

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



SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	Ol de organización						1	Employer	CO 227			
	ns-Clarke County (<u>_</u>	with Status /All orga	pization	o must s	omplet	o this po	rt / Coo	58-237		-	
			arity Status (All orga ation because it is. (Fo			<u>-</u>			instruction	115.		
1	•	•	ches, or association of		•	•	•	•	(1)			
2			n 170(b)(1)(A)(ii). (Atta			eu III se t	JUOII 170	(0)(1)(A)(.').			
3	<u> </u>		ospital service organiz		•	coction	470/5\/4\	(A\/;;;\				
4			on operated in conjun						O(b)(1)(A)(i	iii) Ente	r the	
_	hospital's nan	ne, city, and sta	te:									
5	section 170(b	o)(1)(A)(iv). (Com			•				overnmenta	al unit d	escri	bed II
6 7	✓ An organization	on that normally	rnment or government receives a substantia (A)(vi). (Complete Pa	al part of					nit or from	the ge	neral	public
0	_				malata D	ا النسم						
8	_		in section 170(b)(1)(A									
9	receipts from support from	activities relate gross investme	receives: (1) more that to its exempt function income and unreafter June 30, 1975. S	tions-su lated bu	ibject to i siness ta	certain e xable in	xception: come (le	s, and (2 ss section) no more	than 3	3⅓%	of its
10	☐ An organization	on organized and	d operated exclusively	to test fo	or public :	safety. S	ee sectio	n 509(a)	(4).			
11	_	-	nd operated exclusiv			-				r to ca	rry o	ut the
	purposes of o	one or more pul	blicly supported organ	nizations	describe	d in sect	tion 509(a	a)(1) or s	ection 509	(a)(2) S		
	509(a)(3). Che	eck the box that	describes the type of	supporti	ng organi	zation an	d comple	ete lines 1	11e throug	h 11h.		
	a 🗌 Type	l b 🗌	Type II c	□ Тур	pe III–Fun	ctionally	ıntegrate	d	d 🗀] Type	III–O	ther
е			that the organization									
			ers and other than on	e or mor	e publicly	support	ed organ	izations (described	in sectio	on 50	9(a)(1
	or section 509											
f		ation_received a theck this box	a written determination.	on from	the IRS t	that it is	а Туре	I, Type	II, or Type	e III sup	porti	ng · 🔲
g	Since August following pers		the organization acce	pted any	gift or co	ontributio	on from a	iny of the	e			
	(i) A person v	who directly or i	indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (iı) and	b	Yes	No
	(III) below,	the governing b	ody of the supported	organızat	tion?.					11g(ı)		1
	(ii) A famıly m	ember of a pers	on described in (i) abo	ove? .						11g(ıı)		1
	(iii) A 35% cor	ntrolled entity of	a person described in	(i) or (ii)	above?					11g(in	_	
h			ion about the support									
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S?		mount pport	of
				Yes	No	Yes	No	Yes	No			
(A) S	ee Attachment											
(B)												
(C)												
(D)												
(E)						 				<u> </u>		
(C)												
			1	1	1		ŀ		1 1		6	6,351

18

Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not 82.043 108.285 104.704 111,476 111.818 518.324 include any "unusual grants.") . . . levied 2 revenues for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 111,476 Total. Add lines 1 through 3. . . . 82,043 108,285 104,704 111,818 518,224 The portion of total contributions by person (other each governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 Calendar year (or fiscal year beginning in) ▶ (f) Total Amounts from line 4 82,043 108,285 104,704 111,818 111,476 518,224 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 518,224 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . 100 % Public support percentage from 2009 Schedule A, Part II, line 14 15 15 16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \checkmark 331/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . \Box b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

Part III Si	pport Schedule	for Organization:	s Described in Secti	ion 509(a)(2)

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	11.)	
	on A. Public Support	(-) 0000	(L) 0007	(-) 0000	(A 0000	(-) 0040	(6 T-1-1
	idar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees		1				
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities		}		İ		
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose		<u> </u>				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			ļ			
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf					ļ	
5	The value of services or facilities						İ
	furnished by a governmental unit to the		j	1		j	
_	organization without charge				<u> </u>		
6	Total. Add lines 1 through 5				<u> </u>		
7a	Amounts included on lines 1, 2, and 3						j
_	received from disqualified persons .			-			
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				ŀ		
_	· •			ļ	-		
С 8	Add lines 7a and 7b						
0	line 6.)						
Secti	on B. Total Support		<u> </u>	1	l		<u> </u>
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	(-)	(2) 200.	(0, 2000	(2, 2000	(0, 20.0	(7.5.5
10a	Gross income from interest, dividends,			 			
IVa	payments received on securities loans, rents,		ļ				
	royalties and income from similar sources .			ļ	ļ		
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses			}	ł		
	acquired after June 30, 1975		Į				
С	Add lines 10a and 10b						
11	Net income from unrelated business		-	 	 		
	activities not included in line 10b, whether			İ		ļ	
	or not the business is regularly carried on			İ			
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)		•	}	ł		
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her	e					- ▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line 8		•			15	%
16	Public support percentage from 2009 Sch				• •	16	%
	on D. Computation of Investment Inc					, , ,	
17	Investment income percentage for 2010 (li				mn (f))	17	%
18	Investment income percentage from 2009					18	%
19a	331/3% support tests—2010. If the organic						
	17 is not more than 331/3%, check this box a		-			_	
b	331/3% support tests – 2009. If the organiza						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	i not check a l	box on line 14,	, 19a, or 19b, c	check this box	and see instru	ctions 🕨 🗀

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
1) Comple	ted Part II, under section 170b1a, because funding is received entirely from government employee contributions
2) Schedu	le B - List of Contributors is not required Largest single contribution was \$300 (via \$25 monthly payroll deduction)
3) We are	staffed 100% by volunteers Our Treasurer resigned because of family issues and I assumed Treasury duties at yearend
in the prod	ess of catching up and transferring information, I incorrectly mailed the blank schedule A instead of the completed version
	R.D. Love, They
	206-659-4351
	,
•••••	
	······································

9	
2	
\vdash	
∞	
/	
ന	
2	
ı.	
∞	
2	

Athns-Clarke County Charity Drive

SCHEDULE A, Part 1, Question 11h	Ž	ORG	Org listed in gov doc	ov doc	Org notified	ified	US org	<u>.</u>	Amount of
varie of supported Organization		ad A	S F	2	L GS	<u>0</u>	res	, 0	roddns
1 ACC Felony Drug Court	58-1911146								\$2,115
2 Aids Coalition of NE GA	58-1761043	6		×	×		×		\$3,679
3 American Cancer Society	58-0659875	6		×	×		×		\$8,252
4 American Diabtes Assoc	13-1623888	6		×	×		×		\$6,659
5 Athens Justice Project	58-1911146	6		×	×		×		\$1,523
6 Athens Nursing Clinic	58-2490925	6		×	×		×		\$4,931
7 Cancer Foundation of NE GA	20-3378035	6		×	×		×		\$4,293
8 Children First (Athens / Oconee Casa)	58-2100852	6	-	×	×		×		\$5,395
9 Clute Barrow Nelson Foundation	58-2461659	6		×	×		×		\$6,350
10 Georgia Options	58-1993312	6		×	×		×		\$1,251
11 Mercy Health Center	58-2603523	6		×	×		×		\$2,794
12 Recording for the Blind & Dyslexic	13-1659345	6		×	×		×		\$1,495
13 SANE Nurse Practitioners	58-2203027	6		×	×		×		\$4,179
14 United Way of NE Georgia	58-6008133	6		×	×		×		\$10,390
15 Wellspring Camp	20-5039761	6		×	× -		×		\$3,032
rounding									\$13
			Agen	Agency Total (collection & distribution amt)	collectior	n & distr	ibution	ımt)	\$66,351
16 Athens-Clarke County Employee Emergency Fund	Fund								\$39,800
990EZ, SCHEDULE O, Part 1, Question 10			7	Total 2010 Grants (agency & employees)	Grants (a	gency 8	employ	ees)	\$106,151
990EZ, SCHEDULE O, Part 2, Question 26A	2009 Liabil	lities - a	2009 Liabilities - agency funds collected but not distributed at year-end	ollected b	ut not di	stribute	d at year	-end	\$72,481

Note: Beginning 2008 assests included \$9,714 in pledges that were never collected. 2009 did not account for the \$3,635 funding deficit in the employee emergency fund. In total, the actual change in fund balance is closer to 4k then 17k.

Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of

ATHENS-CLARKE COUNTY CHARITY DRIVE 375 SATULA AVE ATHENS GA 30601



37886

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

R.D. Line, Vice Chair

Signature of officer or trustee

Date

TNTCHUM TREASURER

Title

706-659-4351

