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Droartment of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

| <u>A</u> F | or the | 2010 calendar year, or tax year beginning $JULL_1$, 2010 and | ending J | UN 30, 2011 | |
|--------------------------------|-----------------------------|--|--|-------------------------------------|--------------------------------|
| B C | heck if oplicable | C Name of organization | | D Employer identific | cation number |
| | Address change | CHILD ENRICHMENT ENDOWMENT, INC. | | | |
| | Name change | Doing Business As | | 58-1 | 717000 |
| | Initial return | 1 ' | Room/suite | E Telephone numbe | |
| | Termin- ated | P.O. BOX 12036 | | (706 |)737-4631 |
| | Amende | City or town, state or country, and ZIP + 4 | | G Gross receipts \$ | 411,800. |
| | Applica- tion pending | AUGUSTA, GA 30314-2030 | _ | H(a) is this a group re | |
| | ponding | F Name and address of principal officer: OUTN PRELIAN | | for affiliates? | Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all affiliates inc | |
| | | npt status: 501(c)(3) X 501(c) (2) ◀ (insert no) 4947(a)(1) (| or 527 | 1 | list. (see instructions) |
| | | : ► N/A | 1 | H(c) Group exemptio | |
| | | rganization X Corporation Trust Association Other ► | L Year | of formation 1900 N | State of legal domicile: GA |
| | rt 1 | Summary inefly describe the organization's mission or most significant activities: ${ m TO}$ P | ROVIDE | FINDS TO C | HTLD |
| 92 | 1 B | ENRICHMENT, INC., A TAX-EXEMPT ORGANIZAT | TON. T | NTATUTAM OF | TTS |
| nar | 2 0 | Check this box If the organization discontinued its operations or dispose | | | |
| Ver | 3 1 | lumber of voting members of the governing body (Part VI, line 1a) | 300 01 111010 | 3 | 6 |
| ő | 4 1 | lumber of independent voting members of the governing body (Part VI, line 1b) | • | 4 | 6 |
| ୬ | 5 T | otal number of individuals employed in calendar year 2010 (Part V, line 2a) | • | 5 | 0 |
| /itie | 6 T | otal number of volunteers (estimate if necessary) | | 6 | 10 |
| Ę | 7a T | otal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| ₹) | ь | let unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| Revenue & Governance | | | | Prior Year | Current Year |
| 100 | 8 (| Contributions and grants (Part VIII, line 1h) | | 0. | 0. |
| | 9 F | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| (<u>§</u>) | 10 li | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 28,324. | 47,056. |
| | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 3,943. | 0. |
| <u>:</u> | 12 T | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 32,267. | 47,056. |
| - } | 13 (| Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 28,000. | 116,000. | |
| • | 14 E | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ès | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <u> </u> | 0. | 0. |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | <u>, </u> | 0. | 0. |
| × | ь٦ | otal fundraising expenses (Part IX, column (D), line 25) | 0. | 2 702 | 2 072 |
| ш | | Other expenses (Pakux, column (4), lines 11a-11d, 11f-24f) | | 3,783. | 3,973. |
| | | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | - | 31,783. 484. | |
| <u>_ 0</u> | | Revenue less expenses Subtract line 18 from line 12 | · . | | |
| ts o | 00 - | COLVE TO THE TOTAL OF THE TOTAL | BE | eginning of Current Year 1,119,817. | End of Year 1,153,459. |
| Ass Bala | 20] | otal assets (Part-X-Inno-18) | | 0. | 0. |
| Net Assets or Fund Balances | 21 7 | otal liabilities (Pan Witnel 26) Subtract line 21 from line 20 | · - | 1,119,817. | 1,153,459. |
| | art II | Signature Block | | 1/113/01/0 | 2/200/2000 |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedule | es and staten | nents, and to the best of n | ny knowledge and belief, it is |
| | | , and complete Declaration of preparer (other than officer) is based on all information of w | | | , |
| | , | | | . // | |
| Sig | n | Signature of officer | 11-11 | Date 51 | 4.2012 |
| Hei | - 1 | JOHN PHELAN, PRESIDENT DANIEL H. HILL | LWWY | EXECUTIVE | Director |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check [| PTIN |
| Pai | d | ELIZABETH MORRISON GLACIBILITY | | 05/14/12 self-employ | ed |
| Pre | parer | Firm's name CHERRY, BEKAERT & HOLLAND, LLP | | Firm's EIN ▶ | |
| Use | Only | Firm's address 1029 GREENE STREET | · | | |
| | | AUGUSTA, GA 30901 | | Phone no 7 | 06-724-3557 |
| Ma | y the IF | S discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

Page 3

| | | | Yes | No |
|-----|--|-----|--------------|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | _ | | |
| | If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| þ | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| C | Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total | | | : |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | Ì | |
| | Schedule D, Parts XI, XII, and XIII | 12a | | X |
| þ | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. | 12b | <u> </u> | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | <u> </u> | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | _ |
| | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | <u> </u> | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | <u> </u> | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | <u> </u> | _X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | 1 | X |
| 20a | | 20a | 1 | Х |
| þ | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that | | | |
| | operate one or more hospitals must attach audited financial statements (see instructions) | 20b | 1 | I |

| 1 47 | 4.15 Gricokiist of Medalica Concauces (Continued) | | | , |
|-------------|--|------|--------------|----------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | v | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | v |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | - | | X |
| 04- | Schedule J | 23 | | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | x |
| | | 24b | | 1 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| C | | 24c | | |
| d | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | 270 | | |
| 200 | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 250 | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | | |
| | Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | , ·· | | , |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | | 28a | | X |
| ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | ł |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | İ | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | _33 | <u> </u> | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | ŀ | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | 1 | | ł |
| | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 1 | | - |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | ł |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | <u> </u> | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | 1 | ,, |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | v | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

| Part V | Statements | Regarding | Other IRS | Filings and Ta | ax Compliance |
|--------|-------------------|-----------|-----------|----------------|---------------|

| The Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable Tall | 425 | Check if Schedule O contains a response to any question in this Part V | | | X |
|--|-----|---|---------------|--|----------|
| 18 Einter the number reported in Box 3 of Form 1098. Enter 6-th not applicable Einter the number of Form W205 noticed in line 1s. Einter-0-th not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners. Einter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by the return If it all tests or se reported on line 28, did the organization file all required foderal employment tax returns? 20 bif at least ore seported on line 28, did the organization file all required of deral employment tax returns? Note. If the sum of lines is a and 2 as greater than 250, you may be required to e-life, Gee instructions) 3 bif the organization have unrelated business gross income of \$1,000 or more during the year? 3 lif Yes, has it flied a Form 990-T for this year? If YiNo, "provide an explanation in Schedulic O 4 At any time during the cellandary year, did the organization have an interest, in or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 set Yes, a financial account in a foreign country feet or any time during the tax year? 5 set Was the organization apertly to a prohibeted tax shelter transaction at any time during the tax year? 5 set Was the organization apertly to a prohibeted tax shelter transaction at any time during the tax year? 5 set If Yes, 1 for the organization the Form 888-T? 6 Does the organization have not tax deductible? 6 set If Yes, 1 on the organization have an interest transaction at any time during the tax year? 7 loves the organization have not tax deductible? 8 lif Yes, 2 and the organization have not tax deductible? 8 lif Yes, 2 and the organization have not tax deductible? 9 lif the organization received a contribution of any time organization and partly to goods and services provided t | - | | | Yes | |
| be Enter the number of Forms W2G included in line 1a. Enter 0-fi not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 28 Enter the number of employees respond on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file, (see instructions) 30 Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 33 Experiment of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 43 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 44 A tray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 45 Be instructions for filing requirements for form ID F 90.22.1, Report of Foreign Bank and Financial Accounts. 46 By If Yes, a filing the fi | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | .03 | |
| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with owners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, [2a | | | | | |
| (agambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 7b. Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-fibe, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Lay 11 Yea, 1 and 1 fide a form 990 of for this year? If "\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\ | | ''' '''' ''''' ''''' ''''' '''''' '''''' | | | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, [2a] 0 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3 b CH the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X b if Yes, has filled a Form 990°T for this year? If No. *provide an explanation in Schedule O 3 b If Yes, and the during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a X b If Yes, and the organization are form TD F 90°22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the surpose. 5 a X b Did any taxable party notify the organization file Form 8886.7? 6 b Dea the organization and gross receptes that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 b Core the organization had been surposed to the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 b If Yes, "did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 8 b If Yes, "did the organization include with every solicitation and partly for goods and services provided to the payor? 7 b If Yes, "did the organization include with every solicitation and partly for goods and services provided to the payor? 8 b If Yes, "did the organization organization organization solicity org | | | 1c | X | |
| filled for the calendar year ending with or within the year covered by this return If all east one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 31. If Yea, 'in set if filed a Form 990-FT for this year? If YNo, 'provide an explanation in Schedule O 33. If Yea,' set if filed a Form 990-FT for this year? If YNo, 'provide an explanation in Schedule O 34. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so other financial account)? 44. X 35. If Yea,' enter the name of the foreign country. Improvements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts. 55. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 56. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 56. If Yea,' did the organization the organization the form 888-FT. 57. Organizations that may receive deductible contributions under section 170(e). 58. If Yea,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 58. If Yea,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 59. Organizations shall may receive deductible contributions under section 170(e). 60. If the organization end that quality of the value of the goods or services provided? 70. If Yea,' indicate the number of Forms 8282 filed during the year 71. If Yea,' indicate the number of Forms 8282 filed during the year 72. If the organization received | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. | | | |
| bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If Yes, * has if filed a Form 990-T for this year? If * No. * provide an explanation in Schedule 0 3c. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c. At any time the name of the foreign country. 5c. If Yes, * the organization a party to a prohibeted tax shelter transaction of the tax year? 5c. Was the organization a party to a prohibeted tax shelter transaction of the tax year? 5c. If Yes, * to line 5a or 5b, did the organization file form 8886-17? 6c. If Yes, * to line 5a or 5b, did the organization file form 8886-17? 6c. If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c. Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c. Did the organization receive a payment in excess of \$75 made party as a contribution of and party for goods and services provided to the payor? 7c. If Yes, * did the organization notify the donor of the value of the goods or services provided? 7c. Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required. 7d. If the organization received a contribution of qualified intellectual property, did the organization ferm 899 as required? 7d. If the organization received a contribution of cars, boats, arriplanes, or other valueles, did the organization ferm 899 as required? 7d. If the organization received a contribution of cars, boats, arriplanes | | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3 | ь | · · · · · · · · · · · · · · · · · · · | 2b | | |
| 38 Did the organization have unrelated business gross income of \$1,000 or more during the year? bit "Yes," has it filled a Form 990-Tfor this year? if "No," provide an explanation in Schedule O 4A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account?) 5Be instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts. 5B Was the organization on the foreign country (such as a bank account, securities account, or other financial accounts? 5B Was the organization for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts. 5B Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5B W Was the organization of soft, and the organization filing form 8886-17 Does the organization have annual gross receptise that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Organizations that may receive deductible econtributions under section 170(c). But the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7B If "Yes," did the organization nority the donor of the value of the goods or services provided? 7C In the organization sell, excappe, or otherwise dispose of transpread property for which it was required to file Form 8822? 8D Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7D Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7D Id the organization received a contribution of cars, boats, arripance, or othere vehicles, did the organization file form 899 as required? 8D If the organization received a contribution of cars, boats, arripance, | | | | · · | |
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| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c X X | | 1 1 | | | |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 11b 12a 12a 12a 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a 14a X | | | | | |
| a Gross income from members or shareholders | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b C Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b C Enter the amount of reserves on hand 13c X | | 177. | | | |
| amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Is the organization licensed to issue qualified health plans in more than one state? 16 Note. See the instructions for additional information the organization must report on Schedule O. 17 In the instructions for additional information the organization must report on Schedule O. 18 Inter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 18 In the instructions for independent organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 19 In the instructions for independent organization filing Form 990 in lieu of Form 1041? 19 In the instruction for independent organization filing Form 990 in lieu of Form 1041? 19 In the instruction form 1041? 10 In the instruction form 1041? 10 In the instruction form 1041? 11 In the instruction form 1041? 12 In the instruction form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 12a 12b 13a 13a 13b 13b 13b | _ | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 12b 13a 13a 13a 13b 13b 13c | 12a | , | 12a | · | Ì |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13a 13a 13a 13a 13a 13 | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13a 13a 13a 13a 13b 13b | 13 | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X | | | 13a | ······································ | <u> </u> |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X | - | | - | | · · · |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Number 13c 14a X | ь | | | | |
| c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | С | · · · · · · · · · · · · · · · · · · · | | | |
| | | <u> </u> | 14a | | Х |
| | b | | | | |

CHILD ENRICHMENT ENDOWMENT, INC. Form 990 (2010) 58-1717000 -- Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| • | Check if Schedule O contains a response to any question in this Part VI | | | X |
|------------------|--|------------|--------|---------------------|
| <u>Sec</u> | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 6 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 6 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | _X_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | 17 |
| _ | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | $\frac{\Lambda}{X}$ |
| 6 | Does the organization have members or stockholders? | 6 | | |
| /a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | 7. | | X |
| L | governing body? | 7a 7b | | X |
| _ | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7.0 | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| • | The governing body? | 8a | Х | |
| | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | . 33 | | |
| Ŭ | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | , , | | |
| | The section B requeste minimation about periods of the mental revenue costs, | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with those of the organization? | 10ь | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | <u> </u> |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| | to conflicts? | 12b | Х | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this is done | 12c | Х | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | ., |
| a | | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | |
| 46 | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | • | | 1 |
| 102 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 100 | | х |
| | taxable entity during the year? | 16a | | - A |
| D | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | |
| | In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | 1 |
| Sac | exempt status with respect to such arrangements? | 100 | | L |
| <u>3ec</u> 17 | List the states with which a copy of this Form 990 is required to be filed ▶GA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availa | ble for | | |
| | public inspection. Indicate how you make these available. Check all that apply. | 101 | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy | , and fina | incial | |
| | statements available to the public. | , | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organ | ızatıon: ▶ | • | |
| | DEBRA MINOR - 706-737-4631 | | | |
| | P O ROY 12036 AUGUSTA CA 30914 | | | |

| Form | 990 | (201 | (0) | |
|------|-----|------|-----|--|

CHILD ENRICHMENT ENDOWMENT, INC.

58-1717000

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| X Check this box if neither the organization n | or any related | orga | nıza | tion | cor | nper | nsat | ed any current officer, o | lirector, or trustee. | |
|--|--------------------------|--------------------------------|-----------------------|----------|-----------------|---|----------|---------------------------|-----------------------|---------------------------------------|
| (A) | (B) | Ì | | (C | >) | | | (D) | (E) | (F) |
| Name and Title | Average | | | Pos | | | | Reportable | Reportable | Estimated |
| | hours per | (cl | neck | all t | all that apply) | | ly) | compensation | compensation | amount of |
| | week | ģ | | | | | from | from related | other | |
| | (describe | Individual trustee or director | | | | 20 | | the | organizations | compensation |
| | hours for | 8 8 | State | | | nsat | | organization | (W-2/1099-MISC) | from the |
| | related organizations | 至 | ual th | | 986 | Ĕ | | (W-2/1099-MISC) | | organization and related |
| | in Schedule | ddua | Institutional frustee | i i | Key employee | 5 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | ĕ | | | organizations |
| | O) | Ę | Inst | Officer | Key | Highest compensated employee | Former | | | Organizations |
| SLOANE WIGGINS | 1 00 | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | _ | <u> </u> | | 0. | 0. | 0. |
| CHARM MCCALL | | | | | | | | _ | _ | _ |
| PAST PRESIDENT | 1.00 | X | | | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| SCOTT ADKINS | | ١ | | | | | | | | _ |
| TREASURER | 1.00 | X | L | X | | ļ | <u> </u> | 0. | 0. | 0. |
| JIM LEIBACH | , , , | | | | | | İ | | | _ |
| BOARD MEMBER | 1.00 | X | | | ļ | <u> </u> | | 0. | 0. | 0. |
| JOHN PHELAN | 1 00 | | | | | | | | | |
| PRESIDENT | 1.00 | X | | X | ļ | <u> </u> | | 0. | 0. | 0. |
| SHARON CYRAN | 1 00 | | İ | | | | | | | • |
| SECRETARY | 1.00 | X | | X | _ | _ | <u> </u> | 0. | 0. | 0. |
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| Par | t VII Section A. Officers, Directors, Tr | ıstees, Key Er | nplo | yee | s, a | nd l | ligh | est | Compensated Employ | ees (continued) | | | | |
|-----|---|--------------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|--------|-------------------------|------------------------------|------|-------|---------------------|------|
| | (A) | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| • | Name and title | Average | ,, | | Pos | | | L A | Reportable | Reportable | | | limate | |
| | | hours per week | (C | neck | aur | tnat i | арр | iy) | compensation from | compensation from related | - | | ount o |)Î |
| | | (describe | acto | | | | 1 | | the | organizations | 10 | | oensa | tion |
| | | hours for | p o | 8 | | | page | | organization | (W-2/1099-MISC) | | | om the | |
| | | related organizations | 1 ag | l frust | | 8 | ige. | | (W-2/1099-MISC) | | | _ | anizatı | |
| | | in Schedule | Individual trustee or director | Institutional trustae | . | Key employee | o set co | ja j | | | - | | i relate nizatio | |
| | | O) | 횰 | lage | Officer | Ş. | Highest compensated employee | Former | | | | o, gu | | |
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| | Sub-total | Il Costion A | | | | | | | 0. | 0 | | | | 0. |
| | Total from continuation sheets to Part V Total (add lines 1b and 1c) | ii, Section A | | | | - | | | 0. | 0 | | | | 0. |
| 2 | Total number of individuals (including but i | not limited to th | nose | liste | ed a | bov | e) wl | no re | eceived more than \$100 |),000 in reportable | | | | |
| | compensation from the organization | | | | | | | | | | | | | |
| | | | | | | | | | | | _ | | Yes | No |
| 3 | Did the organization list any former officer | | | e, ke | y en | nplo | yee, | or h | highest compensated ei | mployee on | | | | v |
| 4 | line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the s | | | | | otioi | | 1 04 | | the organization | - | 3 | | X |
| 4 | and related organizations greater than \$15 | | | | | | | | | the organization | | 4 | 1 | X |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | dual for services | | *** | | |
| | rendered to the organization? If "Yes," con | | | | | | | | <u> </u> | | | 5 | | X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest countries the organization. | ompensated in | dep | ende | ent c | cont | racto | ors t | that received more than | \$100,000 of compe | nsat | ion f | rom | |
| | (A) | | | | | | | | (B) | | | (0 | | |
| | Name and business | s address | | | | | | | Description of s | services | Co | mper | nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors | (including but r | not i | ımıte | ed to | the | se li | sted | d above) who received r | nore than | | | | |
| | \$100,000 in compensation from the organ | | | | | | 0 | | | | | | | |

Form 990 (2010)

| Pa | rt VII | Statement of Rever | nue | | | | | |
|--|--------------------|--|---|---------------|----------------------|--|---|---|
| • | | , | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | 1 a b c d e f | Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, grits, gran similar amounts not included abo | ts, and ve . 1f | | | | | |
| Q 8 | <u>h</u> | Total. Add lines 1a-1f | | • | | | | |
| Program Service Revenue | 2 a b c d | | | Business Code | | | | |
| <u>6</u> | е | | | | | | | |
| مَ | f | All other program service reve | enue | | | | | |
| | 3 4 5 | I Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tal Royalties | x-exempt bond p | proceeds | 26,784. | 26,784. | | |
| | 6 a b c | Less: rental expenses Rental income or (loss) | (i) Real | (ii) Personal | | | | |
| | b | a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) | (i) Securities 385,016. 364,744. 20,272. | | 20,272. | 20,272. | | |
| Other Revenue | 8 a | Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses | of a 1c). See a b | | , | | ` | |
| | 9 a | Net income or (loss) from fund Gross income from gaming at Part IV, line 19 Less: direct expenses | ctivities. See a b | | | | | |
| | 10 a | Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale | returns a b | | | | | |
| | - | Miscellaneous Revenu | | Business Code | | | | |
| | 1 | All other revenue | | 23311633 0006 | | | | |
| | 12 | Total. Add lines 11a-11d Total revenue. See instructions | | | 47,056. | 47,056. | 0. | 0. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | 7 II Oliver Organizatione most con | piece colonini (ry pat are | | C COIDITITIS (D), (O), arto (| |
|---------|---|----------------------------|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 116,000. | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members . | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits . | <u> </u> | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| Ь | Legal | | | | |
| С | Accounting | | | · · · · · · · · · · · · · · · · · | |
| d | Lobbying | | | | <u> </u> |
| e f | Professional fundraising services See Part IV, line 17 | | | | |
| - | Investment management fees | | | <u>.</u> | |
| 9 12 | Other Advertising and promotion | | | | |
| 13 | Office expenses | | <u> </u> | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | · • | | |
| - | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | - |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) | | | | |
| | amount, list line 24f expenses on Schedule O) | | | | |
| а | INVESTMENT FEES | 3,973. | | | |
| þ | | | | | |
| С | | , | | | |
| d | | | | | |
| е | | | | | |
| f | All other expenses | 110 070 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 119,973. | | | |
| 26 | Joint costs. Check here Infollowing SOP | | | | |
| | 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet (A) (B) Beginning of year End of year Cash · non-interest-bearing 1 3,395. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 1,119,817. 1,150,064. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,119,817. 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,153,459. 16 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 -iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,119,817. 1,153,459. 28 28 Temporarily restricted net assets . Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund ... 31 32 Retained earnings, endowment, accumulated income, or other funds 1,119,817. 1,153,459. 33 Total net assets or fund balances 33 119,817. 1,153,459. Total liabilities and net assets/fund balances

Form **990** (2010)

| Form | 990 (2010) CHILD ENRICHMENT ENDOWMENT, INC. | <u>5</u> 8–171 | 7000 | Pag | je 12 |
|------|---|----------------|-------|-------|----------------|
| Par | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X |
| • | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 7,0 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 119 | 9,9 | 73. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -7: | 2,9 | 17. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,119 | 9,8 | <u> 17.</u> |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 10 | 6,5 | <u>59.</u> |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,15 | 3,4 | 59. |
| Pai | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | " | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | 1 | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| Ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3ь | | |
| | | | Form | 990 (| 2010) |

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization CHILD ENRICHMENT ENDOWMENT Employer identification number 58-1717000

| Par | t Organizations Maintaining Donor Advised | | Accounts. Complete if the |
|-----|--|--|--|
| | organization answered "Yes" to Form 990, Part IV, line | 6. | · |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in donor advised fu | nds |
| _ | are the organization's property, subject to the organization's e | _ | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| | for charitable purposes and not for the benefit of the donor or | | |
| | impermissible private benefit? | delicit devices, or for any exiter purpose control | . Yes No |
| Par | | anization answered "Yes" to Form 990, Part IV | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or ec | | ally important land area |
| | Protection of natural habitat | Preservation of a certified i | |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form of a c | conservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | _ | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | icture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | • | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the orga | anization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation eas | ement is located ► | |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, a | and enforcing conservation easements during | the year > |
| 7 | Amount of expenses incurred in monitoring, inspecting, and e | nforcing conservation easements during the y | year ▶ \$ |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(h)(4) | (B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservation | on easements in its revenue and expense state | ement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organizati | on's financial statements that describes the o | rganization's accounting for |
| | conservation easements. | | |
| Pa | * III Organizations Maintaining Collections of | Art, Historical Treasures, or Other | r Similar Assets. |
| | Complete if the organization answered "Yes" to Form 9 | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | C 958), not to report in its revenue statement : | and balance sheet works of art, |
| | historical treasures, or other similar assets held for public exh | ibition, education, or research in furtherance of | of public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that describ | pes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | C 958), to report in its revenue statement and | balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ed | lucation, or research in furtherance of public s | ervice, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ ► \$ |
| 2 | If the organization received or held works of art, historical trea | asures, or other similar assets for financial gain | |
| | the following amounts required to be reported under SFAS 11 | 6 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| | | NRICHMENT | <u>ENDO</u> | WMENT, | INC. | | | <u>58-17</u> | <u>17000</u> | Page 2 |
|--------------|---|---------------------------------|---------------|----------------|---------------------|------------|---|---------------|--------------|-------------|
| Par | t 🔢 Organizations Maintaining C | ollections of A | rt, His | torical Tr | easures, | or Othe | er Simil | ar Asse | ts (contin | ued) |
| 3 | Using the organization's acquisition, accessi | on, and other record | ds, chec | k any of the | following tha | at are a s | ignificant | use of its | collection | rtems |
| • | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progr | ams | | | | |
| b | Scholarly research | e | | Other | | | | | | |
| c | Preservation for future generations | | | | | | | | - | |
| 4 | Provide a description of the organization's co | ollections and explai | n how t | hev further t | he organizati | ion's exe | mot puro | ose in Pari | XIV. | |
| 5 | During the year, did the organization solicit o | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | ☐ No |
| Par | t IV Escrow and Custodial Arran | | | | | "Yes" to | Form 990 |). Part IV. I | | |
| 1 | reported an amount on Form 990, Par | rt X, line 21. | | ga | | | | ,, , , , | | |
| | Is the organization an agent, trustee, custodi | | diary for | contribution | s or other as | sets not | Included | | | |
| | on Form 990, Part X? | | J. C. 101 | | | 30013 1101 | 111010000 | | Yes | No |
| ь | if "Yes," explain the arrangement in Part XIV | and complete the fo | llowing | table: | | | | |] 163 | |
| _ | in 105, explain the diffalgement in 1 at 2014 | and complete the ic | /IIO WIII I G | table. | | | | | Amount | |
| c | Beginning balance | | | | | | 10 | | AITIOUTIL | |
| | Additions during the year | • | | | • | • | 1c | | _ | |
| | Distributions during the year | • | - | | •• | • | 1d | | | |
| f | Ending balance | | • | | • | • • | 1e | | | |
| - | • | 000 Dark V Iva- | | | • | • | 1f | | ٦,, | |
| | Did the organization include an amount on Fo | | 1217 | | • | • • | • | | Yes | L No |
| Par | If "Yes," explain the arrangement in Part XIV. TY Endowment Funds. Complete in | | | IVIA- F- | 000 D4 | 07 1 | | | | |
| i cai | Lituowillett Fullus. Complete | | | | | 1 | | | 4 > 5. | |
| | | (a) Current year | (b) F | Prior year | (c) Two yea | rs dack | (d) Three | ears back | (e) Four | rears back |
| 1a | Beginning of year balance | | | | | | | ···· ,,,,,,, | 11111 | |
| Þ | Contributions | | ļ | _ | | | | | | |
| C | Net investment earnings, gains, and losses | | | _ | | | | ''' - | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs . | | | | | | | | | |
| f | Administrative expenses | | | | | | | | <u> </u> | |
| g | End of year balance | | l | | | | | | | |
| 2 | Provide the estimated percentage of the year | r end balance held a | as: | | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| þ | Permanent endowment ► | % | | | | | | | | |
| C | Term endowment ▶ | % | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiz | ation th | at are held a | nd administe | ered for t | he organi: | zation | | |
| | by: | | | | | | | | | res No |
| | (i) unrelated organizations | | | | | - | | | 3a(i) | |
| | (ii) related organizations | | - | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | on Sche | dule R? | • | | | | 3ь | |
| 4 | Describe in Part XIV the intended uses of the | organization's ende | owment | funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | nent. See Form 990 | D, Part X | (, line 10. | | | | | | |
| | Description of investment | (a) Cost or o basis (investi | | , , , | or other (other) | | ccumulate preciation | I | (d) Book | value |
| 1a | Land | | | | | | 1111 | | | |
| | Buildings | | | | | | *************************************** | | | |
| c | Leasehold improvements | | | | | | | | | |
| d | Equipment | - | | | | | | | | |
| | Other | , - | | 1 | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | gual Form 990. Part | X, colu | nn (B). line 1 | 10(c).) | I | | • | | 0. |

Schedule D (Form 990) 2010

| | t XI Reconciliation of Change in Net Assets from Form 990 | | | inanc | ial Sta | | 717000 | Page 4 |
|------------|--|--------|-------------|----------|-------------|-----------------|---------------|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | to Aud | itou i | <u> </u> | 1 | 201110111 | | |
| ` <u>'</u> | Total expenses (Form 990, Part IX, column (A), line 25) | | | H | 2 | | | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | F | 3 | | | |
| 4 | Net unrealized gains (losses) on investments | • | | H | 4 | | | |
| 5 | Donated services and use of facilities | • | | <u> </u> | 5 | | | |
| 6 | Investment expenses | • | • | - | 6 | | _ | |
| 7 | Prior period adjustments | | | ·· | 7 | | | |
| 8 | Other (Describe in Part XIV.) | | | | 8 | | | <u></u> |
| 9 | Total adjustments (net). Add lines 4 through 8 | | | - | 9 | | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 | and 0 | | • - | 10 | | | |
| | XII Reconciliation of Revenue per Audited Financial Statem | | With R | leveni | | Return | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | | <u> po.</u> | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | - | | |
| a | Net unrealized gains on investments | 2a | .1 | | | | | |
| b | Donated services and use of facilities | 2b | | | | | | |
| c | Recoveries of prior year grants | 2c | 1 | | | - | | |
| d | Other (Describe in Part XIV.) | 2d | | | | | | |
| e | Add lines 2a through 2d | | · | | | | | |
| 3 | Subtract line 2e from line 1 | | | | | 3 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | • | • | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | . | | | | | |
| b | Other (Describe in Part XIV.) | 4b | | | | | | |
| c | Add lines 4a and 4b | | <u>' </u> | | | 4c | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | | 5 | | |
| Pa | t XIII Reconciliation of Expenses per Audited Financial State | ments | With | Exper | ses p | | ——— п | |
| 1 | Total expenses and losses per audited financial statements | | | | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | | | |
| | Donated services and use of facilities | 2a | . 1 | | | | | |
| b | Prior year adjustments | 2b | <u> </u> | | | \dashv \mid | | |
| c | Other losses | 20 | | | | - | | |
| d | Other (Describe in Part XIV.) | 2d | | | | | | |
| | Add lines 2a through 2d | | | | | | | |
| 3 | Subtract line 2e from line 1 | • | • • • | | • | 3 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | • | • | · | | · · · · · · |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | . 1 | | | | | |
| | Other (Describe in Part XIV.) | 4b | | | | | | |
| c | Add lines 4a and 4b | | | | | 4c | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | | | 5 | | |
| - | t XIV Supplemental Information | | | | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co | | | | | | | ∍ 4; Part |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE (Form 990) Internal Revenue Service

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047 2010

Open to Public Inspection

Schedule I (Form 990) (2010) Ŷ ⊠ **Employer identification number** 58-1717000 ORGANIZATION IN CARRYING (h) Purpose of grant or assistance Yes OUT ITS MISSION TO SUPPORT THE Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

(g) Description of received more than \$5,000. Part II can be duplicated if additional space is needed

(g) Description of received more than \$5,000. Part II can be duplicated if additional space is needed

(g) Description of received more than \$5,000. Part II can be duplicated if additional space is needed

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(g) Description of received more than \$5,000. Part II can be duplicated if additional space is needed

(g) Description of received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 116,000. INC LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. CHILD ENRICHMENT ENDOWMENT, 501(C)(3) Enter total number of section 501(c)(3) and government organizations 58-1287799 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization AUGUSTA, GA 30904 CHILD ENRICHMENT P.O. BOX 12036 Part Part

032101 01-13-11

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2010) CHILD ENRICHMENT ENDOWMENT, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11

Page 2

58-1717000

'SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| CHILD ENRICHMENT ENDOWMENT, INC. 58-1717000 |
|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| PROGRAMS. |
| |
| FORM 990, PART V, LINE 1C |
| BACKUP WITHHOLDING |
| THE ORGANIZATION DID NOT HAVE ANY REPORTABLE GAMING (GAMBLING) WINNINGS |
| TO PRIZE WINNERS AND THEREFORE THE BACKUP WITHHOLDING RULES DID NOT |
| APPLY. |
| |
| |
| FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO THE |
| ORGANIZATION IN A PDF DOCUMENT VIA EMAIL. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE PERIODICALLY |
| REMINDED OF THE CONFLICT OF INTEREST POLICY AND THE POLICY IS FOLLOWED WHEN |
| A CONFLICT OF INTEREST UNDER THE POLICY ARISES. |
| |
| FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 ARE |
| AVAILABLE UPON REQUEST. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING |
| DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON |
| REQUEST. |
| |
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: |
| UNREALIZED GAIN ON INVESTMENTS 106.559. |

Form **8868**

•(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| | Tailet Savies F 1110 G Sapi | ar deb claja. | | | | |
|--------------|---|---------------|---|--------------------|--------------------------------------|------------|
| • | are filing for an Automatic 3-Month Extension, comple | _ | | | | X |
| | are filing for an Additional (Not Automatic) 3-Month Ex | | | | | |
| | complete Part II unless you have already been granted a | | | | | |
| | nic filing (e-file). You can electronically file Form 8868 if y | | | | | |
| | to file Form 990-T), or an additional (not automatic) 3-mo | | | | | |
| | to file any of the forms listed in Part I or Part II with the ex | • | | | | |
| | al Benefit Contracts, which must be sent to the IRS in pap | | (see instructions). For more details on the | ne elec | tronic filing of this fo | orm, |
| Part | w irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time | | bruit original (no copies peeded) | | | |
| | ration required to file Form 990-T and requesting an autor | | | nlete | | |
| Part I or | | 110000 | | ,,,,,,, | • | |
| All other | corporations (including 1120-C filers), partnerships, REM come tax returns. | IICs, and t | rusts must use Form 7004 to request an | exten | sion of time | |
| Type or | Name of exempt organization | ······ | | Empl | loyer Identification | number |
| print | | | | | | |
| File by the | CHILD ENRICHMENT ENDOWMENT | , INC | <u> </u> | 5 | <u>8-1717000</u> | |
| due date for | Number, street, and room or suite no If a P.O. box, s | ee instruc | tions. | | | |
| return See | | oreign add | lress, see instructions. | ···· | | |
| | AUGUSTA, GA 30914-2036 | ŭ | | | | |
| | | | | | | |
| Enter th | e Return code for the return that this application is for (file | e a separa | te application for each return) | • ••••• | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0 1 |
| Applica | tion | Return | Application | | | Return |
| is For | ••• | Code | Is For | | Code | |
| Form 99 | 00 | 01 | Form 990-T (corporation) | | | 07 |
| Form 99 | | 02 | Form 1041-A | | | 08 |
| Form 99 | 0-EZ | 03 | Form 4720 | | | 09 |
| Form 99 | 10-PF | 04 | Form 5227 | | | 10 |
| Form 99 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 99 | 0-T (trust other than above) | 06 | Form 8870 | | | 12 |
| | DEBRA MINOR | | | | | |
| | books are in the care of P O BOX 12036 | - AUG | USTA, GA 30914 | | | |
| • | phone No ► 706-737-4631 | | FAX No. > | | | |
| | organization does not have an office or place of busines | | | | ▶ | |
| • If this | s is for a Group Return, enter the organization's four digit | -1 | | | | |
| box > | | | ach a list with the names and EINs of all | | ers the extension is | for. |
| 1 Ir | equest an automatic 3 month (6 months for a corporation | | | | | |
| _ | | t organiza | tion return for the organization named a | DOV O . | ine extension | |
| IS | for the organization's return for | | | | | |
| | calendar year or X tax year beginning JUL 1, 2010 | an | d ending JUN 30, 2011 | | | |
| | A tax year beginning 501 1, 2010 | , an | d ending | | | |
| 2 If | the tax year entered in line 1 is for less than 12 months, o | heck reas | on Initial return Fina | al retur | n | |
| | Change in accounting period | incon road | on | | 1 6 | |
| | Change in accounting period | | | | | |
| 3a If | this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | nter the tentative tax, less any | | | |
| no | onrefundable credits. See instructions | | | 3a | \$ | 0. |
| b If | this application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and | | | |
| <u>es</u> | stimated tax payments made. Include any prior year overp | payment a | llowed as a credit | 3b | \$ | 0. |
| с В | alance due. Subtract line 3b from line 3a. Include your pa | syment wit | th this form, if required, | | | |
| | using EFTPS (Electronic Federal Tax Payment System) | | | 3c | \$ | 0. |
| Caution | . If you are going to make an electronic fund withdrawal v | with this F | orm 8868, see Form 8453-EO and Form | 8879 | EO for payment inst | ructions |
| LHA | For Paperwork Reduction Act Notice, see Instructions | S. | | | Form 8868 (Re | ev 1-2011) |

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| Form 8868 (Rev. 1.20 |)11) | | | | | Page 2 | | |
|---|--|---------------------------------|--|---------------|---------------------------------------|--|--|--|
| | an Additional (Not Automatic) 3-Month E | xtension. o | complete only Part II and check this t | ox | | ► [X] | | |
| | Part II if you have already been granted an | | | | 3868 | | | |
| | an Automatic 3-Month Extension, comple | | | | | | | |
| | tional (Not Automatic) 3-Month 6 | | | copies n | ended) | | | |
| | | 3.117 | Employer identification number | | | | | |
| Type or | exempt organization | Employer Identification flumber | | | | | | |
| print CITTE | OUTED PAID COMPAND PAIDONMEND INC | | | | | | | |
| File by the | CHILD ENRICHMENT ENDOWMENT, INC. Number, street, and room or suite no if a P.O box, see instructions | | | | | | | |
| caterioco i | | see instruc | tions | | | | | |
| I ma your | 30X 12036 | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | n or post office, state, and ZIP code For a | toreign add | iress, see instructions | | | | | |
| AUGUS'. | ra, ga 30914-2036 | | | | | | | |
| | | | | | | [0][1] | | |
| Enter the Return cod | e for the return that this application is for (fi | ie a separa | te application for each return) | | | 0 1 | | |
| A | | | | | | T | | |
| Application | | Return | Application | | | Return | | |
| ls <u>For</u> | | Code | is For | | | Code | | |
| Form 990 | | 01 | | | | | | |
| Form 990 BL | | 02 | Form 1041-A | | | 08 | | |
| Form 990-EZ | 4,4, | 01 | Form 4720 | | | 09 | | |
| Form 990-PF | | 04 | Form 5227 | | | 10 | | |
| Form 990-T (sec 401 | (a) or 408(a) trust) | 05 | Form 6069 | | | | | |
| Form 990 T (trust oth | | 06 | Form 8870 | - | | 12 | | |
| STOP! Do not comp | lete Part II if you were not already grante | d an autor | matic 3-month extension on a previo | usly file | d Form 8868. | | | |
| | DEBRA MINOR | | | | | | | |
| The books are in t | he care of ▶ POBOX 12036 | - AUG | USTA, GA 30914 | | | | | |
| Telephone No 🕨 | 706-737-4631 | | FAX No 🕨 | | | | | |
| If the organization | does not have an office or place of busines | ss in the Ui | nited States, check this box 👑 🔻 | ~ | | · [] | | |
| If this is for a Grou | p Return, enter the organization's four digit | t Group Exe | emption Number (GEN) If t | his is fo | the whole group, | check this | | |
| x lf it is | for part of the group, check this box 🕨 | and atta | ach a list with the names and EINs of a | ll memb | ers the extension | is for. | | |
| 4 request an ad | ditional 3-month extension of time until | MAY | 15, 2012 | | | | | |
| | ear, or other tax year beginning _ | | | JUN | 30, 2011 | · | | |
| 6 If the tax year e | entered in line 5 is for less than 12 months, | check reas | ion. Initial return | Final r | eturn | | | |
| | n accounting period | | | | | | | |
| 7 State in detail v | why you need the extension | | | | | | | |
| ALL INFO | ALL INFORMATION NEEDED TO PREPARE A COMPLETE TAX RETURN HAS NOT BEEN | | | | | | | |
| RECEIVE | · | | | | | | | |
| | | | | | | | | |
| 8a If this application | on is for Form 990-BL, 990-PF, 990-T, 4720 | , or 6069, e | enter the tentative tax, less any | 7 | | | | |
| | nonrefundable credits. See instructions If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated. | | | | | 0. | | |
| *** *** *** | | | | | | | | |
| | tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | | | | | | | |
| | previously with Form 8868 | | | | | 0. | | |
| | Subtract line 8b from line 8a Include your p | avment wr | th this form, if required, by using | | | | | |
| | nic Federal Tax Payment System) See inst | | | 8c | s | 0. | | |
| <u> </u> | | | nd Verification | | LJ | ************************************** | | |
| Inder negation of narm | ry, I declare that I have examined this form, inclu | | | he nest o | f my knowledae and | be ref. | | |
| t is true, correct, and co | insplete, and that I am authorized to prepare this | form. | pa 17.119 oon o selou and statement and to t | | - 1.11 | 1. | | |
| Signature > Tel | 10100th Mariano | | | Oate | Dd/141 | /d | | |
| agnature - INA | The state of the s | CLM | | 0.015 | <u> </u> | Rev 1-2011) | | |
| | <i>i]</i> | | | | 1 0000 (| 1104 172011) | | |
| | v.Z | | | | | | | |