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#### Form **990-PF**

Return of Private Foundation

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

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service For calendar year 2013 or tax year beginning and ending Name of foundation A Employer identification number THE DEWBERRY FOUNDATION, 01-0683207 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1545 PEACHTREE STREET 250 (404) 888-7972 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ATLANTA, GA 30309-7030 Initial return G Check all that apply: Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Accrual I Fair market value of all assets at end of year J Accounting method: Cash If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 92,405. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purpos (cash basis only) expenses per books income ıncome 80,000. Contributions, gifts, grants, etc., received N/A Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 69 69 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less retur 080 b Less Cost of goods so c Gross profit or (loss) NOV 2 0 2014 83 11 Other income 12 Total. Add lines 1 through & GOEN, UT 80,069 69 0. 0. 13 Compensation of office 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 1,620 0. 0. **b** Accounting fees c Other professional fees 17 Interest 50 0. 0. 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 4 89 0 0. 23 Other expenses 24 Total operating and administrative 1,759 0 expenses. Add lines 13 through 23 76,500 25 Contributions, gifts, grants paid 76,500. 26 Total expenses and disbursements. 78,259 0 76,500. Add lines 24 and 25 27 Subtract line 26 from line 12: 1,810 a Excess of revenue over expenses and disbursements 69 b Net investment income (if negative, enter -0-)

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N/A

c Adjusted net income (if negative enter -0-)

323501 10-10-13 LHA For Paperwork Reduction Act Notice, see instructions

For	m 99	0-PF (2013) THE DEWBERRY FOUNDATION	, INC.	01-0	0683207 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<del></del>
Ë	. –	Constitut Should be so, end-on-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	83,215.	84,375.	84,375.
		Savings and temporary cash investments			
	3	Accounts receivable ► 8,030.	7 200	0 000	0 000
	١.	Less: allowance for doubtful accounts	7,380.	8,030.	8,030.
	4	Pledges receivable >			
	١.	Less: allowance for doubtful accounts		-	
	5	Grants receivable			
	٥	Receivables due from officers, directors, trustees, and other			
	,	disqualified persons Other notes and loans receivable	<del></del>		
G	′	Less: allowance for doubtful accounts			
	۰	Inventories for sale or use			<del></del>
Assets	9	Prepaid expenses and deferred charges			
As	1 '	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			· · · · · · · · · · · · · · · · · · ·
	1	Investments - corporate bonds			
	1	Investments - land, buildings, and equipment, basis			
	` `	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ► )			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	90,595.	92,405.	92,405.
	17	Accounts payable and accrued expenses	115.	115.	
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers directors, trustees, and other disqualified persons			
api	21	Mortgages and other notes payable			
_	22	Other liabilities (describe ► )			
		-			
	23	Total liabilities (add lines 17 through 22)	115.	115.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.	į		
ë	24	Unrestricted			
lan	25	Temporarily restricted			
Ba	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ts	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ę	29	Retained earnings, accumulated income, endowment, or other funds	90,480.	92,290.	
Ž	30	Total net assets or fund balances	90,480.	92,290.	
			00 505	00 405	
_	31	Total liabilities and net assets/fund balances	90,595.	92,405.	
F	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	90,480.
2	•	r amount from Part I, line 27a		2	1,810.
		r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	92,290.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	92,290.
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76,500.

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

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

8

	m 990-PF (2013) THE DEWBERRY FOUNDATION, INC. 01-068 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	3207	ıctior	Page 4
	a Exempt operating foundations described in section 4940(d)(2), check here \to \to and enter "N/A" on line 1.	, 1113010		13)
10	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
h	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here $\blacksquare$ X and enter 1%			1.
	of Part I, line 27b			<del></del>
c	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2			1.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
				1.
	a 2013 estimated tax payments and 2012 overpayment credited to 2013			
	b Exempt foreign organizations - tax withheld at source			
	c Tax paid with application for extension of time to file (Form 8868)			
	d Backup withholding erroneously withheld 6d 6d			
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			1.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2014 estimated tax			
	art VII-A Statements Regarding Activities			
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	$\neg$	Yes	No
	any political campaign?	1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	,,,		
	distributed by the foundation in connection with the activities			
c	c 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:			
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	İ		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>x</u>
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year? N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		Х
7	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 XV	7	Х	
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)	_		
	GA	_		
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-		
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	1		
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		_X_
10		10		<u>X</u>
	F	orm <b>990</b>	- <b>PF</b> (	2013)

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Pa	irt VII-A   Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_x	
	Website address ► N/A			
14	The books are in care of ► JOHN K. DEWBERRY  Telephone no. ► (404)			
	Located at ► 1545 PEACHTREE STREET, SUITE 250, ATLANTA, GA ZIP+4 ►30	)309·	<u>-70</u>	30
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	. [	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
_	country	<u> </u>		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 1		- N
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly);			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?  Yes X No  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
	termination of government service, if terminating within 90 days.)  If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	""		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
٠	before the first day of the tax year beginning in 2013?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
-	defined in section 4942(j)(3) or 4942(j)(5)):			
я	the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
Ī	before 2013? Yes X No			
	If "Yes," list the years $\blacktriangleright$		ļ	
Ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		į	
	statement - see instructions.)  N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		}	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		ł	
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	1 4b	i	X

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otm 990-PF (2013) THE DEWBERRY FOUNDATION,			<u>01-06832</u>	<u>07 Page 6</u>
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be I	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:	· · · · · · · · · · · · · · · · · · ·	·		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	C Ye	es X No	ļ }
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indir	ectly,		
any voter registration drive?		☐ Ye	s X No	i i
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio				
509(a)(1), (2), or (3), or section 4940(d)(2)?	TOOLONG W. SOUNDIN	☐ Ve	es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or		.5 (22) 110	
the prevention of cruelty to children or animals?	or cododitorial purposes, or		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	for the excentions described		is Lat No	
section 53.4945 or in a current notice regarding disaster assistance (see instru		iii riegulations	N/A	5 <b>b</b>
Organizations relying on a current notice regarding disaster assistance check h	•			<del>70</del>
• • • • • • • • • • • • • • • • • • • •		unad		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for			. —	
expenditure responsibility for the grant?		I/A ∟ Ye	es L No	
If "Yes," attach the statement required by Regulations section 53 494:				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es 🗶 No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	Sb X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
<u>b If 'Yes,' did the foundation receive any proceeds or have any net income attributed</u> Part VIII Information About Officers, Directors, Trust				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	<b>/</b>	
List all officers, directors, trustees, foundation managers and their	componention	-	· · · · · · · · · · · · · · · · · · ·	
List an officers, directors, a distees, foundation managers and their	<del>-</del>	(c) Compensation	(d) Contributions to	(a) Evnança
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	`enter'-0-)	and deferred compensation	allowances
	PRESIDENT			
L545 PEACHTREE STREET, SUITE 250				_
ATLANTA, GA 30309-7030	5.00	0.	0.	<u> </u>
OUGLAS G. DEWBERRY	CFO			
1545 PEACHTREE STREET, SUITE 250				_
ATLANTA, GA 30309-7030	5.00	0.	0.	0.
	<u> </u>			
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	4.3.5
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(6)	compensation	allowances
NONE				
		ļ		
		<u></u>		
			Π	
otal number of other employees paid over \$50,000			<b></b>	0
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orm 990-PF (2013) THE DEWBERRY FOUNDATION, INC.	01-0	0683207 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
B Five highest-paid independent contractors for professional services. If none, enter "NC	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in		' Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced	, etc.	
N/A		
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		
otal. Add lines 1 through 3	<u> </u>	0.
		Form <b>990-PF</b> (2013)

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	l 1a	0.
b	Average of monthly cash balances	1b	83,795.
C	Fair market value of all other assets	1c	8,030.
d	Total (add lines 1a, b, and c)	1d	91,825.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	.	
2	Acquisition indebtedness applicable to line 1 assets	7 <sub>2</sub>	0.
3	Subtract line 2 from line 1d	3	91,825.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,377.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	90,448.
6	Minimum investment return Enter 5% of line 5	6	4,522.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	
	foreign organizations check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	4,522.
2a	Tax on investment income for 2013 from Part VI, line 5	<u>.</u>	
b	Income tax for 2013. (This does not include the tax from Part VI.)	<b>」</b> │	
C	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,521.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,521.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,521.
P	Qualifying Distributions (see 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	76,500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	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	76,500.
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	5	1.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	76,499.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for t	he section

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4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

Descriptuable amount for 2013 from Part XI, Inter 2   Undescriptuate amount for 2013 from Part XI, Inter 2   Undescriptuate amount for 2012 conly		(a)	(b)	(c)	(d)
Line 2 Lineast biomarks around for 2012 only  Edites amount for 2012 only  Total for prory years:  Excess distributions carryover, it any, to 2013: a From 2008 12.3, 7.95. b From 2009 75, 8.42. c From 2010 39, 1,19. d From 2011 39, 5,50. From 2011 39, 5,50. From 2012 73, 4,34. Total of these Sathroughe 351, 700.  Applied to undistribution for 2013 from Part XII, tine 4; ▶ \$ 76, 5,50. A papiled to undistribution conne of prior years (Edition required - see instructions) d Freeded as distributions out of corpus (Edition required - see instructions) d Erealed as distribution of the 2013 minute of the corpus (Edition required - see instructions) d Excess device success acrows explete to 2013 minute of the corpus (Edition required - see instructions) d Excess device success acrows explete to 2013 minute of the corpus (Edition required - see instructions) d Enter the end total of each oblima is indicated below.  Enter the end total of each oblima is indicated below.  Enter the end total of each oblima is indicated below.  Enter the manual of prior years' undistributed incomes. Subtract line 46 from line 2.  Enter the amount of prior years' undistributed incomes of complete of the section 49(24) tax has been previously assessed of discharge has been success, or on which the section 49(24) tax has been previously assessed of discharge has been success, or on which the section 49(24) tax has been previously assessed of discharge has been successed by the section 49(24) tax has been previously assessed of discharge has been successed by the section 49(24) tax has been previously assessed of discharge has been successed by the section 49(24) tax has been previously assessed of discharge has been successed by the section 49(24) tax has been previously assessed of discharge has been successed by the section 49(24) tax has been previously assessed of discharge has been successed by the section 49(24) tax has been previously assessed of the section 49(24) tax has been previously assessed of the section 49(24) tax has been pr					
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From 2009   75, 842.	3 Excess distributions carryover, if any, to 2013:				
From 2009   75, 842.	a From 2008 123,795.				
## From 2010   39,119   d From 2011   39,510   From 2012   73,434   1   Total of lines 3a through e   351,700     351,700					
4 From 2011   39,510       From 2012   73,434       Total of lines 3a through e   351,700       4 Cealifying distributions for 2013 from Part XII, ins. 4* № \$ 76,500       Applied to 2012, but not more than line 2e   0					
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10 Analysis of line 9:         a Excess from 2009       75,842.         b Excess from 2010       39,119.         c Excess from 2011       39,510.         d Excess from 2012       73,434.         e Excess from 2013       71,979.	•	200 201			
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	BERRY FOUND				83207 Page 10		
Part XIV Private Operating F			A, question 9)	<u> N/A</u>	<del></del>		
_	a If the foundation has received a ruling or determination letter that it is a private operating						
foundation, and the ruling is effective for	2013, enter the date of t	he ruling	▶ ∟				
b Check box to indicate whether the found		g foundation described in			942(j)(5)		
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<del></del>			
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total		
investment return from Part X for							
each year listed							
<b>b</b> 85% of line 2a							
c 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							
e Qualifying distributions made directly	-				<del>                                     </del>		
for active conduct of exempt activities.							
Subtract line 2d from line 2c					İ		
3 Complete 3a, b, or c for the	<u> </u>	-			<del> </del>		
alternative test relied upon:							
a "Assets" alternative test - enter:							
(1) Value of all assets	<del>-</del> .						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
<b>b</b> "Endowment" alternative test - enter							
2/3 of minimum investment return							
shown in Part X, line 6 for each year listed		,					
c "Support" alternative test - enter:							
(1) Total support other than gross			-				
investment income (interest,							
dividends, rents, payments on							
securities loans (section 512(a)(5)), or royalties)							
(2) Support from general public			-				
and 5 or more exempt							
organizations as provided in			İ				
section 4942(j)(3)(B)(iii)	· · · · · · · · · · · · · · · · · · ·						
(3) Largest amount of support from							
an exempt organization							
(4) Gross investment income  Part XV   Supplementary Info	rmation (Comple	to this part only	if the found	ation had \$5,000 or m	oro in accets		
at any time during t			ii tile loulius	ation nad 40,000 or in	iore iii assets		
1 Information Regarding Foundation				-			
a List any managers of the foundation wh	<del>-</del>	than 2% of the total cont	rihiitions received	by the foundation before the cl	ose of any tax		
year (but only if they have contributed in				by the realisation belove the or	oso or any tax		
JOHN K. DEWBERRY		, ., , ,					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (	or an equally large	e portion of the ownership of a	partnership or		
other entity) of which the foundation has			or an oquany large	o portion of the officer p of a			
NONE							
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:				
<u> </u>		• • • • •	_	does not accept unsolicited red	uests for funds. If		
the foundation makes gifts, grants, etc.							
a The name, address, and telephone num							
a mo name, address, and totophone name	os. or o man addition of t	porcon to mnom uppii					
SEE STATEMENT 5							
b The form in which applications should b	e submitted and informa	tion and materials they st	nould include:		,		
2							
c Any submission deadlines:							
d Any restrictions or limitations on awards	d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:						

Total

# Analysis of Income-Producing Activities

		Unrelated h	usiness income	Excluded	by section 512, 513, or 514	
Enter gross amounts unless oth  1 Program service revenue:	erwise indicated.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
_		Code		1000		
				+	-	
				<del>                                     </del>		
•				+		
			-	<del>  -   -</del>	-	
•				<del>    -</del>		<del></del>
- Food and contracts from	acuarament agencias			<del>  </del>		
g Fees and contracts from	-			+ +		<del></del>
2 Membership dues and asses		<del> </del>		+ +		
3 Interest on savings and temp	Julary Gasii			01	69.	
Investments				01	09.	
4 Dividends and interest from:		<del></del>				
5 Net rental income or (loss) fr	om real estate:			+		
a Debt-financed property		ļ.	<del></del>	<del>  </del>		
b Not debt-financed proper				++-		<del></del>
6 Net rental income or (loss) for property	rom personal					
7 Other investment income						<del></del>
8 Gain or (loss) from sales of a	assets other					
than inventory						
9 Net income or (loss) from sp	pecial events			T I		
10 Gross profit or (loss) from s						
11 Other revenue:	•					
	· · · · · · · · · · · · · · · · · · ·					
-		1 1	······································	1-1-		
		1 1				
e						
12 Subtotal. Add columns (b), (	(d), and (e)		0.		69.	0.
13 Total Add line 12, columns				<u>'ll-</u>	13	69.
(See worksheet in line 13 instru						
	onship of Activities	to the Accom	plishment of E	xempt F	Purposes	
Line No. Explain below h	ow each activity for which inco	ome is reported in c	olumn (e) of Part XVI-A	A contribute	d importantly to the accomp	olishment of
▼ the foundation's	s exempt purposes (other than	by providing funds	for such purposes).			
	# <b>-</b> 1 - 1					
			_			
			-			
						_
						_, .
						_
						_
						<del>- "</del>
<del></del>						<del></del>

323621 10-10-13 Form **990-PF** (2013)

N/A				
				···
$\sim$				·
	mined this return, including accompanying schedules at tion of preparer (other than taxpayer) is based on allyinfo			May the IRS discuss this return with the preparer shown below (see instr )?  X Yes No
Print/Type-preparer's name	Preparer's signature	Date	Check If	PTIN
E WAYNE WILLIAMS	3,		self- employed	
Paid JR	E WAYNE WILLIAMS,	11/12/14		P00294425
Preparer Firm's name ► METCALF I Use Only	Firm's name ► METCALF DAVIS, CPAS			
Firm's address ► 3340 PEZ	ACHTREE ROAD, NE, SUI	TE 2600		
ATLANTA	GA 30326-1089		Phone no. (40	04) 264-1700
				Form <b>990-PF</b> (2013)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

nternal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization

Employer identification number

<u>T</u>	HE DEWBERRY FOUNDATION, INC.	01-0683207				
Organization type (check one).						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
• •	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle See instructions.				
General Rule						
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in miplete Parts I and II	oney or property) from any one				
Special Rules						
509(a)(1) and 170	I (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rec D(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the In (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II					
total contribution	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, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributions for If this box is chec purpose Do not	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 total to more than \$1,000 lf 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year					
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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

#### THE DEWBERRY FOUNDATION, INC.

01-0683207

TUE D	EWBERRY FOUNDATION, INC.		0683207
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN K. DEWBERRY  1545 PEACHTREE STREET, SUITE 250  ATLANTA, GA 30309-7030	\$80,000 <u>.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$ . \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Moncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

#### THE DEWBERRY FOUNDATION, INC.

01-0683207

(a) No. (b) (c) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) No. (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)		rt II if additional space is needed	Noncash Property (see instructions) Use duplicate copies of P	Part II
(a) No. Part I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) No. In the part I  (a) No. In the part I  (b) Description of noncash property given  (a) No. In the part I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) No. In the part I  (d) No. In the part I  (e) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (a) No. In the part I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) No. In the part I  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)	(d) Date received	FMV (or estimate)		No. from
(a) No. Part I  (a) No. Description of noncash property given   S   (c)    (b) FMV (or estimate) (see instructions)    (a) No. (b)   FMV (or estimate) (see instructions)    (b) C   FMV (or estimate) (see instructions)    (a) No. (b)   FMV (or estimate) (see instructions)    (b) C   FMV (or estimate) (see instructions)    (a) No. (b)   FMV (or estimate) (see instructions)    (b) C   FMV (or estimate) (see instructions)    (a) No. (b)   FMV (or estimate) (see instructions)    (b) C   FMV (or estimate) (see instructions)    (c) FMV (or estimate) (see instructions)    (d) No. (e)   FMV (or estimate) (see instructions)    (e) FMV (or estimate) (see instructions)    (for instructions)   FMV (or estimate) (see instructions)				
No. from Part I  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) No. (c) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)			•	
(a) No. (b) FMV (or estimate) (see instructions)  (a) No. (b) Co FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)	(d) Date received	FMV (or estimate)		No. from
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (see instructions)  (a) No. from Part I  (a) No. from Part I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (a) No. from Part I  (b) CFMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)		   s		
(a) No. (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)	(d) Date received	FMV (or estimate)		No. from
No. from Part I Description of noncash property given S	<u></u>			
(a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)	(d) Date received	FMV (or estimate)		No. from
No. from Description of noncash property given \$		     \$		
(a) No. (b) FMV (or estimate) (see instructions)	(d) Date received	FMV (or estimate)		No. from
No. (b) FMV (or estimate) (see instructions)				
	(d) Date received	FMV (or estimate)	· ·	No.

Name of organ	ization		Employer identification number					
THE DEW	VBERRY FOUNDATION, INC.  Exclusively religious charitable etc. ind	ividual contributions to section 501(c	01-0683207 c)(7), (8), or (10) organizations that total more than \$1,000 for the					
	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, of Use duplicate copies of Part III if addition	the following line entry. For organization to, contributions of \$1,000 or less for nall space is needed.	c)(7), (8), or (10) organizations that total more than \$1,000 for the tons completing Part III, enter or the year. (Enter this information once)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
-		(e) Transfer of gif	ift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
	(e) Transfer of gift							
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
		(e) Transfer of git	<u> </u>					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
-								

Part XV Supplementary Information  3 Grants and Contributions Paid During the You				
Recipient	If recipient is an individual,	Ţ		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
AMI AND VOIDE DEPOSIT C EDUCATION	NONE	DIDLIG GUADIMY	WOLIMIT DECOURAGE	
TLANTA YOUTH TENNIS & EDUCATION COUNDATION	NONE	PUBLIC CHARITY	YOUTH PROGRAMS	
1200 ASHWOOD PAKWAY, SUITE 500				
ATLANTA GA 30338				100
BOBBY DODD COACH OF THE YEAR FOUNDATION	NONE	PUBLIC CHARITY	SCHOLARSHIPS	
P.O. BOX 15908				
CHATTAMOOGA, TN 37415				2,500
,				
BOBBY DODD INSTITUTE INC	NONE	PUBLIC CHARITY		
2120 MARIETTA BLVD NW ATLANTA, GA 30318			REHABILITATION SERVICES	500
ATHAMIA, GA 30310			DERVICES .	
BRIGHT FUTURES ATLANTA	NONE	PUBLIC CHARITY	YOUTH PROGRAMS	
64 EDWIN PLACE NW				
ATLANTA GA 30318				1,000
CAMP HAPPY DAYS	NONE	PUBLIC CHARITY	CARE CENTER FOR	
1622 ASHLEY HALL ROAD			CHILDREN WITH CANCER	
CHARLESTON, SC 29407				500
CLASSICAL AMERICAN HOMES PRESERVATION	NONE	PUBLIC CHARITY	PRESERVE, PROTECT AND	
TRUST			OPEN TO THE PUBLIC	
69 EAST 93RD STREET NEW YORK, NY 10128			EXAMPLES OF CLASSICAL AMERICAN RESIDENTIAL	
MDW Total, NT 10120			ARCHITECTURE	250
COLLEGE OF CHARLESTON COUGAR CLUB	NONE	PUBLIC CHARITY	PROVIDE SCHOLARSHIPS	
66 GEORGE STREET			TO STUDENT ATHLETES	1 000
CHARLESTON, SC 29424				1,000
COUNCIL FOR QUALITY GROWTH	NONE	PUBLIC CHARITY	PROMOTE BALANCED AND	
5901-C PEACHTREE DUNWOODY ROAD			RESPONSIBLE GROWTH IN	
ATLANTA, GA 30328	<u></u>		METRO ATLANTA	2,500
DASH 4 DAD	NONE	PUBLIC CHARITY	CANCER AWARENESS AND	
515 KING STREET #420			RESEARCH	
ALEXANDRIA, VA 22314				2,500
DAVIS LOVE III FOUNDATION  C/O HRH CPA, 808 MOOREFIELD PARK DRIVE	NONE	PUBLIC CHARITY	YOUTH AND FAMILY PROGRAMS	
RICHMOND, VA 23236			r nogramo	10,000
Total from continuation sheets		<del></del>		73 950

Part XV Supplementary Information Grants and Contribution's Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor FORERUNNERS FOR CHRIST NONE PUBLIC CHARITY YOUTH RELIGOUS P.O. BOX 2488 MINISTRY LILBURN, GA 30048 1,000. FRIENDS OF NEWTON PARKS, INC. NONE PUBLIC CHARITY CREATION AND MANINTENCE OF NEWTON 1124 CLARK STREET COVINGTON GA 30014 COUNTY GA PARKS 100. GEORGIA COUNCIL FOR ECONOMIC NONE PUBLIC CHARITY RESEARCH EDUCATION 10 PARK PLACE SUITE 420 ATLANTA GA 30301 1,000. GEORGIA NATURAL RESOURCES FOUNDATION NONE PUBLIC CHARITY SUPPORTS PRESERVATION OF GEORGIA'S NATURAL, 165 COURTLAND STREET NE ATLANTA, GA 30303 HISTORIC AND CULTURAL RESOURCES 5,000. GEORGIA TECH FOUNDATION INC NONE PUBLIC CHARITY PROMOTE HIGHER 760 SPRING ST., STE 400 EDUCATION IN THE STATE ATLANTA, GA 30308 OF GEORGIA 11,000. NONE PUBLIC CHARITY PUBLIC FINANCIAL GEORGIA'S OWN CREDIT UNION P.O. BOX 105205 SERVICE ATLANTA GA 30348 1 500. HAL BRADY MINISTRIES NONE PUBLIC CHARITY SUPPORT OF P.O. BOX 1367 DISSEMINATION OF DECATUR, GA 30031 SPIRITUAL IDEAS 1,000. HISTORIC CHARLESTON FOUNDATION NONE PUBLIC CHARITY PRESERVE AND PROTECT 40 EAST BAY STREET THE HISTORICAL CHARLESTON, SC 29401 ARCHITECTURAL AND MATERIAL CULTURE OF CHARLESTON 500. IDEALS FOUNDATION, INC. NONE PUBLIC CHARITY YOUTH LEADERSHIP 45 CHESHIRE WAY SUPPORT 2,000. LAWRENCEVILLE, GA 30043 PUBLIC CHARITY COMMUNITY ASSISTANCE JARS OF CLAY KINGDOM WORSHIP CENTER NONE 937 SIMS STREET SW ATLANTA, GA 30310 1,000. Total from continuation sheets

**Supplementary Information** Grants and Contribution's Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor MIDTOWN ASSISTANCE CENTER NONE PUBLIC CHARITY EMERGENCY ASSISTANCE 30 PORTER PLACE TO THE WORKING POOR OF ATLANTA, GA 30308 MIDTOWN 500. MOVING IN THE SPIRIT NONE PUBLIC CHARITY USES DANCE TO 750 GLENWOOD AVE SE POSITIVELY TRANSFORM THE LIVES OF CHILDREN ATLANTA, GA 30316 AND TEENS IN ATLANTA 10,000. PAUL ANDERSON YOUTH HOME - VIDALIA NONE PUBLIC CHARITY CHILD SERVICES INC 1603 MCINTOSH STREET VIDALIA GA 30474 10,000. RALLY FOUNDATION NONE PUBLIC CHARITY CHILDHOOD CANCER 5775 GLENRIDGE DRIVE RESEARCH SANDY SPRINGS GA 30328 1,000. SAVANNAH COLLEGE OF ART AND DESIGN NONE PUBLIC CHARITY SCHOLARSHIPS P.O. BOX 3146 SAVANNAH, GA 31402 1,000. PUBLIC CHARITY CHILD SERVICES NONE SPIRIT OF AMERICA FOUNDATION 190A INDUSTRIAL AVE WAYNESVILLE NC 28786 1,500. THE GEORGIA TRUST NONE PUBLIC CHARITY COMMUNITY PRESERVATION 1516 PEACHTREE ST 5,000. ATLANTA, GA 30309

Total from continuation sheets

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	1
SOURCE			(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
BANK OF NORTH GEORGIA		69.	69.		
TOTAL TO PART I, LINE 3		69.	69.		 
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	<u> </u>
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITABI	
TAX PREPARATION FEES	1,620.	0.			0.
TO FORM 990-PF, PG 1, LN 16B	1,620.	0.			0.
FORM 990-PF	TAX	ES		STATEMENT	 3 
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-		CHARITABI	
CORPORATE REGISTRATION	50.	0.	-	(	0.
TO FORM 990-PF, PG 1, LN 18	50.	0.	-		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
COURIER/EXPRESS MAIL BANK CHARGES	17. 72.				0. 0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

5

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN K. DEWBERRY 1545 PEACHTREE STREET, SUITE 250 ATLANTA, GA 30309-7030

TELEPHONE NUMBER

(404) 888-7990

#### FORM AND CONTENT OF APPLICATIONS

APPLICANTS SHOULD SUBMIT REQUESTS IN LETTER FORMAT. THE APPLICATION SHOULD CONTAIN A DESCRIPTION OF THE CHARITABLE PURPOSE OF THE APPLICANT AND THE ORGANIZATION'S MISSION STATEMENT. IN REQUESTING FUNDS, THE APPLICANT SHOULD PROVIDE COMPLETE INFORMATION AS TO THE PROPOSED USE OF THE FUNDS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

#### Form **8868**

(Rev January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box			
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of t	this form)		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a	a corporation
equired	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	368 to reques	st an extension
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers /	Associated W	th Certain
Persona	l Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details o	n the elec	tronic filing o	of this form,
ısıt ww	w irs gov/efile and click on e-file for Charities & Nonprofits	<u> </u>				
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpo	ration required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and o	complete		
art I or	nly					ightharpoons
	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time	
o file ın	come tax returns.			Enter file	er's identifyir	ng number
Type or	Name of exempt organization or other filer, see instru-	ctions		Employe	rıdentıfıcatıor	n number (EIN) or
orint						
ile by the	THE DEWBERRY FOUNDATION, IN	NC.			01-068	33207
due date f		ee instruc	tions.	Social se	curity numbe	r (SSN)
ilıng your eturn Sec	1545 PEACHTREE STREET, NO.					
nstruction		reign add	ress, see instructions			
	ATLANTA, GA 30309-7030					
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 7
		<del></del>	r "			<del></del>
Applica	tion	Return	Application			Return
s For		Code	Is For		••	Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
orm 99	0-BL	02	Form 1041-A			08
orm 47	(20 (individual)	03	Form 4720 (other than individual)			. 09
orm 99	0-PF	04	Form 5227		•••	10
orm 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
orm 99	0-T (trust other than above)	06	Form 8870			12
			1545 PEACHTREE STR	EET,	SUITE 2	250 -
	books are in the care of ATLANTA, GA 303	<u> 309-70</u>				
Telep	phone No ► <u>(404)</u> 888-7972		Fax No 🕨			
	organization does not have an office or place of business					
• If this	s is for a Group Return, enter the organization's four digit					
oox 🕨	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the exten	ision is for
1 Ir	equest an automatic 3-month (6 months for a corporation					
_	NOVEMBER 15, 2014, to file the exempt	t organiza	tion return for the organization name	ed above.	The extensio	n
	for the organization's return for					
	X calendar year 2013 or					
	tax year beginning	, an	d ending		_	
2 If	the tax year entered in line 1 is for less than 12 months, cl	heck reas	on I Initial return I I	Fınal retur	n	
L	Change in accounting period			ı		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any	İ		•
_	onrefundable credits. See instructions			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					•
	stimated tax payments made. Include any prior year overp			3b	\$	0.
	alance due, Subtract line 3b from line 3a. Include your pa	•				•
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
	I. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO at	nd Form 8879	P-EO for payment
nstruct			<del></del>			
_HA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 84	868 (Rev 1-2014)

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•	4° 4					
	8868 (Rev 1-2014)					Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Ex				•	<b>▶ 【X</b> 】
Note	Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	8868	
Par	t II Additional (Not Automatic) 3-Month Extension, comple			al (no o	opice peeded)	
[ r aı	Additional (Not Automatic) 5-Month E	XIGHSIO				
Turno	Name of everyth properties or other flex and mater		Enter filer's		ng number, see in	
Type print	or Name of exempt organization or other filer, see instru	ctions		Employe	r identification num	iber (EIN) or
File by	the THE DEWBERRY FOUNDATION, INC	~			01-06832	0.7
due da		-	tions	Social se	cunty number (SSI	
filing ye return	our Common Partie 2240 pm:			Jociai Se	curity number (55)	· <b>v</b> )
instruc						
	ATLANTA, GA 30326	g// au	mose, ese mandenone.			
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Appli	cation	Return	Application	·		Return
ls Fo		Code	Is For			Code
Form	990 or Form 990-EZ	01				1
Form	990-BL	02	Form 1041-A			08
Form	4720 (individual)	03	Form 4720 (other than individual)			09
Form	Form 990-PF 04 Form 5227					
Form	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
STOR	P! Do not complete Part II if you were not already granted					
			1545 PEACHTREE STR	EET,	SUITE 250	-
	e books are in the care of ATLANTA, GA 303	309-7	030			
	lephone No ► <u>(404)</u> 888-7972		Fax No			
	the organization does not have an office or place of business				<b>•</b>	
	this is for a Group Return, enter the organization's four digit	1			r the whole group,	
box I			ach a list with the names and EINs of	f all memb	ers the extension i	s tor
4 5	For calendar year $2013$ , or other tax year beginning	NOVEM.	BER 15, 2014	_		
6	If the tax year entered in line 5 is for less than 12 months, c	book roop	on Initial return	gFınalı	rati ira	
U	Change in accounting period	HECK TEAS	on mittai return	FIIIaI I	etam	
7	State in detail why you need the extension					
	ADDITIONAL TIME IS REQUESTED :	IN OR	DER TO GATHER ALL	INFOR	MATION NE	EDED
	TO PREPARE A COMPLETE AND ACCU			-		
8a	if this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
	nonrefundable credits. See instructions			8a	\$	<u> </u>
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069 $$	, enter an	y refundable credits and estimated			
	tax payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid			
	previously with Form 8868			8b	\$	<u> </u>
С	Balance due. Subtract line 8b from line 8a Include your pa	yment wit	h this form, if required, by using			

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Title ► CPA

EFTPS (Electronic Federal Tax Payment System) See instructions

Form 8868 (Rev 1-2014)

Date 🕨

0.

## Form **8868**

(Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Form 8868 (Rev. 1-2014)

internal Ke	venue Service	milorination about Form 660	io and its	instructions is at www.iis.gov/ioiii	10000,		
• If you	are filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art I and check this box			X
		litional (Not Automatic) 3-Month Ex					
Do not o	complete Part II un	less you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	m 8868.	
		u can electronically file Form 8868 if					oration
	•	or an additional (not automatic) 3-mo				•	
		ns listed in Part I or Part II with the ex					
	•	which must be sent to the IRS in pap	•	· · · · · · · · · · · · · · · · · · ·			
		lick on e-file for Chanties & Nonprofits		(000 1/101120110110); 1 0 1 1/1010 00 10111110 0		thorno mang or ano r	J,
Part I		c 3-Month Extension of Time		submit original (no copies nee	eded).		
		Form 990-T and requesting an autor					
Part I on			11000	THE SALE OF SHOOK IND DOX AND S	,p.		
		ding 1120-C filers), partnerships, REM	iCe and t	rusts must use Form 7004 to request	t en evter	sion of time	
	come tax returns.	ung 1120-0 mers), parmerships, new	ics, and t	rusts must use Form 1004 to request		er's identifying num	abor
	<del></del>	t organization or other filer, see instru	otions			r identification numb	
Type or	I varie or exemp	torganization of other mer, see instru	CHOHS.		Lilibioye	i identinication numi	) (E114) OI
print	ਜ਼ੁਲੂਰ ਬੁਸ਼ਹਾ	ERRY FOUNDATION, IN	īC			01-068320	١7
File by the	Number street	and room or suite no. If a P.O. box, so		tions	Social co	cunty number (SSN	
due date fo filing your	'   ' '	CALF DAVIS; 3340 PI			Oociai se	culty hamber (5514	,
return See						<del></del>	
man actions		st office, state, and ZIP code. For a for GA 30326	neign auu	ress, see instructions			
	VITIVALY	GR 30320				<del></del>	
F-4 4b-	. Datum anda for th	a material About Abric and Black on in face (68)		ha annihantan fan angla artum)			0 4
Enter the	e Return code for th	e return that this application is for (file	a separa	te application for each return)	• •		. [0]4
<u> </u>			D-4	A 1: A:			T D-4
Applicat	ion	•	Return	Application			Return
<u>ls For</u>	0 5 000 57		Code	Is For			Code
	0 or Form 990-EZ		01	Form 990-T (corporation)		<del></del>	07
Form 99			02	Form 1041-A		<del></del>	08
	20 (individual)		03	Form 4720 (other than individual)			09
Form 99			04	Form 5227	<del></del> -		10
	0-T (sec. 401(a) or 4		05	Form 6069			11
Form 990	0-T (trust other than		06	Form 8870			12
		JOHN K. DEWBERF		1545 PEACHTREE STRI	SET,	SUITE 250	-
		of ► ATLANTA, GA 303	309-70	· · · · · · · · · · · · · · · · · · ·	·		
		<u>4) 888-7972                                    </u>		Fax No.			
		ot have an office or place of business					
		m, enter the organization's four digit (		· · · · · · · · · · · · · · · · · · ·		• ,,	
		of the group, check this box				ers the extension is	for.
1 i re	·	3-month (6 months for a corporation	•	•			
_	AUGUST 15		organizat	tion return for the organization name	d above.	The extension	
	or the organization						
	X calendar year						
	L tax year begin	ning	, and	d ending		<u> </u>	
2 If the	he tax year entered	ın line 1 is for less than 12 months, cl	neck reaso	on: Initial return I F	inal retur	n	
L_	Change in accor	unting period			<del>- ,</del>		
3a If t	his application is for	Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			_
no	nrefundable credits	See instructions.			3a	\$	<u> </u>
<b>b</b> If the	his application is for	Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and			
est	imated tax paymen	ts made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.
c Ba	lance due. Subtrac	t line 3b from line 3a. Include your pa	yment witl	n this form, if required,			
by	using EFTPS (Elect	ronic Federal Tax Payment System). S	See instru	ctions.	3c	\$	0.
Caution.	If you are going to	make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 8	453-EO au	nd Form 8879-EO fo	r payment
nstructio	ns.						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Autom	natic) 3-Month Extension.	complete only Part II and check thi	s box		▶ X
Note. Only complete Part II if you have already		-		8868.	
If you are filing for an Automatic 3-Month E					
		on of Time. Only file the origin	al (no c	opies nee	ded).
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					n number (EIN) or
print	,		. ,		, ,
·	the DEWBERRY FOUNDATION, INC.				
due date for Number, street, and room or surte r	e date for Number, street, and room or suite no. If a P.O. box, see instructions Society				83207 er (SSN)
return See C/O METCALF DAVIS	3340 PEACHTR	EE RD STE 2600		•	•
instructions City, town or post office, state, and	ZIP code. For a foreign add	dress, see instructions.	·		
ATLANTA, GA 30326					
Enter the Return code for the return that this ap	plication is for (file a separa	ate application for each return)			0 4
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A	<u> </u>		08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were no					
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Telephone No. ► <u>(404)</u> 888 – 797		Fax No 🕨			
<ul> <li>If the organization does not have an office or</li> </ul>					<b>▶</b>
<ul> <li>If this is for a Group Return, enter the organized</li> </ul>	<del></del>				
		ach a list with the names and EINs o	i all memb	ers the exter	ision is for.
4 I request an additional 3-month extension		BER 15, 2014			
5 For calendar year 2013, or other tax y		, and endin			·
6 If the tax year entered in line 5 is for less t	han 12 months, check reas	on Initial return	Final:	return	
Change in accounting period					
7 State in detail why you need the extension		DDD 00 01 01 17 1	T17505	m	
ADDITIONAL TIME IS RE			TNPOR	MAT.TON	NEEDED
TO PREPARE A COMPLETE	AND ACCURATE	RETURN.			
	NE 000 T 4700 - 0000		· — ·	ή	<del></del>
8a If this application is for Forms 990-BL, 990	FPF, 990-1, 4720, or 6069,	enter the tentative tax, less any			0
nonrefundable credits. See instructions.	T 4700 - 0000 - 1		<u>8a</u>	\$	
b If this application is for Forms 990-PF, 990		_	1		
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				of my knowlede	a and ballet
Under penalties of perjury, I declare that I have examin t is true, correct and complete, and that land arthorize	ed to prepare this form.	oanying schedules and statements, and the	o ale best (	n nny knowied( *	e and benel,
Signature > / Mys / Mys Al			Date	C) /	114
Jighalure - 1	THE CFA		บลแ		868 (Rev. 1-2014)
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