter any ent allowed as a pur payment with	FAX No. Inted States, check this box emption Number (GEN) If the challest with the names and EINs of all BER 15, 2011, and ending on Initial return ATE CALCULATION OF Inter the tentative tax, less any refundable credits and estimated a credit and any amount paid	Final r	r the whole ers the extended eturn RN HA	VE NOT 0.
Telephone No. ► (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four the property of the group, check this box. I request an additional 3-month extension of time unit For calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 month in Change in accounting period. The state in detail why you need the extension K-1S NEEDED FOR COMPLETE AN BEEN RECEIVED. Been Received. Been received as a policition is for Form 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpaym previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include year EFTPS (Electronic Federal Tax Payment System). See	isiness in the Ur r digit Group Exe and atta NOVEM ng this, check reas ND ACCUR 1720, or 6069, e 6069, enter any ent allowed as a our payment with instructions.	FAX No. Inted States, check this box emption Number (GEN) If the check a list with the names and EINs of all BER 15, 2011, and ending on: Initial return ATE CALCULATION OF Inter the tentative tax, less any refundable credits and estimated a credit and any amount paid The check is a credit and any amount paid The check is a credit and any amount paid	Final r	r the whole ers the ext eturn RN HA	VE NOT
Telephone No. ► (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four the property of the group, check this box. I request an additional 3-month extension of time unit For calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 month in Change in accounting period. The state in detail why you need the extension K-1S NEEDED FOR COMPLETE AN BEEN RECEIVED. Been Received. Been received as a policition is for Form 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpaym previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include year EFTPS (Electronic Federal Tax Payment System). See	isiness in the Ur r digit Group Exe and atta NOVEM ng iths, check reas ND ACCUR 1720, or 6069, e 6069, enter any ent allowed as a pur payment with instructions. Signature an including accomp	FAX No. Inted States, check this box emption Number (GEN) If the challest with the names and EINs of all BER 15, 2011, and ending on Initial return ATE CALCULATION OF Inter the tentative tax, less any refundable credits and estimated a credit and any amount paid The companying schedules and statements, and to the companying schedules and statements, and to the companying schedules and statements, and to the companying schedules.	Final r RETU 8a 8b 8c	the whole ers the extended eturn RN HA \$ \$	VE NOT 0. 3,951. 0. edge and belief,
Telephone No. ► (229) 293-4063 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four lox ► . If it is for part of the group, check this box ► 1 request an additional 3-month extension of time unit is For calendar year 2010, or other tax year beginning. If the tax year entered in line 5 is for less than 12 months. Change in accounting period. 7 State in detail why you need the extension K-1S NEEDED FOR COMPLETE AN BEEN RECEIVED. 8a If this application is for Form 990-BL, 990-PF, 990-T, 40 nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpaym previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include you EFTPS (Electronic Federal Tax Payment System). See Inder penalties of perjury, I declare that I have examined this form, is true, correct, and complete, and that I am authorized to prepare	isiness in the Ur r digit Group Exe and atta NOVEM ng iths, check reas ND ACCUR 1720, or 6069, e 6069, enter any ent allowed as a pur payment with instructions. Signature an including accomp	FAX No. Inted States, check this box emption Number (GEN) If the challest with the names and EINs of all BER 15, 2011, and ending on Initial return ATE CALCULATION OF Inter the tentative tax, less any refundable credits and estimated a credit and any amount paid The companying schedules and statements, and to the companying schedules and statements, and to the companying schedules and statements, and to the companying schedules.	Final r RETU 8a 8b 8c	the whole ers the extended eturn RN HA \$ \$	VE NOT 0. 3,951.

E.I NO 58-1224039 Valdosia, Georgia 31205