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SCANNED SEP 22

Form 990-PF Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2010

For	calend	dar year 2010, or tax year beginning	and ending					
G	Check a	all that apply Initial return Initial re	turn of a former publi	c char	ıty		Final return	
		Amended return Add	lress change	[Name	change		
Na	ame of fo	oundation				, .	loyer identification num -2360574	ber
		HAWKINS FOUNDATION INC nd street (or P O box number if mail is not delivered to street address	s)	Roomi	suite	1	hone number (see page 10 8-306-4240	of the instructions)
		CUMBERLAND PARKWAY	·	100			mption application is pend	ing, check here
Cı	ty or tow	vn, state, and ZIP code				1	reign organizations, check	
	TLA	NTA GA 30339				2. Fo	reign organizations meetir	na the
н	Check t	type of organization X Section 501(c)(3) exempt private	foundation				% test, check here and att	-
	Section		le private foundation			E If priv	ate foundation status was	terminated under
I F	aır mar	rket value of all assets at J Accounting method	X Cash A	ccrual		section	on 507(b)(1)(A), check here	• • <u> </u>
е	nd of ye	ear (from Part II, col (c), Other (specify)				F If the	foundation is in a 60-mont	h termination
lu	ne 16)	♦ \$ 2,204,601 (Part I, column (d) must I	be on cash basis)			under	section 507(b)(1)(B), chec	ck here
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	(a) Revenue and expenses per books	(b) Net inco		(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	344,96	8				(casii basis oiiij)
	2	Check ◆ ☐ If the foundation is not required to attach Sch B		1				
	3	Interest on savings and temporary cash investments	10,16	7	-	8,010		
	4	Dividends and interest from securities	8,93			8,933		
	5a	Gross rents		T		,		
Ф	b	Net rental income or (loss)		\top				
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	DEAG	o	(C) (C)			
Ve Ve	b	Gross sales price for all assets on line 6a	REU		EU			
8	7	Capital gain net income (from Part IV, line 2)				ပ္တ		
	8	Net short-term capital gain	SEP 1	9 9	ንበነነ	ő	0	
	9	Income modifications	ω		.0.,	Ś		
	10a	Gross sales less returns & allowances	000					
	b	Less Cost of goods sold	UGUE	<u>:N,</u>	<u>UI</u>			
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule) STMT 1	206,90	\rightarrow				
	12	Total. Add lines 1 through 11	570,96	\neg		16,943	0	
Ś	13	Compensation of officers, directors, trustees, etc		<u> </u>				
enses	14	Other employee salanes and wages						
e.	15	Pension plans, employee benefits		+	_			
ᄶ	16a	Legal fees (attach schedule)						
-e	b	Accounting fees (attach schedule) Other professional fees (attach schedule) STMT 2	22 90			22,802		
aţį	17	Other professional fees (attach schedule) STMT 2 Interest	22,80	7		97	-	
stra	18	Taxes (attach schedule) (see page 14 of the instructions)		'				
Ë	19	Depreciation (attach schedule) and depletion					<u> </u>	
트	20	Occupancy		+				
ĕ	21	Travel, conferences, and meetings		+				-
Operating and Administrative Ex	22	Printing and publications		\top				
a	23	Other expenses (att. sch.) STMT 3	17,58			17,580		-
ting	24	Total operating and administrative expenses.		1		,		-
īā		Add lines 13 through 23	40,47	او		40,479	. о	l
) be	25	Contributions, gifts, grants paid	499,50	_		,	<u></u>	499,500
0	26	Total expenses and disbursements. Add lines 24 and 25	539,97			40,479	0	499,500
	27	Subtract line 26 from line 12	,					· · · · · · · · · · · · · · · · · · ·
	а	Excess of revenue over expenses and disbursements	30,99	0				
	b	Net investment income (if negative, enter -0-)				0		
	С	Adjusted net income (if negative, enter -0-)					0	

	Part Į	Raianca Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_	ranț	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
ı	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	19,706	434,239	434,239
	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			
	_	disqualified persons (attach schedule) (see page 15 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
	•	Less allowance for doubtful accounts ◆ 0			
ß	8	Inventories for sale or use			
ĕ	9	Prepaid expenses and deferred charges			
Assets	400			· -	
~		Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	C 44	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ◆			
	40	Less accumulated depreciation (attach sch.) ◆			
	12	Investments—mortgage loans	0.152.106	1 760 007	1 760 007
	13	Investments—other (attach schedule) SEE STATEMENT 4	2,153,196	1,769,897	1,769,897
	14	Land, buildings, and equipment basis ◆			
		Less accumulated depreciation (attach sch.) ◆			
	15	Other assets (describe ◆ SEE STATEMENT 5)	465	465	465
-	16	Total assets (to be completed by all filers—see the			
\dashv		instructions Also, see page 1, item I)	2,173,367	2,204,601	2,204,601
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
ij	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>e</u> .	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe • SEE STATEMENT 6)		5,010	
4	23	Total liabilities (add lines 17 through 22)	0	5,010	
j	,	Foundations that follow SFAS 117, check here		1	
es		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted			
ᇛ	25	Temporarily restricted			
ä	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here ◆ X			
괴		and complete lines 27 through 31.			
9	27	Capital stock, trust principal, or current funds	858,900		
ध	28	Paid-in or capital surplus, or land, bldg, and equipment fund	2,800,710	2,800,710	
S	29	Retained earnings, accumulated income, endowment, or other funds	-1,486,243	-1,460,019	
AS	30	Total net assets or fund balances (see page 17 of the			
e	,	instructions)	2,173,367	2,199,591	
z	31	Total liabilities and net assets/fund balances (see page 17	1		
\bot		of the instructions)	2,173,367	2,204,601	
	Part I	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	agree with		
	end-o	f-year figure reported on prior year's return)		1	2,173,367
2	Enter	amount from Part I, line 27a		2	30,990
3	Other	increases not included in line 2 (itemize) ◆		3	
4	Add I	nes 1, 2, and 3		4	2,204,357
5	Decre	eases not included in line 2 (itemize) SEE STATEMENT 7		5	4,766
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b)	, line 30	6	2,199,591

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income					
						Date acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a N/A					-		
_b							
_c							
d							·
<u>e</u>		_					
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis se of sale			or (loss)) minus (g)
_a							
<u>b</u>					_		
<u>c</u>							
<u>d</u>							
Complete only for assets showing	l gain in column (h) and owned by the four	dation on 12/2	1/60		· · · · · · · · · · · · · · · · · · ·		
Complete only for assets snowing	· · · · · · · · · · · · · · · · · · ·						(h) gain minus less than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			of col (i) (j), if any			om col (h))
_a							
<u>b</u>							
<u>c</u>							
_d							
Capital gain net income or (net ca	If gain, also enter in l		٦,				
6 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	If (loss), enter -0- in I	Part I, line 7	J		2		
, ,	s) as defined in sections 1222(5) and (6)		_				
	column (c) (see pages 13 and 17 of the in	structions)	44				
Part V Qualification Ur	nder Section 4940(e) for Reduc	od Tay on N	<u> </u>	vootmont Incor	3		
· · · · · · · · · · · · · · · · · · ·					ne		
	foundations subject to the section 4940(a)	tax on net inve	esumen	it income)			
If section 4940(d)(2) applies, leave thi	s part blank						
Was the foundation liable for the secti	on 4942 tax on the distributable amount o	f any year in the	e base	period?			Yes X No
If "Yes," the foundation does not quali	fy under section 4940(e) Do not complete	this part					
1 Enter the appropriate amount in e	each column for each year, see page 18 of	the instruction	s befor	e making any entries	 S		
(a)	(b)			(c)			(d)
Base period years Calendar year (or tax year beginning	Advisted avaleuma distribution	s Net	value o	of nonchantable-use ass	ets		ribution ratio divided by col. (c))
2009	986	,908		2,146,	676		0.459738
2008	505	,000		2,720,	922		0.185599
2007	15	,000		3,138,	865		0.004779
2006	60	,000		2,062,	334		0.029093
2005	276	,250		1,730,	802		0.159608
2 Total of line 1, column (d)						2	0.838817
3 Average distribution ratio for the 5	5-year base period—divide the total on line	2 by 5, or by tl	he		[
number of years the foundation ha	as been in existence if less than 5 years					3	0.167763
4 Enter the net value of nonchantab	ole-use assets for 2010 from Part X, line 5				1	4	1,837,909
5 Multiply line 4 by line 3						5	308,333
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	
							_
7 Add lines 5 and 6					ļ	7	308,333
8 Enter qualifying distributions from	Part XII line 4					8	499,500
	Part XII, line 4 I line 7, check the box in Part VI, line 1b, a	nd complete th	at nad	ueina a 10/ tay rata	See #		300,000
Part VI instructions on page 18	incer, check the box in raft vi, fine 10, d	na complete th	at haif	using a 1/0 tax rate	JEE 11		

at any time during the year?

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 dispose 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, Form 4720, to determine if the foundation had excess business holdings in 2010)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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X

X

3b

4a

N/A

<u>Form</u>	1990-PF (2010) THE HAWKIN			360574			Page 6
_Pa	art VII-B Statements Rega	rding Activities for Which Fo	orm 4720 May Be Re	equired (conti	nued)		
5a	During the year did the foundation pay	or incur any amount to					
	(1) Carry on propaganda, or otherwis	e attempt to influence legislation (sect	ion 4945(e))?	Y	es X No		
	(2) Influence the outcome of any spec	cific public election (see section 4955)	, or to carry on,	_			
	directly or indirectly, any voter reg	istration drive?		Y	es 🗓 No		
	(3) Provide a grant to an individual for	r travel, study, or other similar purpose	es?	[] Y	es 🗓 No		
	(4) Provide a grant to an organization	other than a chantable, etc , organiza	ition described in				
	section 509(a)(1), (2), or (3), or se	ection 4940(d)(2)? (see page 22 of the	: instructions)		es X No		
	(5) Provide for any purpose other that	n religious, charitable, scientific, literar	y, or educational				
	purposes, or for the prevention of	cruelty to children or animals?		☐ Y	es X No		
b	If any answer is "Yes" to 5a(1)-(5), did	d any of the transactions fail to qualify	under the exceptions desc	inbed in		ŀ	į
	Regulations section 53 4945 or in a cu				N/A	5b	
	Organizations relying on a current noti		·	ŕ	◆ □ Î		
С	If the answer is "Yes" to question 5a(4	· · · · · · · · · · · · · · · · · · ·					
	because it maintained expenditure res	•		N/A 🗌 Y	es No		
	If "Yes," attach the statement required	•		• 🗀 ·			
6a	Did the foundation, during the year, re		to pay premiums				
	on a personal benefit contract?	come any rando, among or monochy, r	io puly promiumo	□ Y	es X No		j
b	Did the foundation, during the year, pa	ay premiums, directly or indirectly, on a	nersonal benefit contract			6b	x
-	If "Yes" to 6b, file Form 8870	y promisent, an ookly or maneokly, on o	percental benefit contract			<u> </u>	
7a	At any time during the tax year, was the	ne foundation a party to a prohibited ta	x shelter transaction?	□ v	es 🗓 No		
b	If Yes, did the foundation receive any				N/A	7b	
Pa		Officers, Directors, Trustees					
	and Contractors	omotio, photoro, matter	o, i odiraation mana	gero, riigiiiy r	ara Employe	,	
1 1	ist all officers, directors, trustees, fo	oundation managers and their come	pensation (see page 22 o	f the instructions	<u>. </u>		
	,				(d) Contributions to		
	(a) Name a	and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit		ense account,
	(,		devoted to position	-0-)	plans and deferred compensation	other	allowances
sc	OTT D HAWKINS	ATLANTA	TRUSTEE		· .		
	10 RILMAN ROAD NW	GA 30327	3.00	0	0		0
	SAN M HAWKINS	ATLANTA	TRUSTEE				<u> </u>
	10 RILMAN ROAD NW	GA 30327	1.00	0	0		0
	TO KILLING KOAD IN	GA 30321					
			†				
			•				
	Compensation of five highest-paid	employees (other than these include	lad on line 1 — see nage	22 of the instruct	ione)	1	
-	If none, enter "NONE."	employees (other than those melad	ied on line i — see page	25 of the mistract			
					(d) Contributions to	Ι	
	(a) Name and address of each er	polovee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense account,
	(a) Name and address of each cr	inployee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other	allowances
	NE				compensation	 	
140	NIE						
						 	
			1	1			
						\vdash	
			\				
				!			
			 				
					<u>-</u>	<u></u>	
Tota	I number of other employees paid over	\$50,000				•	0

 \blacktriangleright

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	n fou	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	$\overline{}$	
•	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	6,000
c	Fair market value of all other assets (see page 25 of the instructions)	1c	1,859,897
d	Total (add lines 1a, b, and c)	1d	1,865,897
e	Reduction claimed for blockage or other factors reported on lines 1a and		
ŭ	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,865,897
4	Cash deemed held for chantable activities Enter 1½ % of line 3 (for greater amount, see page 25 of	-	2,000,007
•	the instructions)	4	27,988
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,837,909
6	Minimum investment return. Enter 5% of line 5	6	91,895
	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operations		52/555
• •	foundations and certain foreign organizations check here	unig	
1	Minimum investment return from Part X, line 6	1	91,895
2а	Tax on investment income for 2010 from Part VI, line 5	-+	32,000
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	91,895
4	Recovenes of amounts treated as qualifying distributions	4	31,033
5	Add lines 3 and 4	5	91,895
6	Deduction from distributable amount (see page 25 of the instructions)	6	32/030
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	•+	
•	line 1	7	91,895
			31,033
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	$\neg \top$	- <u>-</u>
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	499,500
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	499,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	- 	222,000
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	499,500
-	Note. The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the foundation		

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_ <u>Pa</u>	art XIII Undistributed Income	e (see page 26 of t	he instructions)			_
			(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part >	(I,	Corpus	Years pnor to 2009	2009	2010
	line 7					91,895
2	Undistributed income, if any, as of the en-	d of 2010				
а	Enter amount for 2009 only					
b	Total for pnor years 20 , 20	, 20				
3	Excess distributions carryover, if any, to 2	2010				
а	From 2005	191,732				
b	From 2006					
С	From 2007					
d	From 2008	369,811				
е	From 2009	879,758				
f	Total of lines 3a through e		1,441,301			
4	Qualifying distributions for 2010 from Par	t XII,				
	line 4 ♦ \$ 499,500	,				
а	Applied to 2009, but not more than line 2a	a				
	Applied to undistributed income of prior ye	1				
	(Election required—see page 26 of the in					
С	Treated as distributions out of corpus (Ele	, , , , , , , , , , , , , , , , , , ,				
_	required—see page 26 of the instructions					
ч	Applied to 2010 distributable amount	′				91,895
	Remaining amount distributed out of corp	uie -	407,605			32,033
5	Excess distributions carryover applied to	t t	207,005			
•	(If an amount appears in column (d), the	· · · · · · · · · · · · · · · · · · ·				
	amount must be shown in column (a))	same				
6	Enter the net total of each column as					
0	indicated below:					
_		t lima E	1 040 006			
	Corpus Add lines 3f, 4c, and 4e Subtrac		1,848,906			
Ð	Prior years' undistributed income Subtraction 4h franction 2h	ज्ञ 				
_	line 4b from line 2b	44				
С	Enter the amount of prior years' undistribution					
	income for which a notice of deficiency ha					
	been issued, or on which the section 494	2(a)				
	tax has been previously assessed	}				
a	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions	}				
е	Undistributed income for 2009 Subtract I					
	4a from line 2a Taxable amount—see pa	ge				
_	27 of the instructions	_			····· -	
t	Undistributed income for 2010 Subtract li					
	4d and 5 from line 1 This amount must b	e				
_	distributed in 2011	}				0
7	Amounts treated as distributions out of co	•				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (see page 27 of	of the				
	instructions)					
8	Excess distributions carryover from 2005					
	applied on line 5 or line 7 (see page 27 of	the	_	į		
	instructions)		191,732			
9	Excess distributions carryover to 2011					
	Subtract lines 7 and 8 from line 6a	ļ	1,657,174			
10	Analysis of line 9	,				
а	Excess from 2006					
b	Excess from 2007					
C	Excess from 2008	369,811				
đ	Excess from 2009	879,758				
е	Excess from 2010	407,605				

N/A

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 8 499,500 **♦** 3a 499,500 Approved for future payment N/A Total **♦** 3b

Pai	rt XVI-A	Analysis of Income-Producing Activ	vities				
		unts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
В		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of	
1 Pr	rogram ser	vice revenue				·	the instructions)
			<u> </u>				
C				_			
							
e f							
-	Eees and	d contracts from government agencies					
_		dues and assessments					
		avings and temporary cash investments	531190	1,995	14	8,172	
		d interest from securities			14	8,933	
5 Ne	et rental ind	come or (loss) from real estate				,	
а	Debt-fina	inced property					
b	Not debt	-financed property					
6 Ne	et rental ind	come or (loss) from personal property					
		ment income	531190	35			
) from sales of assets other than inventory					
		or (loss) from special events					
		or (loss) from sales of inventory					
	ther revenu	E A STATEMENT 9		00 749		116 110	
				90,748		116,118	
		d columns (b), (d), and (e)		92,778		133,223	(
		ne 12, columns (b), (d), and (e)				13	226,00
		n line 13 instructions on page 29 to verify calculations)				
Par	rt XVI-B	Relationship of Activities to the Ac	complishme	ent of Exempt Pu	rposes	S	
Lin	ne No.	Explain below how each activity for which income is					
l	•	accomplishment of the foundation's exempt purpose	es (other than b	y providing funds for su	ich purp	oses) (See page 29 of t	the
	1/3	instructions)					
IA	I/A						
			- ·	·-		<u> </u>	
		-					
	_						
						_	
		· · · · · · · · · · · · · · · · · · ·					
							
-					<u> </u>		
							
	_ ·						
							-
_						· · · · · · · · · · · · · · · · · · ·	

Part 2	ΧŸΙΙ	Information Reg Exempt Organiz		ansfers To and	Transaction	s and Relationships Wit	h Noncharitable			
1 Dic	the om			an any of the follow	and with any other	r organization described		— _T	Yes	No
	Ū	•	, , ,	•	•	on 527, relating to political		<u> </u>	-100	
	anizatio		or triair section	1 30 1(c)(3) Organiza	nions, or in section	on 327, relating to political				
_		om the reporting found	lation to a nor	ncharitable evennt (organization of					
	Cash	off the reporting found	iation to a noi	icilantable exempt	organization of			1a(1)		X
		4-								$\frac{x}{x}$
٠.	Other a							1a(2)		
	ner trans									v
		of assets to a nonchant	-	-			ľ	1b(1)		<u>X</u>
		ses of assets from a ne						1b(2)		<u>X</u>
		of facilities, equipment		ets			1	1b(3)		<u> </u>
		ırsement arrangement	s				ſ	1b(4)		<u>X</u>
(5)	Loans	or loan guarantees					,	1b(5)		X
(6)	Perform	nance of services or m	embership or	fundraising solicitat	ions		ļ	1b(6)		X
	-	acılıtıes, equipment, m	•				ļ	1c		X
d If t	he answ	er to any of the above i	s "Yes," comp	lete the following so	chedule Column	(b) should always show the fair r	narket			
val	ue of the	goods, other assets, o	or services giv	en by the reporting	foundation If the	foundation received less than fa	ır market			
vat	ue in an	transaction or sharing	агтаngemen	t, show in column (c	t) the value of the	goods, other assets, or services	received			
(a) Lı	ne no	(b) Amount involved	(c) Name	of nonchantable exem	pt organization	(d) Description of transfers, tr	ansactions, and sharing a	ırranger	ments	
N/A										
•										
		Ī ·		-		·	,			
			1							
		lation directly or indirect section 501(c) of the	•			. •		Ye	s X	No
b If"	Yes," co	mplete the following so	hedule							•
	(a	a) Name of organization		(b) Type of o	rganization	(c) Descrip	ption of relationship			
N/	A									
					_					
Sign Here	belief, it	enalties of perjuly, I declar is true, correof and corep mature of officer of trustee	e that I have ex lete Declaration	Anined this return, ind of preparer (other tha	luding accompanyin n taxpayer or fiducia	g schedules and statements, and to the ary) is based on all information of which	ne best of my knowledge th preparer has any know	and edge		
	T .		L	•	Droppeds are a		T			
1-1-2	Print/	Type preparer's name			Preparer's signat	ure <i>A</i>	Date		Check	
Paid		T UADDOD				th	9211	<i>'</i>	self-em	ployed
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	Firm's						Firm's EIN ♦ 58-			
	1	ATLA	NTA, G	<u> 30350</u>	··			-64:		
							Fo	ന്നാഷ്	いーアト	(2010)

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

THE HAWKINS FOUNDATION INC 58-2360574 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable 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, chantable, 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 S Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

age	1	of	1	of	Part

Name of organization
THE HAWKINS FOUNDATION INC

Employer identification number

58-2360574 Part I Contributors (see instructions) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 1 THE HAWKINS FAM. CHARITABLE ANN. TRUST Person 3410 RILMAN ROAD NW **Payroll** 344,968 Noncash ATLANTA GA 30327 (Complete Part II if there is a noncash contribution) (b) (a) (c) (d) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution) (b) (d) (a) (c) Aggregate contributions No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions No. Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution)

Form **8868** (Rev January 2011)

A. Alication for Extension of Time To Exempt Organization Return

OMB No 1545-1709

Department of the Treasury File a separate application for each return. Internal Revenue Service ▶ |X| If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization Employer identification number Type or print THE HAWKINS FOUNDATION, INC. 58-2360574 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2303 CUMBERLAND PARKWAY, SE 100 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. GA 30339-4522 ATLANTA 04 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Code Code Is For Is For 07 Form 990 Form 990-T (corporation) Form 990-BL 02 Form 1041-A 80 03 Form 4720 09 Form 990-EZ Form 5227 10 04 Form 990-PF 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 Form 8870 Form 990-T (trust other than above) 06 SCOTT D HAWKINS 2303 CUMBERLAND PARKWAY, SUITE 100 The books are in the care of ▶ ATLANTA Telephone No. ▶ 678-306-4240 FAX No. > If the organization does not have an office or place of business in the United States, check this box . If this is If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I. If it is for part of the group, check this box for the whole group, check this box a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/11 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2010 or tax year beginning . , and ending If this tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

payment instructions

Form 8868 (Re	ev 1-2011)					Page 2
	filing for an Additional (Not Automatic) 3-Month Exte	ension, com	plete only Part II and check this box			▶ X
•	mplete Part II if you have already been granted an auto			8868		
-	filing for an Automatic 3-Month Extension, complete					
Part II	Additional (Not Automatic) 3-Month Ex	tension of	Time. Only file the original (n	o copies	needed)	
Type or print	Name of exempt organization			Employe	er identificatio	n number
File by the	THE HAWKINS FOUNDATION, I Number, street, and room or suite no If a P O box,		58-2	360574		
extended due date for						
filing your	2303 CUMBERLAND PARKWAY,		100			
return See	City, town or post office, state, and ZIP code For a					
instructions	ATLANTA GA	30339	-4522			
Enter the Retu	urn code for the return that this application is for (file a s	separate app	lication for each return)			04
Application	1	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01				
Form 990-B	L	02	Form 1041-A			80
Form 990-E	Z	03	Form 4720			09
Form 990-P	F	04	Form 5227		· · · · · · · · · · · · · · · · · · ·	10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870			12
STOP! Do no	t complete Part II if you were not already granted a	n automatic	3-month extension on a previously f	iled Form (3868	
	SCOTT D HAWKINS					
	2303 CUMBERLAND PARK	WAY, SUI	TE 100			
 The books 	are in the care of ATLANTA				GA 3	0339
	e No ▶ 678-306-4240	FAX No				, —
-	anization does not have an office or place of business i					▶ 📙
	or a Group Return, enter the organization's four digit Gr					
		t of the group	o, check this box	l attach a		
	ames and EINs of all members the extension is for	/15/11		- · - · · ·		
		•	and and an			
-	endar year 2010 , or other tax year beginning		, and ending Initial return Final return			
	ix year entered in line 5 is for less than 12 months, che Change in accounting period	ck reason	Initial return Final return			
	n detail why you need the extension					
	INFORMATION NECESSARY TO	FTLE A	COMPLETE AND ACCURA	ATE RE	TURN IS	NOT
	ILABLE AT THIS TIME.					
						•
8a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter	the tentative tax, less any	T	T	
	andable credits. See instructions		· · · · · · · · · · · · · · · · · · ·	8a	s	0
	pplication is for Form 990-PF, 990-T, 4720, or 6069, ei	nter any refu	ndable credits and			
	ed tax payments made. Include any prior year overpay					
	t paid previously with Form 8868		•	8b	\$	0
	e Due. Subtract line 8b from line 8a Include your payr	ment with this	form, if required, by using EFTPS			
	onic Federal Tax Payment System) See instructions			8c	\$	0
		gnature a	nd Verification			
Under penalties	s of penjury, I declare that I have examined this form, including a	accompanying:	schedules and statements, and to the best of	ny knowledg	e and belief, it is	
true, correct, ar	nd complete, and that I am authorized to prepare this form					
	$\setminus \mathcal{M}$					~1.1.
Signature 🕨	THE THE	1	ntle ► CPA		Date 🕨	868 (Rev 1-2011)
	1/				Form 8	868 (Rev 1-2011)
	V					