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

OMB No 1545-0052

2010

Department of the Treasury

		Note. The foundation may be able to use a d					
		dar year 2010, or tax year beginning		and endi	ng		, 20
G	Jheck		eturn of a former public	charity		Final return	
			dress change	Name o		. <u> </u>	
		oundation			A Employer id	lentification number	
_		and Bunny Center Family Foundation			58-607	6183	
		nd street (or P O box number if mail is not delivered to street address)	F	loom/suite	B Telephone	number (see page 10 of the II	nstructions)
		Wieuca Rd NE		2000	(404) 2	33-0001	
	•	m, state, and ZIP code			C If exempts	on application is pending, che	ck here • 🕨
		ta, GA 30342		• • • • • □			
H	_	type of organization X Section 501(c)(3) exempt pri	vate foundation		2. Foreign check h	organizations meeting the 85 ere and attach computation	5% test, ▶
\perp			taxable private founda	ition		•	
		arket value of all assets at J Accounting method	X Cash	Accrual	section 50	oundation status was termina i7(b)(1)(A), check here	ted under
		year (from Part II, col. (c), Other (specify)			- 1511 6		_
$\overline{}$	ine 16		be on cash basis)		under sec	dation is in a 60-month termir lion 507(b)(1)(B), check here	nation
Pa	art I 🛭	Analysis of Revenue and Expenses (The total of	(a) Revenue and			, , , , , , , , , , , , , , , , , , ,	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment	(c) Adjusted net	for charitable purposes
		the amounts in column (a) (see page 11 of the instructions))	books		icome	ıncome	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	52,746	5	74.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	**
	2	Check ▶			· W.;	i i i i i i i i i i i i i i i i i i i	· ×
	3	Interest on savings and temporary cash investments · · · ·	30	6	36	36	1 in 1
	4	Dividends and interest from securities • • • • • • • • • • • • • • • • • • •	9,72	<u> </u>	9,721	9,721	3 7
R e v e n	5a	Gross rents · · · · · · · · · · · · · · · · · · ·		L			* 、
	b	Net rental income or (loss)	/篇/**			. 1	`
	6a	Net gain or (loss) from sale of assets not on line 10 · · · ·	8,502	2 8-		à L	1.20
	b	Gross sales price for all assets on line 6a 40,804	1,1,	3,3%	100	10 March 1988	28 48,594
	7	Capital gain net income (from Part IV, line 2) • • • • • • •	, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		8,502	` \	*
u	8	Net short-term capital gain · · · · · · · · · · · · · · · · · · ·	•			7,353	
е	9	Income modifications · · · · · · · · · · · · · · · · · · ·	1.24				
	10a	Gross sales less returns and allowances			********	Same	11.6
	b	Less Cost of goods sold • • • • • • •	** ***			** '	J
	С	Gross profit or (loss) (attach schedule) · · · · · · · · · · · · · · · · · · ·					ά,
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11 · · · · · · · · · · · · · · · · · ·	71,005	5	18,259	17,110	` , ,
	13	Compensation of officers, directors, trustees, etc · · · · ·					
Α	14	Other employee salaries and wages • • • • • • • • • • • • • • • • • • •					_
d m	15	Pension plans, employee benefits • • • • • • • • • • • • • • • • • • •					
۾i	16a	Legal fees (attach-schedule)					
ρi Qi	b	Accounting fees (attach schedule)					
Distratione Te	С	Other professional fees (attach-schedule)					
Ēŗ	17	Taxes (attach schedule) (see page 14 of the instructions)	-				
Ĺť	18	Taxes (attach schedule) (see page 14 of the instructions)					
'U'N T∱I	19	Depreciation (attach schedule) and depletion					<u> </u>
g e	20	Occupance OSDEN, UT.					
	21	Travel, conferences, and meetings · · · · · · · · · · · · · · · · · · ·					
α.Σ Σ	22	Printing and publications · · · · · · · · STM103		<u> </u>			
AUV- 858	23	Other expenses (attach schedule) • • • • • • • • • • • • • • • • • • •	15	3			15
⋠	24	Total operating and administrative expenses.					
₹,		Add lines 13 through 23 · · · · · · · · · · · · · · · · · ·	15		0		15
_	25	Contributions, gifts, grants paid · · · · · · · · · · · · · · · · · · ·	47,129				47,129
	26	Total expenses and disbursements. Add lines 24 and 25 ·	47,144				47,144
	27	Subtract line 26 from line 12			٠ ۶,		
	а	Excess of revenue over expenses and disbursements · ·	23,861	195		,	· , #
	b	Net investment income (if negative, enter -0-) · · · · · ·			18,259		*
	С	Adjusted net income (if negative, enter -0-) · · · · · ·				17,110	,
For	Paper	work Reduction Act Notice, see page 30 of the instructions.			FEA		orm 990-PF (2010)

P	Part II Balance Sheets Attached schedules and amounts in the description column		Beginning of year	E	End of year			
	411	should be for end-of-year amounts only (See instructions)	(a) Book Value	- (b) Book Value	-	(c) Fair Market Value		
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	54,836	33,26	50	33,260		
	2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •		-				
	3	Accounts receivable		À				
		Less allowance for doubtful accounts						
	4	Pledges receivable	,	*	7			
		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						
Α		instructions) · · · · · · · · · · · · · · · · · · ·						
S	7	Other notes and loans receivable (attach schedule)	, *		ű.	***		
s e		Less allowance for doubtful accounts		. 8%	2			
ť	8	Inventories for sale or use · · · · · · · · · · · · · · · · · · ·						
S	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		 · · · ·				
	1	Investments - U.S. and state government obligations (attach schedule)				· · · · · · · · · · · · · · · · · · ·		
	1	Investments - corporate stock (attach schedule) · · · · STM137	68,071	113,86	51	1,328,516		
		Investments - corporate bonds (attach schedule) · · · · · · · ·	30,071	113,80	"	1,328,316		
	11	, ,						
	1	Investments - land, buildings, and equipment basis						
	12	Less accumulated depreciation (attach schedule) Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·						
	13			<u> </u>				
	14	Investments - other (attach schedule)		7	22 (2007/000)	<u> </u>		
	14	Land, buildings, and equipment basis	***					
	40	Less accumulated depreciation (attach schedule)			$-\!\!\!+$			
	15	Other assets (describe		-	$-\!\!\!+$			
	16	Total assets (to be completed by all filers - see the			_			
_	47	Instructions Also, see page 1, item I) · · · · · · · · · · · · · · · · · ·	122,907	147,12	<u>'1</u>	1,361,776		
Ļ	17	Accounts payable and accrued expenses · · · · · · · · · · · · · · · · · ·						
a	18	Grants payable · · · · · · · · · · · · · · · · · · ·		<u> </u>		42.00		
Ĭ	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·						
!	20	Loans from officers, directors, trustees, and other disqualified persons						
ţ	21	Mortgages and other notes payable (attach schedule) · · · · · ·						
ė	22	Other liabilities (describe ▶)						
<u>s</u>	23	Total liabilities (add lines 17 through 22)	0		0			
		Foundations that follow SFAS 117, check here · · · · · ▶ X and complete lines 24 through 26 and lines 30 and 31.						
N _F		Unrestricted · · · · · · · · · · · · · · · · · · ·	122,907	147,12	21			
ťn	25	Temporarily restricted · · · · · · · · · · · · · · · · · · ·						
d	26	Permanently restricted · · · · · · · · · · · · · · · · · · ·						
Α		Foundations that do not follow SFAS 117, check here · · ▶						
S B	;	and complete lines 27 through 31.						
s a e i	27	Capital stock, trust principal, or current funds			•			
t a	28	Paid-in or capital surplus, or land, bldg , and equipment fund • • •	,	,	¥			
s n	29	Retained earnings, accumulated income, endowment, or other funds			= 1*:			
C e	30	Total net assets or fund balances (see page 17 of the	 -		- 1∶			
, s		instructions) · · · · · · · · · · · · · · · · · · ·	122,907	147,12	21			
•	31	Total liabilities and net assets/fund balances (see page 17						
		of the instructions)	122,907	147,12	21			
P	art III	Analysis of Changes in Net Assets or Fund Balanc				*** **** ***** ***** ***** ***** ***** ****		
		net assets or fund balances at beginning of year - Part II, column (a), lin			\neg			
-		of-year figure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·	-		1	122,907		
2		amount from Part I, line 27a · · · · · · · · · · · · · · · · · · ·			2	23,861		
		r increases not included in line 2 (itemize) STM115	 	-	3	353		
		ines 1, 2, and 3 • • • • • • • • • • • • • • • • • •			4	147,121		
		eases not included in line 2 (itemize)		<u> </u>	5			
		net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30 · · ·		6	147,121		
					-	,		

<u> Rart</u>	iva Capital Gains	and Losses for lax on inve	<u>estment income</u>		-	-		
		e the kınd(s) of property sold (e.g., real estate, nouse, or common stock, 200 shs MLC Co.)	(b) How acquired P-Purchase D-Donation	(c) Date acqu		(d) Date sold (yr , mo , day)		
1a	Pimpco Total Rtn	Fund		P	2009-10-	14 2	010-03-23	
b	Zep Common Stock			D	1991-02-	12 2	010-01-04	
С	Option Acuity St	ock		P	2010-03-	15 2	010-03-16	
d	Option Bank of	America		P	2010-03-	23 2	010-03-24	
е	Option Manulife	Financial		P	2010-03-	·15 2	010-03-16	
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense		((h) Gain or (loss) (e) plus (f) minus (g)		
а	20,065			20,005	60			
b	13,443			12,294			1,149	
С	5,756			1			5,755	
d	955	1			954			
е	585			1			584	
Co	implete only for assets sh	owing gain in column (h) and owned	by the foundation or	12/31/69	A (Gains (Col. (h) con minue	
	(i) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Excess of over col (j),		col (k),	but not less to osses (from c	han -0-) or	
а							60	
b							1,149	
С							5,755	
d				_			954	
е	· · · · · · · · · · · · · · · · · · ·						584	
2 Ca	apital gain net income or (i		8,502					
3 No	et short-term capital gain o	or (loss) as defined in sections 1222(5) and (6)					
		ne 8, column (c) (see pages 13 and		6) • • •				
		ne 8		 }	3		7,353	
Part		Inder Section 4940(e) for Re	educed Tax on I	Vet Investme	nt Income			
		vate foundations subject to the sect						
,		•	` '		,			
If sect	ion 4940(d)(2) applies, lea	ve this part blank						
Was t	he foundation liable for the	e section 4942 tax on the distributable	e amount of any vea	r in the base peri	od?		Yes X No	
		qualify under section 4940(e) Do no		•				
		nt in each column for each year, see			akıng anv entr	ies	· <u></u>	
	(a)		<u> </u>	_	<u> </u>		(d)	
Cale	Base period years endar year (or tax year beginning ii	(b) Adjusted qualifying distributions	Net value of no	(c) nchantable-use asset	s .	Distribut (col. (b) divid	on ratio ed by col (c))	
	2009	"	<u> </u>			(00. (0) 0.0.0	<u></u>	
	2008			· · · · · · · · · · · · · · · · · · ·				
	2007			· · · · ·	<u> </u>			
	2006							
	2005							
								
2 To	otal of line 1, column (d) -				2	0.0)	
		the 5-year base period - divide the t			 -			
	-	tion has been in existence if less that	•	-	3	0.0)	
	• • • • • • • • • • • • • • • • • • •		, , , , , , , , , , , , , , , , , , , ,					
4 Er	nter the net value of nonch	aritable-use assets for 2010 from Pa	art X, line 5	• • • • • • • •	4		1,209,764	
5 M	ultiply line 4 by line 3 · ·				5	 _	0	
6 E	nter 1% of net investment	ıncome (1% of Part I, line 27b) · · ·			. 6		183	
7 A	dd lines 5 and 6 · · · · ·				7		183	
8 E	nter qualifying distributions	from Part XII, line 4			8		47,144	
	line 8 is equal to or greate art VI instructions on page	r than line 7, check the box in Part V 18	I, line 1b, and compl	ete that part usin	ng a 1% tax ra	te See the	e	

Раг	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page	8 of (the in:	structi	ions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	,	,	733		~~£
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			100		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	[183
	here ▶ 🗓 and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·			-	Caller	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	;	(a)			
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) •	2				0
	Add lines 1 and 2	3				183
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) •	4		-		0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- · · · · · · · · ·	5				183
6	Credits/Payments	*	- · · ·		Y #K.	~~~
а	2010 estimated tax payments and 2009 overpayment credited to 2010 · · 6a	."		bs		£.
b	Exempt foreign organizations - tax withheld at source · · · · · · · · · · · · · · · · · · ·	; }-				and the same
С	Tax paid with application for extension of time to file (Form 8868) · · · · · 6c		3			50
d	Backup withholding erroneously withheld 6d	*	***			
7	Total credits and payments Add lines 6a through 6d · · · · · · · · · · · · · · · · · ·	7				
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				183
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • • • • • • • •	10				
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶	11				
Par	t 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			· 2004	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)? $\cdots \cdots \cdots$			1b		Х
	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					
С	Did the foundation file Form 1120-POL for this year?		• •	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			7478	,	
	(1) On the foundation \$ (2) On foundation managers \$		_	2		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		•	3		Î .
	on foundation managers > \$				23 45°, 23 60°	
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			5, 3		`, `
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	f		<u>₹∴</u> &		, , ,
	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? • • • • • • • • • • • • • • • • • • •	• • •	• •	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	• • •	• •	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	• • •	• •	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T				4.5	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				-5,	
	By language in the governing instrument, or			200	^^	ن من
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					<u> </u>
	conflict with the state law remain in the governing instrument?	• • •	• •	6	Х	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	ΧV	• •	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				.5 	, ;
	Instructions) GA				3,842,1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				<u> </u>	-
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	• • •	• •	8b	X	<u> </u>
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					<u> </u>
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			_		
	27)? If "Yes," complete Part XIV	• • •	• •	9		_X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses		• •	10	1	X

Page 4

Forn	990-PF(2010) Dave and Bunny Cente	r Fam	ily Founda	tion				58-607	5183	Page 6	
Pa	rt VII-B Statements Regarding Activitie	s for V	Which Forn	4720	May Be F	Reauir	ed (co	ntinued)		-	
5a	During the year did the foundation pay or incur any a				may bo i	toquii	<u> </u>				
	(1) Carry on propaganda, or otherwise attempt to in			tion 494	5(e))? · ·		Yes	X No	\ \ *	; ·	
	(2) Influence the outcome of any specific public elec		-				□	[21]			
	directly or indirectly, any voter registration drive?		• • • • • • •		• • • • • •		Yes	X No			
	(3) Provide a grant to an individual for travel, study,		similar nurnos	ee?			Yes	X No	With t	3-34 # cc	
	(4) Provide a grant to an organization other than a co							<u>V</u>			
	section 509(a)(1), (2), or (3), or section 4940(d)(-				Yes	X No			
	(5) Provide for any purpose other than religious, cha		· -		· ·		163	V NO			
	purposes, or for the prevention of cruelty to child		•	• .	• • • • • •		Yes	X No	1		
L.	If any answer is "Yes" to 5a(1)-(5), did any of the tra							V MO			
b			-							<u> </u>	
	Regulations section 53 4945 or in a current notice re			-	· -		structions	,,	5b	7 4 88°Z	
Organizations relying on a current notice regarding disaster assistance check here • • • • • • • • • • • • • • • • • •											
С	If the answer is "Yes" to question 5a(4), does the four		· •	on from	tne tax		п.,	┌┐	C saide		
	because it maintained expenditure responsibility for	-		· · · ·			Yes	∐ No			
_	If "Yes," attach the statement required by Regulation		•								
6a	Did the foundation, during the year, receive any fund				premiums		—	<u></u>	£24,		
•-	on a personal benefit contract? • • • • • • • • • • • • • • • • • • •						Yes	X No			
D	Did the foundation, during the year, pay premiums, o	irectly o	r indirectly, on	a perso	nal benefit c	ontract?	• • • •		6b	X	
_	If "Yes" to 6b, file Form 8870					_	г			*	
7a	At any time during the tax year, was the foundation a						Yes	X No			
b	If yes, did the foundation receive any proceeds or ha								7b		
Pa	<u>rt VIII</u> Information About Officers, Dire	ctors,	Trustees,	Found	ation Ma	nagers	i, High	y Paid	Employ	ees,	
	and Contractors										
	ist all officers, directors, trustees, foundation mai	Y									
	(a) Name and address			mpensation paid, enter		Contribution yee benefit			se account, owances		
Cha			d to position		-0-)		erred compo		outer all		
	rles N Center	Trust	ee					ensation	Other and		
	rles N Center W Wieuca Rd NE Atlanta, GA 30342	Trust			0				outer all	0	
		Trust	ee					ensation	other all		
		Trust	ee					ensation	other all		
		Trust	ee					ensation	outer and		
		Trust	ee					ensation	outer an		
		Trust	ee					ensation	outer an		
91	W Wieuca Rd NE Atlanta, GA 30342		ee 0		0	and defe	erred comp	O O			
91	W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth		ee 0	d on lir	0	and defe	erred comp	O O			
91	W Wieuca Rd NE Atlanta, GA 30342		ee 0	d on lir	0	and defe	erred comp	O O			
91	Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth finone, enter "NONE."		ee 0 those include	·-	0	and defe	f the ins	0 tructions).	0	
91	W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth		those include (b) Trite, and a hours per w	verage eek	0	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred).	0	
2 (W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000		those include	verage eek	0 ne 1 - see pa	ge 23 o	f the ins	tructions buttons to benefit deferred). (e) Expen	O se account,	
91	W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000		those include (b) Trite, and a hours per w	verage eek	0 ne 1 - see pa	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred). (e) Expen	O se account,	
2 (W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000		those include (b) Trite, and a hours per w	verage eek	0 ne 1 - see pa	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred). (e) Expen	O se account,	
2 (W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000		those include (b) Trite, and a hours per w	verage eek	0 ne 1 - see pa	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred). (e) Expen	O se account,	
2 (W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000		those include (b) Trite, and a hours per w	verage eek	0 ne 1 - see pa	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred). (e) Expen	O se account,	
2 (W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000		those include (b) Trite, and a hours per w	verage eek	0 ne 1 - see pa	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred). (e) Expen	0	
2 (W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000		those include (b) Trite, and a hours per w	verage eek	0 ne 1 - see pa	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred). (e) Expen	0	
2 (W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000		those include (b) Trite, and a hours per w	verage eek	0 ne 1 - see pa	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred). (e) Expen	0	
2 (W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000		those include (b) Trite, and a hours per w	verage eek	0 ne 1 - see pa	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred). (e) Expen	0	
2 (W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000		those include (b) Trite, and a hours per w	verage eek	0 ne 1 - see pa	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred). (e) Expen	O se account,	
91 2 () NON	W Wieuca Rd NE Atlanta, GA 30342 Compensation of five highest-paid employees (oth f none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	er than	those include (b) Trite, and a hours per widevoted to pos	verage eek	0 ne 1 - see pa	ge 23 o	f the ins (d) Continue of the imployed plans and	tructions buttons to benefit deferred insation). (e) Expen	0	

Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional services (see	page 23 of the instructions). If none	e, enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
		-
		ļ
		
F ()		
Total number of others receiving over \$50,000 for professional services · · · ·		
Rart X:A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical	information such as the number of	Expenses
organizations and other beneficianes served, conferences convened, research papers produced, etc		
1		
2		
3		
4		
Parts X-Bx Summary of Program-Related Investments (see p	age 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on line		Amount
1	s i anu z	Amount
'		
2		
		1
All other program-related investments See page 24 of the instructions		
3		
Total. Add lines 1 through 3		>

Pă	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations,	
<u> </u>	see page 24 of the instructions)	JE OF THE STREET	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	1,184,139
b	Average of monthly cash balances	1b	44,048
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,228,187
е	Reduction claimed for blockage or other factors reported on lines 1a and	2.4	
	1c (attach detailed explanation) · · · · · · · · · · · · · · · · · · ·		
2	Acquisition indebtedness applicable to line 1 assets · · · · · · · · · · · · · · · · · · ·	2	0
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3	1,228,187
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
	the instructions)	4	18,423
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 · ·	5	1,209,764
6	Minimum investment return. Enter 5% of line 5 · · · · · · · · · · · · · · · · · ·	6	60,488
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6 · · · · · · · · · · · · · · · · · ·	1	60,488
2a	Tax on investment income for 2010 from Part VI, line 5 · · · · · · · · 2a 183	3 7	
b	Income tax for 2010 (This does not include the tax from Part VI) · · · · 2b		
С	Add lines 2a and 2b · · · · · · · · · · · · · · · · · ·	2c	183
3	Distributable amount before adjustments Subtract line 2c from line 1 · · · · · · · · · · · · · · · · · ·	3	60,305
4	Recoveries of amounts treated as qualifying distributions • • • • • • • • • • • • • • • • • • •	4	
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	5	60,305
6	Deduction from distributable amount (see page 25 of the instructions) • • • • • • • • • • • • • • • • • • •	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	7	60,305
Pa	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 · · · · · · · · · · · · · · · · · ·	1a	47,144
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		
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, and Part XIII, line 4 ·	4	47,144
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions) • • • • • • • • • • • • • • • • • • •	5	183
6	Adjusted qualifying distributions. Subtract line 5 from line 4 · · · · · · · · · · · · · · · · · ·	6	46,961
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	r the found	dation
	qualifies for the section 4940(e) reduction of tax in those years		

Pai	rt-XIII Undistributed Income (see pa	ge 26	of the in	structions)								<u> </u>	r age s
				(a)			<u></u>	<u> </u>			Π		
1	Distributable amount for 2010 from Part XI,		} ,	Corpus			(b) nor to 2009		(c) 2009			(d) 2010	
	line 7		*	-9		× .				*			0,305
2	Undistributed income, if any, as of the end of	2010		*		7	,				\vdash		
а	Enter amount for 2009 only · · · · · · ·					,	,	ļ			1		
b	Total for prior years , ,						338,656				 		
3	Excess distributions carryover, if any, to 2010									······	 		St.
а		, 372					*			₩ >			4
b		, 646	4			•	* .						v
c		,164	4				*					·	,
d		,474	4	*		Å	*	,			.85	du.	
e	From 2009 • • • • • • •	,	1	46.		<i>tu</i> .		`		`	*	400	
f	Total of lines 3a through e			338,6	56		,	\$ ·	`	^	ž,	*	
4	Qualifying distributions for 2010 from Part XII,			330,0	-	<u> </u>			٠	<u></u> &	├		
•	line 4 \ \$ 47,144		%			* *		ŀ	4	**	8		
а			<i>\$</i> .,	*	i	*					1		
	Applied to undistributed income of prior years	•			-								
-	(Election required - see page 26 of the instruc	tions\			.				*		'		
_	Treated as distributions out of corpus (Election	-	***		A	 .		**	*	« 、、	<u></u>		
·	• • • •					₩7	i	->-		*		*	4
	required - see page 26 of the instructions) -						- in the state of	*			├		
d	••			· <u> </u>	_	***	* 1799		y		Ļ	4	7,144
e	Remaining amount distributed out of corpus •			10.1	_	~ >			· ,		<u> </u>		
5	Excess distributions carryover applied to 2010			13,16	61		*		***,		ļ	13	3,161
	(If an amount appears in column (d), the same	•	. ^	*		7%			**		;*	* .	į
	amount must be shown in column (a))		***			*	*	-	4"	••^		4	j
6	Enter the net total of each column as			*		94		>		, ,			*
	indicated below:						4		(3)	á .			.
а	Corpus Add lines 3f, 4c, and 4e Subtract line	5 •		325,49	_		**		**				*
b	Prior years' undistributed income Subtract		**	77 2	*				**		· ·		
	line 4b from line 2b · · · · · · · · · · · · · · · · · ·	• •	, ,	*			338,656	*		:		*	
С	Enter the amount of prior years' undistributed			2%				* '39:		46		> .	
	income for which a notice of deficiency has		\ . :	* ·					,		ļ		بمدرقة
	been issued, or on which the section 4942(a)		- 24							,			,,,,,,,
	tax has been previously assessed · · · · ·	• •	``						*		28	3	
d	Subtract line 6c from line 6b Taxable		₩ x.º	* **		_			st.		-(8)	**	
	amount - see page 27 of the instructions · ·	• •		2			338,656	æ	*		ŀ	**	*
е	Undistributed income for 2009 Subtract line			>		٠	* \$. >
	4a from line 2a Taxable amount - see page		w(gr			A						,	
	27 of the instructions · · · · · · · · · · · · · · · · · · ·	• •		¥"	İ		•				1	,,	
f	Undistributed income for 2010 Subtract lines					*		y	78				
	4d and 5 from line 1 This amount must be		*	24				. *		« »			
	distributed in 2011 · · · · · · · · · · · · · · · · · ·		*	*			. 4			«			0
7	Amounts treated as distributions out of corpus					*	*				,	4	*
	to satisfy requirements imposed by section					4							· ·
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the								,		- ×		*
	instructions) · · · · · · · · · · · · · · · · · · ·					*	× .	`	e.A.				
8	Excess distributions carryover from 2005 not				┪		*	₩ (*			4	
	applied on line 5 or line 7 (see page 27 of the				ŀ	•	*	*		50e •			
	instructions) · · · · · · · · · · · · · · · · · · ·			55,21	ιı	,		,	>	*			
9	Excess distributions carryover to 2011.			<u></u> -	T				· · · · · · · · · · · · · · · · · · ·				
	Subtract lines 7 and 8 from line 6a · · · ·			270,28	34	*	•						
10	Analysis of line 9				1				······································		 		
а	· · · · · · · · · · · · · · · · · · ·	, 646		*	- [79	**	yx		l	8	
b	<u> </u>	,164	*	*			*	*	4	*	l	*	,
c		,474		**/				er.		36	l	=	
d	Excess from 2009 · · · ·	,					, and		*	**			
e	Excess from 2010 · · · · ·			•		*	` 4	,	\$	\$ -300		å	•

	If the foundation has received a ruling of				on 9)	
1a	If the foundation has received a ruling of foundation, and the ruling is effective for		•	~	-	
b	Check box to indicate whether the foun		•		4942(J)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	rating loundation des	Prior 3 years	4942()(3) 01	4942()(3)
	income from Part I or the minimum		4) 0000		(n ooo 7	(e) Total
	investment return from Part X for each year listed • • • • • • •	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
_	85% of line 2a · · · · · · ·					
ь	· ·				 	
С	Qualifying distributions from Part XII, line 4 for each year listed • • • • •					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c · · · ·					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"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 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
-	(1) Total support other than gross					
	investment income (interest,	<u>-</u>				
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties) • • • •]	
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
					 	
	(3) Largest amount of support from an exempt organization • • • •					
	(4) Gross investment income · · ·			<u> </u>		
Part		tion (Complete th	nis part only if th	ne foundation had	1 \$5,000 or more	in assets at
	any time during the year				. 40,000 01 111010	400010 41
1	Information Regarding Foundation M		· the motion	<u> </u>		
а	List any managers of the foundation wh		ore than 2% of the to	tal contributions receiv	ed by the foundation	
	before the close of any tax year (but on	ily if they have contrib	uted more than \$5,00	00) (See section 507(d)(2)) [*]	
	None,					
<u>-</u>	List any managers of the foundation wh	no own 10% or more o	of the stock of a corpo	pration (or an equally la	rge portion of the	
_	ownership of a partnership or other ent				go portion or the	
	None,					
2	Information Regarding Contribution,	. Grant. Gift. Loan. S	cholarship, etc., Pro	ograms:		
_	Check here ▶ X if the foundation onl				l dana mat annas	
	unsolicited requests for funds. If the foundation only	y makes continuations undation makes offic	orants etc./cee.poo	avie vigariizations and a 28 of the instructions	to individuals or	
	organizations under other conditions, c	-		e 20 of the matrictions) to individuals of	
a	The name, address, and telephone nur		-i	nould be addressed		
а	The hame, address, and telephone hur	modificitie person to	**************************************	IOUIU DE AUUIESSEU		
L-	The form in which applications should be	ho cubmitted and infa	motion and restaurate	thou chould maked.		
b	The form in which applications should I	Je submilled and infol	imation and materials	s triey should include		
	Any culturation deadlines					
С	Any submission deadlines					
d	Any restrictions or limitations on award	s, such as by geogran	phical areas, charitab	le fields, kinds of institu	utions, or other	
_	factors.	7,5 5-1	-, /		,	

Part XV. Supplementary Information (continued)

3 Grants and Contribution Recipien			If recipient is an individual,	Foundation		
·			show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (hor	me or	business)	or substantial contributor	755710111		
a Paid during the year William Breman Jewish	Ноте				Summant	
3150 Howell Mill Road					Support	
Atlanta	GA	30327	None	501 (c) (3)		1,150
		30327		301(0,(3,		1,130
Davis Academy					Support of	
8105 Roberts Drive					Educational	
Atlanta	GA	30350	None	501 (c) (3)	Activities	250
Marcus Jewish Communit	v Cer	nter			Habima Theatre	
5342 Tilly Mill Road	7 001				Maziar Golf	
Atlanta	GΑ	30338	None	501 (c) (3)	General Support	8,200
						,
Ahavath Achim Synagogu					General Support	
600 Peachtree Battle R						
Atlanta	GA	30327	None	501 (c) (3)		200
Woodruff Arts Center					General Support	
1280 Peachtree Street						
Atlanta	GA	30309	None	501 (c) (3)		7,500
Temple Beth El					Building Fund	
220 South Bedford Road	-	10514		F04 () (0)		
Chappaqua	NY	10514	None	501 (c) (3)		6,400
WABE Public Broadcasti	ng				General Support	
740 Bismark Road						
Atlanta	GA	30324	None	501 (c) (3)		150
Temple Sinaı					Gamana 1 Gamana	
5645 Dupree Drive					General Support	
Atlanta	GA	30327	None	501 (c) (3)		897
						05.
Total · · · · · · · · · · · · · · · · · · ·						
b Approved for future payment					,	
					[
					i i	
Total · · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		▶ 3b	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipie	nt		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (ho	ome or	business)	or substantial contributor	recipient		
a Paid during the year						
Leukemia and Lymphma		ty			General Support	
3715 Northside Parkwa	_					
Atlanta	GA	30327	None	501 (c) (3)	1	1,000
Must Ministries					Caronal Sunnant	
55 Elizabeth Church R	beat				General Support	
Marietta	GA	30061	None	501(c)(3)	j l	110
	٠	30002	110110	301(0)(3)		
Congregation B'nai Ti	kvah				Rabbi's Fund	
25 Hillcroft Way						
Walnut Creek	CA	94597	None	501 (c) (3)		3,172
The Link Counseling C	enter				Miracle Ball	
1820 The Exchange SE	650					
Atlanta	GA	30339	None	501 (c) (3)]	3,000
Kairos Prison Ministr	ies				General Support	
PO Box 2191		00100]	
Villa Rica	GA	30180	None	501 (c) (3)		200
Atlanta Jewish Federa	+:			1	Garanal Summert	
1440 Spring Street	LLION		i		General Support	
Atlanta	GA	30309	None	501(c)(3)		10,000
ACIANCA	GA	30309	None	301(6)(3)		10,000
Leukemia and Lymphoma	Soci	etv			Light the Night	
3715 Northside Parkwa		-	ļ	ļ		
Atlanta	GA	30327	None	501 (c) (3)		100
				}		
Weinsteln Hospice					General Support	
3150 Howell Mill Road						
Atlanta	GA	30327	None	501 (c) (3)		1,100
		<u> </u>	l			
b Approved for future payment	• • • •			· · · · · · · · · · · · · · · · · · ·	3a	
b Approved for future payment					1	
				1	}	
					,	
				1	[
]	
				1		-
				1		
				\	1	
			1	1	i	

RartiXVI Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient			If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (ho	ome or	business)	or substantial contributor	reapient		
 Paid during the year 						
The Temple					General Support	
1589 Peachtree						
Atlanta	GA	30309	None	501 (c) (3)		2,700
American Foreign Serv	ice A	ssoc			Emergency Relief	
2101 East Street NW						
Washington	DC	20037	None	501 (c) (3)	•	500
Childrens Hosp Kings	Daugh	ters			General Support	
601 Childrens Lane						
Norfolk	VA	23507	None	501 (c) (3)		500
					İ	
			i			
Total · · · · · · · · · · ·					· · · · · · · · • 3a	47,129
b Approved for future payment					▶ 3a	47,129
b Approved for future payment						
]			
Total · · · · · · · · · · · · · · · · · · ·						

	er gross amounts unless otherwise indicated		d business income	- Excluded by se	ction 512, 513, or 514	(e)
1	Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
	a					
	b					
	·			 		
	d					
	e			 		
	f			ļ		
	g Fees and contracts from government agencies · · ·					
	Membership dues and assessments · · · · · · · ·					
3	Interest on savings and temporary cash investments •			14	36	
4	Dividends and interest from securities • • • • • • • •			14	9,721	
5	Net rental income or (loss) from real estate	r L	% . Y J		and the state of the	
	a Debt-financed property					
	b Not debt-financed property · · · · · · · · ·	_	_			
6	Net rental income or (loss) from personal property · · ·					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory-			18	8,502	
	Net income or (loss) from special events · · · · · ·		 	 		
	Gross profit or (loss) from sales of inventory · · · · ·	<u> </u>		 		
				 		
11			 	 		
	b			 		·
	·					
	d		<u> </u>	<u> </u>		
	e			<u> </u>		
12	Subtotal Add columns (b), (d), and (e) · · · · · ·	<u> </u>	<u></u>	1/200	18,259	
13	Total. Add line 12, columns (b), (d), and (e) · · · ·		• • • • • • • • •	· · · · · · · · ·	• • • • • 13	18,259
	ine No. Relationship of Activities to the Explain below how each activity for which incomplishment of the foundation's exempt instructions)	ome is repo	orted in column (e) o	of Part XVI-A cor	ntributed importantly to	
_						
_						
_				<u>.</u>		
						<u></u>
						
						-
_						
	· · · · · · · · · · · · · · · · · · ·					
						
_						
_	·					
_						

Pai	<u>t X</u>			n Regarding Tra	ns	fers To and	Transact	ions and	l Relation	ships	With	Nonc	haritable	
1	Dic			ectly or indirectly enga	age	in any of the fo	llowing with a	nv other o	rganization (describe	ed		₩ Y	es No
				Code (other than sec	_	-	_	-	•				1 300	* 4
		janizatio				(-)(-)	,						18.712 17.88	
a	-			rting foundation to a r	none	charitable exem	nt organizati	on of						
•			•				. •						1a(1)	X
h	٠.		sactions		•				• • • • • •			• • •	1a(2)	X
D				noncharitable avemi	-+ -·	econization .							1	
				noncharitable exemp		-							1b(1)	<u>X</u>
				s from a noncharitable		· -							1b(2)	<u> </u>
				equipment, or other a								• • •	1b(3)	X
				angements · · · ·									1b(4)	X
			_	intees • • • • • •								• • •	1b(5)	X
				vices or membership									1b(6)	X_
Ç				ipment, mailing lists,									1c	X
d			-	he above is "Yes," co	-		_			-				
	val	ue of th	e goods, othe	er assets, or services	give	en by the report	ing foundatio	n If the fo	undation rec	eived le	ss than	fair ma	rket	
	val	ue in ar	ny transaction	or sharing arrangem	ent,	show in columi	n (d) the valu	e of the go	ods, other a	assets, o	or servic	es rece	eived	
(a) Li	ne no	(b) A	mount involved	(c) Name of none	chant	able exempt organiz	zation	(d) Des	coption of trans	fers, trans	actions, ar	nd shanng	g arrangemen	ts
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		1		1 11 15				<u> </u>						
2a				y or indirectly affiliate					. •	ions		_		
_				1(c) of the Code (other	er th	an section 501((c)(3)) or in se	ection 527	,			• • •	Yes	X No
b	<u> † "</u>	Yes," c	omplete the fo	ollowing schedule	_									
		(8	Name of organ	ization		(b) Type o	of organization			(c) D	escription	of relation	nship	
					<u> </u>									
				I declare that I have examin										
Sig	ın	beller, it is	s true, correct, and	d complete Declaration of p	огера Л	rer (outer than taxpa	ayer or inductary)	is based on a	ii intormation of	wnich pre	parer nas	any know	ieage	
He	re	Cha	rles N. C	Center (Le	SK) CU	ittis	8-15.	- [/ k	Tr	ustee			
		Signa	ture of officer or t	rustee	-			Date		Title				
			Print/Type prepa	rer's name		Preparers signatu	ire /		Date		Check	X _{if}	PTIN	
Pai	d		Donald P	Edwards		Sould 1	/ dward		8/4/1	1	self-em		P003	62659
Pre	pa		Firm's name	Frantz & De	Lo	U 1.7.0.1	1 avance		<u> </u>	Firm's E			- 1424	
	-)nlv	Firm's address	▶ 6100 Lake F			#400			Dhara			1191	- 1 -

404-255-0500

Atlanta GA 30328

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** Dave and Bunny Center Family Foundation 58-6076183 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** |X| 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 Ш For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more 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).

Namé of organization Dave and Bunny Center Family Foundation Page 1 of 1 of Part I
Employer identification number 58-6076183

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Charles N Center 91 W Wieuca Ste 2000 Atlanta, GA 30342	\$16,200	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Charlene Berman 18 Laurel Lane Chappaqua, NY 10514	\$10,166	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_3	Renie and Freddie Halperin 4701 Riverview Road NW Atlanta, GA 30327	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	బ్	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Dave and Bunny Center Family Foundation

Employer identification number

Dave and Bunny Center Family Foundation 58-6076183 Part II Noncash Property (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 160 Shares Proctor and 2 Gamble Common Stock at \$63.54 per share. 10,166 02-24-2010 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** (see instructions) Part I 230 Shares of Acuity Brands Common Stock at 3 \$43.47 per share. 9,998 03-23-2010 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

<u>, </u>	Federal Supporting Statements		2010 _{PG 01}
Name(s) as shown on return			FEIN
Dave and Bu	nny Center Family Foundation		_58-6076183
	Form 990PF, Part III, Line 3 Other Increases Schedule		Statement #115
Miscellaneo	us	353	<u>}</u>
Total		353	3 =

Form 990PF, Part II, Line 10(b)
Investments: Corporate Stock Schedule

PG 01 Statement #137

Category	BOY	Book Value	EOY FMV
Various	68,071	113,861	1,328,516
Totals	68,071	113,861	1,328,516

			Ī
	Federal Supporting Statements	2010 pg 01	-
Name(s) as shown on return Dave and Bunny Center Family Foundation	Poundation	Your Social Security Number 58-607 6183	
	Form 990PF, Part I, Line 23 - Other Expenses Schedule	Statement #103	
Description	Revenue Net Adjusted Charitable and expenses investment net income purpose		
Publication Fees Totals	15 0 0 0 15 0 0		<u></u>
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STM~LD			