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Form **990-PF**

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

OMB No 1545-0052

2010

Department Internal I	ent of the Treasury Revenue Service	Note. The foun	idation ma	ay be able to use a c	opy of the	s return to satisfy	state rep	orting	requireme	ents				
For ca	lendar year 2010, or	tax year beginnin	g 1	2/01	, 2010	, and ending	11,	/30)	, 20	11			
G Ch	eck all that apply	Initial return	Initia	al Return of a fo			_			Į	Fina	al return		
		Amended retur	rn	Ad	dress o	change	Nam		nange_					
TCAT	ALL CO POLINDA	TTON THE						Α		er identific		nber		
10A1	AH 58 FOUNDA' MCCOLLUM PA	IION, INC. RKWAY NW					ŀ	В		21209		instructions)		
	ESAW, GA 301							_	-	-442-		,		
							Ì	c				pending, che	k here	►
								D	1 Foreign	organizat	ions, che	k here	J	
H	heck type of organi			(c)(3) exempt p						organizat d attach c		ting the 85%	test, chec	<u>*</u> ┌┐
=		1) nonexempt char			$\overline{}$	orivate found		Ε				s was termina	ted	
	air market value of all as: from Part II, column (c), li			ounting method. Other (specify)	. ⊔∟	ash X Ac	cruai	_), check here		-
▶ \$				column (d) mus	t be or	n cash basis	; 	F				-month termi), check here	1ation	▶ □
Part			, 2,,,,	(a) Revenue		(b) Net inv		,]		djusted		(d) Disb	urseme	nts
	Expenses (Th	ne total of amounts	ın	expenses per	books	inco		"		income	1101	for ch	narītable	
	columns (b), (c) sarily equal the	, and (d) may not r amounts in column	neces- (a)										poses asis on	ılv)
	(see the instruct	lions))			105					4.5				
		s, grants, etc, received (a e foundn is not req to att	′ h	86,	125.		-√2 N	,			,			
	3 Interest on sa	avings and tempora							2.83	38 W	. ,, ,	3 '	- 111 ,	Į.
	cash investm	ents terest from securities	ŀ		<u>104.</u> 950.		10 4,95						<u></u>	
	5a Gross rents	iterest from securities	ŀ	4,	950.		4,93	٠.				30 3	****	
	b Net rental income or (loss)	1	Ī	×	۶.1			,	1242		RE(FIVE	\Box	
Ŗ	6a Net gain/(loss) fro	om sale of assets not on I		6,	554.	,							<u> </u>	<u> </u>
E	b Gross sales price assets on line 6a	405,			- 3 m	* 12	C EE		:> '-{; }\$:{}	8	OCT	2 5 20	2 9	
Ë	1	ncome (from Part IV, line m capital gain	2)	· · ·	**************************************		6,55	4.	58, . # 1	80	<u> </u>	2 0 ZU	2 2	}
U	9 Income modi		· Ì			, *·	₩.	,			200	P* & 1 ~·1		*
Ε	10 a Gross sales less returns and			, N.	, .		J.	, 11	:345		ノしし	EN,	FT .	<i>#</i> .
	allowances b Less Cost of				<i>∭</i> ? ,	. 42 12			1000		***		ź,	
	goods sold c Gross profit/(los	(att sch)		ar allera		156 0	. 100	100	15.3 "		. \$	<u> </u>	*****	<u></u>
		e (attach schedule)	ŀ			<u> </u>	2 40%	30° X 6				<u> </u>	×	
	~~~~~	nes 1 through 11		97,	733.		<u>11,60</u>	8.			0.	<u>}</u>	13.	*: ,
	F	officers, directors, trustee salaries and wages	es, etc		<u> </u>			$\dashv$						
	1 ' '	s, employee benef	ıts											
A	16 a Legal fees (attac	h schedule)	į											
A D M	<b>b</b> Accounting fees													
ON	c Other prof fees (	attach sch) SEE	ST I	1,	716.		1,71	6.				-		
O I STRAT	17 Interest 18 Taxes (attach schedule	A Y see unstr	ł	<u> </u>								<del>                                     </del>		
RRA	19 Depreciation	(attach	ľ									34		
1 1	sch) and dep 20 Occupancy	letion	}					-						·
N V G E		rences, and meetir	nas l		311.									
A E N X D P	22 Printing and	publications	Ĭ											
	23 Other expens	ses (attach schedul	e)											
E N S	24 Total operati	ng and administra	tive									<del>                                     </del>		
E S	expenses. Ad	dd lines 13 through	ı 23 📗		027.		1,71	6.						
		fts, grants paid PART		66,	915.		38		,			ļ	66,9	<u> </u>
	26 Total expens Add lines 24	ses and disbursement and 25	ents.	68.	942.		1,71	6.			0.		66,9	915.
	27 Subtract line	26 from line 12:				44	_ , · <u>-</u>			<i>i</i>	` *;	۵		
	a Excess of reg	venue over expens	es	28	791.					,				
		ncome (if negative, enter	.0.)	20,	<u> </u>		9,89	2.		ιξ	*	1		
		ome (if negative, enter -0	· •	, , ,							0.			
BAA I	For Paperwork Redu	uction Act Notice, s	see the	instructions.				TEE/	NO504L 07	7/23/10		Form 9	90-PF	(2010)

	1 990-PF (2010) ISAIAH 58 FOUNDATION, INC. 58-2120930		⊃age <b>4</b>
Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instru		
1 a	Exempt operating foundations described in section 4940(d)(2), check here	.PAGES	<u>}\</u>
	Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)		
4	Domestic foundations that meet the section 4940(e) requirements in Part V,	,	<u> 198.</u>
	check here ►  and enter 1% of Part I, line 27b		***
(	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		* 1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	11,81,453,472	
_	foundations only Others enter -0-).		<u>0.</u>
3	Add lines 1 and 2		198.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	. T4 40%' %L100 %'	<u> 198.</u>
6	Credits/Payments		
	2010 estimated tax pmts and 2009 overpayment credited to 2010		
	Exempt foreign organizations – tax withheld at source		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	: Tax paid with application for extension of time to file (Form 8868)	i grandi	
٠,	Backup withholding erroneously withheld  Table and the product of	######################################	
,	Total credits and payments. Add lines 6a through 6d		<u>549.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u>351.</u>
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax  1,351. Refunded  11  *** Table 10 to be: Credited to 2011 estimated tax  *** Table 10 to be: Credited to 2011 estimated tax  *** Table 10 to be: Credited to 2011 estimated tax		<u>0.</u>
Fai	Con-A- Statements Regarding Activities	Yes	T No.
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	X
ŧ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b	x_
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		
(	: Did the foundation file Form 1120-POL for this year?	1c	X
C	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  Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	기존기(	
•	foundation managers $\blacktriangleright$ \$ 0.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X
	If 'Yes,' attach a detailed description of the activities	1.33	1, 1
9	·		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N	I/A
5	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 X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7 X	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)		
	GA		
Ł	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	<del>  </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(i)(5)	)	Lill.
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	/ 9	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names		
<del></del>	and addresses	10	X
BAA	F F	orm <b>990-PF</b>	(2010)

Form 990-PF (2010) ISAIAH 58 FOUNDATI			58-21:	20930 Page <b>6</b>
Part VII B Statements Regarding Activiti	es for Which Form	4720 May Be Requ	uired (continued)	be a lacade les
5a During the year did the foundation pay or incu	r any amount to			
(1) Carry on propaganda, or otherwise attemp	_		∐ Yes X	No S
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ition drive?	4955), or to carry		No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No S
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charıtable, etc, or 4940(d)(2)? (see ınstru	rganization described uctions)	Yes X	No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No S
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the exceptions disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response.	sibility for the grant?		N/A Yes	] No
If 'Yes,' attach the statement required by Regi		` `		
6a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes X	]No
<b>b</b> Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	lums, directly or indirec	ay, on a personal bene	iit contract?	
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	iction? Yes X	]No
<b>b</b> If yes, did the foundation receive any proceed				N/A 7b
PartWIII Information About Officers, Diand Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid I	<b>Ēmployees</b> ,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SCOTT CRAFTON	PRESIDENT	0.	0.	0.
899 OLD MOUNTAIN ROAD MARIETTA, GA 30064	2			
LINDA CRAFTON	SECRETARY/TR	0.	0.	0.
899 OLD MOUNTAIN ROAD MARIETTA, GA 30064	2			
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see ir	structions). If none, e	
(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 compensation	(e) Expense account, other allowances
NONE				
				<del> </del>
Total number of other employees paid over \$50,000	L )	L		0
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TEEA0307L 02/16/11

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1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	66,915.
ı	Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
	Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
ı	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	66,915.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	66,915.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7	*	~ d	â	15,142.
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only	* '		· 0.	,
<b>b</b> Total for prior years. 20, 20, 20	<u> </u>	0.		
3 Excess distributions carryover, if any, to 2010		w. •		, × .
<b>a</b> From 2005 <b>b</b> From 2006 55, 277.	•	*	× (	* * *
c From 2007 25, 103.		, ,,	· · · · · · · · · · · · · · · · · · ·	₩
d From 2008 9, 997.	1 7 7		· 🚵	,
<b>e</b> From 2009 51,084.	\$ × 8	, ,		
f Total of lines 3a through e	141,461.	, , , , , ,		
4 Qualifying distributions for 2010 from Part		* * *	•••	, 8
XII, line 4: ► \$ 66, 915.	*, *	* · · · ·	0.	* * *
a Applied to 2009, but not more than line 2a	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>
b Applied to undistributed income of prior years (Election required – see instructions)	` <b>`</b>	0.	c _e	· # :
c Treated as distributions out of corpus		* '/ '*,	· \$, *	·
(Election required — see instructions)	0.	<b>*</b>	. ,; >	* •
<b>d</b> Applied to 2010 distributable amount	, x	i. # ?	<b>A</b> ,	15,142.
e Remaining amount distributed out of corpus	51,773.	* ************************************		*
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the	0.	* *	,''s · ";	0.
same amount must be shown in column (a))		**	. 4	, **
	*	· **		
6 Enter the net total of each column as indicated below:		* ** * * * * * * * * * * * * * * * * * *	<b>*</b> * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	193,234.	* · *	*	· ** ** ;
<b>b</b> Prior years' undistributed income. Subtract	- 4 18 1 18 1		***	*%**
line 4b from line 2b	. 🐫 💃 .	0.	4	<b>.</b>
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency	*		***	
has been issued, or on which the section		0	<b>4</b> ,	** *
4942(a) tax has been previously assessed	* \$	0.	****	7 7
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.	**	·
e Undistributed income for 2009. Subtract line 4a from		* *		,
line 2a Taxable amount — see instructions		4	0.	
f Undistributed income for 2010. Subtract lines		* * * *	4	
4d and 5 from line 1. This amount must be		, , , , , , , , , , , , , , , , , , ,	*	_
distributed in 2011	* ' '. × *	*	**	0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed		, , , ,	*	
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.	** 3,		
8 Excess distributions carryover from 2005 not			<u></u>	
applied on line 5 or line 7 (see instructions)	0.		*	
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	193,234.	, , , ,	* *	۵
10 Analysis of line 9.	250,254.	*	<u> </u>	
<b>a</b> Excess from 2006 55, 277.	, * * *		ж у	<b>&gt;</b>
<b>b</b> Excess from 2007 25, 103.			•	49
c Excess from 2008 9,997.	٠,			} '`
<b>d</b> Excess from 2009 51,084.	1			
<b>e</b> Excess from 2010 51,773.	l			

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PantXXX Private Operating Foundation					N/A	
1a If the foundation has received a ruling or of is effective for 2010, enter the date of the	ruling				4942(j)(5)	
	Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total	
<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 for active conduct of exempt activities. Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the alternative test relied upon:						
<ul><li>a 'Assets' alternative test — enter:</li><li>(1) Value of all assets</li></ul>						
(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 section 4942(j)(3)(B)(III)						
(3) Largest amount of support from an exempt organization						
(4) Gross investment income	(C   - A - A -; -			-d \$5,000 as man		
Part XVI Supplementary Information assets at any time during the	(Complete this le vear — see in	structions.)	organization	au \$5,000 or moi	e iii	
Information Regarding Foundation Mana- a List any managers of the foundation who close of any tax year (but only if they have SEE STATEMENT 4	- have contributed m	nore than 2% of the than \$5,000). (See	total contributions e section 507(d)(2))	received by the found	dation before the	
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a co 10% or greater inter	rporation (or an equ rest	ually large portion of	the ownership of	
2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d.	nakes contributions s gifts, grants, etc	s to preselected cha , (see instructions)	arıtable organızatıor to ındıvıduals or orç	ganizations under oth	ept unsolicited ner conditions,	
<b>a</b> The name, address, and telephone number	er of the person to	whom applications	should be addresse	ed.		
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should incl	ude		
c Any submission deadlines	· · · · · · · · · · · · · · · · · · ·	<u></u>				
<b>d</b> Any restrictions or limitations on awards,	such as by geograp	ohical areas, charita	able fields, kinds of	institutions, or other	factors	
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3	Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	t	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	substantial contributor	recipient		·
	Paid during the year				
SEE	STATEMENT 5				
		ļ			
			<u></u>	<u> </u>	66,915.
	Total Approved for future payment		T		00,913.
D	Approved for future payment				
			<u> </u>	<u> </u>	
	Total			► 3b	l

#### Part:XVI:A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		Unrelate	ed business income	Excluded	i by section 512, 513, or 514	(0)
	g amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (see the instructions)
1 Prog	gram service revenue			code	<del></del>	
			···	ļ		
		<del></del>	<u> </u>			
		<del> </del>		-	<del>-</del>	
		_		<del> </del>	<del></del>	
e		<del> </del>		+		
	s and contracts from government agencies			<del>                                     </del>	<del></del>	
•	bership dues and assessments			<del>                                     </del>		
	est on savings and temporary cash investments			14	104.	
	dends and interest from securities			14	4,950.	
	rental income or (loss) from real estate:	, , , , , , , , , , , , , , , , , , , ,			in in the second	
	t-financed property					
	debt-financed property					
	ental income or (loss) from personal property					
<b>7</b> Othe	er investment income					
8 Gain	or (loss) from sales of assets other than inventory			18	6,554.	
9 Net	income or (loss) from special events.					
<b>10</b> Gros	ss profit or (loss) from sales of inventory					
<b>11</b> Othe	er revenue	1.1002		2	. <b>#</b> ?	
a				ļ		
b				<b> </b>		
d				<del> </del>	<u> </u>	
e				1 1 7	11 600	
	total Add columns (b), (d), and (e)	4 . 17	i	\$ .	11,608.	11,608.
	al. Add line 12, columns (b), (d), and (e)				13	11,000.
	sheet in line 13 instructions to verify calculate		<del>- · · - · · · · · · · · · · · · · · · ·</del>			
Part XV	[-B] Relationship of Activities to the	e Accompl	ishment of Exemp	t Purp	oses	
Line No.	Explain below how each activity for which i accomplishment of the foundation's exemp	ncome is rep	orted in column (e) of F	Part XVI	A contributed important such purposes) (See	tly to the the instructions )
N/A						· · · · · · · · · · · · · · · · · · ·
П/ Л	+					
<del></del>						
•						<del></del>
	"				····	
			-			
			<del></del> ;			
						<del></del>
			<del></del>			
			<del></del>			

## Rait XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describ relating a Transfe (1) Ca (2) Oth b Other t (1) Sa (2) Pu (3) Re (4) Re (5) Loa (6) Pe	ped in section 501(c) of the political organizations from the reporting shaper assets transactions less of assets to a nonrichases of assets from that of facilities, equipulpulpulpulpulpulpulpulpulpulpulpulpulp	of the Code (of tions? I foundation to incharitable exem a noncharitable ement, or other iments es	ble exempt organization	organizations organization of:	her organization ) or in section 52	7,	1a (1) 1a (2) 1b (1) 1b (2) 1b (3) 1b (4) 1b (5) 1b (6) 1c	x X X X X X X X X X X X X X X X X X X X
the god	ods, other assets, or s	services aiven	complete the following so by the reporting foundation	on. If the found	ation received les	is than fair mai	rket value in	of
any tra	insaction or sharing a (b) Amount involved		nów in column (d) the value of		other assets, or Description of transfe			ments
N/A	A) Allount involved	(C) Hame 0	. Honorial Rabio exempt organiza		2000 paon or transit	or a anoadaona, a	onaring arrango	
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		<b>4.</b>						
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	•							
describ	foundation directly or ped in section 501(c) or 'complete the followi	of the Code (of	ated with, or related to, o ther than section 501(c)(3	ne or more tax ()) or in section	exempt organiza 527?	tions	Yes	XNo
	a) Name of organizati		<b>(b)</b> Type of organ	iization	(c)	Description of r	elationship	
N/A								
							-	<del></del>
	·				<del></del>			
	<del></del>							
Sign Here	penalties of perjury, I declar tt, and complete Declaration	re that I have examinof preparer (other	ined this return, including accomplishan taxpayer or fiduciary) is base	anying schedules and on all information	d statements, and to tr of which preparer has	Title	edge and belief, it is	true,
	Print/Type preparer's nar	me	Preparer's signature		Date	Check if	PTIN	
Paid	C. DEV HAYS,		1 (.7.14	L-h CIA	10-13-12	self-employed	P001523	79
Preparer	Firm's name C	DEV HAY		00	<del></del>	ırm's EIN ► 58-		
Use Only	P	O. BOX 1			<u></u>		<del></del> - <del>-</del>	
———	Firm's address -	LPHARETTA			F	hone no(77	70) 442-28	28
BAA						-	Form <b>990-l</b>	<b>PF</b> (2010)

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2010

Name of the organization		Employer identification number
ISAIAH 58 FOUNDATION, IN	ℂ.	58-2120930
Organization type (check one)	2	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> tr	eated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by <b>Note.</b> Only a section 501(c)(7), (8), or (	y the <b>General Rule</b> or a <b>Special Rule</b> 10) organization can check boxes for both the General R	tule and a Special Rule See instructions
General Rule		
For an organization filing Form 990, contributor (Complete Parts I and I	, 990-EZ, or 990-PF that received, during the year, \$5,00 l)	0 or more (in money or property) from any one
Special Rules		
509(a)(1) and $170(b)(1)(A)(vi)$ , and	i filing Form 990 or 990-EZ, that met the 33-1/3% suppor received from any one contributor, during the year, a cor 90, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complet	ntribution of the greater of (1) \$5,000 or
aggregate contributions of more that	organization filing Form 990 or 990-EZ, that received fro in \$1,000 for use <i>exclusively</i> for religious, charitable, scie or animals. Complete Parts I, II, and III.	m any one contributor, during the year, entific, literary, or educational purposes, or
contributions for use <i>exclusively</i> for If this box is checked, enter here the	organization filing Form 990 or 990-EZ, that received fro religious, charitable, etc, purposes, but these contribution e total contributions that were received during the year for parts unless the <b>General Rule</b> applies to this organizat	ons did not aggregate to more than \$1,000 or an <i>exclusively</i> religious, charitable, etc,
religious, charitable, etc, contributio	ns of \$5,000 or more during the year	. <b>►</b> \$
990-PF) but it <b>must</b> answer 'No' on Par	vered by the General Rule and/or the Special Rules does t IV, line 2 of their Form 990, or check the box on line H the filing requirements of Schedule B (Form 990, 990-EZ	of its Form 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act No 990EZ, or 990-PF.	otice, see the Instructions for Form 990,	<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) (2010

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org	anization 1 58 FOUNDATION, INC.		r identification number 120930
Partil	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SCOTT AND LINDA CRAFTON	06.135	Person X Payroll
	899 OLD MOUNTAIN ROAD MARIETTA, GA 30064	\$ <u>86,125.</u>	(Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
RΔΔ	TEEADTON 10/25/10	Schodula B (Form 000	990-E7 or 990-PE) (2010)

•	·			
	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page_		1 of Part II
lame of organ	nization 58 FOUNDATION, INC.		58-2120	ntification number
	Noncash Property (see instructions.)		130-2120	
(a) No. from Part I	<u></u>	FMV (or	(c) estimate) tructions)	(d) Date received
	N/A			
		\$		
(a) No. from Part I	(b) Description of noncash property given	FMV (or	(c) estimate) tructions)	(d) Date received
			<del>.</del>	
		\$		
(a) No. from Part I	(b) Description of noncash property given	FMV (o (see ins	(c) FMV (or estimate) (see instructions)	
		\$		
		Y		
(a) No. from Part I	(b)  Description of noncash property given	FMV (o (see in:	(c) r estimate) structions)	(d) Date received
-				
		\$\$		
(a) No. from	(b)  Description of noncash property given	EMV (o	(c) r estimate) structions)	(d) Date received
Part I	Description of noncasti property given	(see in:	structions)	Date received
		s		
(a)	(b)		(c)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	FMV (o (see in:	(c) r estimate) structions)	Date received

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

BAA

Page	Τ

of Part III

Name of organization

of 1 of Par Employer identification number

TSATAH, 58 FOUNDATION, INC.

58-2120930

	36 FOUNDATION, INC.			130 2120330			
Rant III	<i>Exclusively</i> religious, charitable, e organizations aggregating more th	tc, individual contributio nan \$1,000 for the year.co	ns to section mplete cols (a) the	<b>501(c)(7), (8), or (10)</b> hrough <b>(e) and</b> the followin	ng line entry.		
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of exclusively religious, ch (Enter this information once. S	naritable, etc, See instructions.)	<b>►</b> \$	N/A		
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift		Description of how gif	t is held		
raiti	N/A						
			<u>-</u>	<del></del>			
		(e) Transfer of gift					
	Transferee's name, addres	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from	(b)	(c)		(d) Description of how git	t ic hold		
Part I	Purpose of gift	Use of gift		Description of now gi	T IS NEIO		
					······································		
	(e) Transfer of gift						
	Transferee's name, addres	Relationship of transferor to transferee					
			- <del></del>	<u></u>			
(2)				(4)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how git	t is held		
				· · · · · · · · · · · · · · · · · · ·			
		(e)					
	Transferee's name, addres	Relatio	nship of transferor to tran	sferee			
(a)	(b)	(c)	1	(d)			
No. from Part I	Purpose of gift	Use of gift		Description of how git	t is held		
		(e)					
	Transferee's name, addres	Transfer of gift	Relatio	nship of transferor to tran	sferee		
					<del>-</del>		
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#### FEDERAL STATEMENTS

PAGE 1

**ISAIAH 58 FOUNDATION, INC.** 

58-2120930

STATEMENT 1 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) (D) ADJUSTED CHARITABLE NET INCOME PURPOSES
INVESTMENT FEES - MERRILL LYNCH INVESTMENT FEES - MERRILL LYNCH TOTAL	\$ 150. 1,566. \$ 1,716.	\$ 150. 1,566. \$ 1,716.	<u>\$ 0.</u> <u>\$ 0.</u>

STATEMENT 2 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION <u>METHOD</u>	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS - CORPORATE STOCK	COST \$ S	95,318. 95,318.	\$ 84,794. \$ 84,794.

STATEMENT 3 FORM 990-PF, PART II, LINE 11 INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	ACCUM. DEPREC.	BOOK <u>VALUE</u>	FAIR MARKETVALUE
MACHINERY AND EQUIPMENT TO	TAL <u>\$</u>	3,313. 3,313.	\$ 3,313. \$ 3,313.	\$ 0. \$ 0.	\$ 0. \$ 0.

STATEMENT 4 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

SCOTT CRAFTON LINDA CRAFTON

2010

#### **FEDERAL STATEMENTS**

PAGE 2

**ISAIAH 58 FOUNDATION, INC.** 

58-2120930

#### STATEMENT 5 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
BUILD YOUR HOUSE ON THE ROCK MINISTRIES PO BOX 12764 LAKE CHARLES, LA 70612	NONE	501 (C) (3)	TO SUPPORT CHRISTIAN ORPHANAGES	\$ 8,000
DREAM QUEST EFP 1996 KILCREASE ROAD BETHLEHEM, GA 30620	NONE	501(C)(3)	TO PROVIDE EQUINE EXPERIENCES TO INDIVIDUALS WITH COGNITIVE/BEHAVI ORAL IMPAIRMENTS	500
EVANGELICAL INSTITUTE OF GREENVILLE, SC 700 N. PARKER ROAD GREENVILLE, SC 39609	NONE	501 (C) (3)	TO SUPPORT CHRISTIAN DISCIPLESHIP TRAINING	30,000
LATIN AMERICA MISSION P.O. BOX 52-7900 MIAMI, FL 33152	NONE	501 (C) (3)	TO SUPPORT GRASSROOTS MINISTRIES THOUGHOUT LATIN AMERICA	500
LIFE SCHOOL INTERNATIONAL P.O. BOX 671063 MARIETTA, GA 30066	NONE	501 (C) (3)	TO PROVIDE CHRISTIAN LEADERSHIP TRAINING	6,600
MEDICAL MISSIONS MIN/PERIMETER CHURCH 9500 MEDLOCK BRIDGE ROAD JOHNS CREEK, GA 30097	NONE	501 (C) (3)	TO SUPPORT CHRISTIAN MEDICAL MISSIONARIES	8,000
NORTH COBB CHRISTIAN SCHOOL 4500 LAKEVIEW DRIVE KENNESAW, GA 30144	NONE	501 (C) (3)	TO SUPPORT CHRISTIAN EDUCATION	750
THE EXTENSION 1507 CHURCH ST. EXT. MARIETTA, GA 30061	NONE	501 (C) (3)	TO SUPPORT FOR COMMUNITY DRUG REHABILITATION PROGRAMS	3,000
WORLDWIDE DISCIPLESHIP ASSOCIATION 110 CARNEGIE PLACE, SUITE 100 FAYETTEVILLE, GA 30214	NONE	501 (C) (3)	TO SUPPORT SPIRITUAL CHRISTIAN DISCIPLESHIP BUILDING	2,500
WORLDVENTURE 1501 W. MINERAL AVE. LITTLETON, CO 80120	NONE	501 (C) (3)	TO SUPPORT MISSIONARY PROJECTS	1,500

2010

#### **FEDERAL STATEMENTS**

PAGE 3

**ISAIAH 58 FOUNDATION, INC.** 

58-2120930

#### STATEMENT 5 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
COMMUNITY BIBLE CHURCH 200 CHASTAIN ROAD KENNESAW, GA 30144	NONE	501 (C) (3)	TO SUPPORT MISSIONS AT THIS CHRISTIAN CHURCH	\$ 100.
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	NONE	501 (C) (3)	TO SUPPORT HONDURAS HUNGER & POVERTY CAMPAIGN	250.
LIBERTY CHURCH 1285 NORTH COBB PARKWAY MARIETTA, GA 30062	NONE	501 (C) (3)	TO SUPPORT THE GENERAL OPERATIONS OF THIS CHRISTIAN CHURCH	2,000.
THE SANCTUARY 770 MARS HILL ROAD KENNESAW, GA 30152	NONE	501 (C) (3)	TO SUPPORT THE GENERAL OPERATIONS OF THIS CHRISTIAN CHURCH	2,500.
SUSAN G. KOMEN 3 DAYS FOR THE CURE 205 N. MICHIGAN AVE., SUITE 2630 CHICAGO, IL 60601	NONE	501 (C) (3)	TO SUPPORT BREAST CANCER RESEARCH	75.
WYCLIFFE BIBLE TRANSLATORS P.O. BOX 628200 ORLANDO, FL 32862	NONE	501 (C) (3)	TO SUPPORT BIBLE TRANSLATIONS	500.
KENNESAW COMMUNITY CHORUS 1654 BELLS FERRY ROAD MARIETTA, GA 30066	NONE	501(C)(3)	TO SUPPORT MUSIC PROGRAMS	40.
BOSTON COLLEGE CAMPUS MINISTRY MORE HALL 230, 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	NONE	501 (C) (3)	TO SUPPORT CAMPUS MINISTRY NICARAGUA GIFT FUND	100.
			TOTAL	\$ 66,915.

### Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

Internal Revenue	e Service	rile a sep	arate appin	cation for each return.		
-	•	utomatic 3-Month Extension, com				► X
				n, complete only Part II (on page 2 of the		
	-	_		atic 3-month extension on a previously f		
request an e	required to file l extension of tim With Certain Pei	-orm 990-T), or an additional (not e to file any of the forms listed in	automatic) Part I or Pa ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instructing Charities & Nonprofits	ctronically file r	n for Transfers
Parti A	Automatic 3-	Month Extension of Time.	nly subm	nit original (no copies needed).		
				month extension — check this box and	complete Part I	only •
	rporations (inclu			nd trusts must use Form 7004 to request		
	Name of exempt of	rganization	•		Employer identific	ation number
Type or print	TSATAH 58	B FOUNDATION, INC.			  58-212093	0
File by the due date for		d room or suite number. If a P O box, see in	structions			
filing your return See	1971 MCC	LLUM PARKWAY, NW				
instructions	City, town or post	office, state, and ZIP code. For a foreign addr	ess, see instru	ctions		
	KENNESAW,	GA 30144				
Enter the Re	eturn code for th	ne return that this application is fo	r (file a sep	parate application for each return)		04
Application Is For			Return Code	Application Is For	,,	Return Code
Form 990			01	Form 990-T (corporation)		07
Form 990-B	L		02	Form 1041-A	08	
Form 990-E	Z		03	Form 4720	09	
Form 990-P	F	s	04	Form 5227		10
<del></del>	<del></del>	or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other tha	n above)	06	Form 8870		12
Telephor  If the ore  If this is check the	ne No ► <u>678</u> - ganization does for a Group Re his box ► ☐ ension is for.	not have an office or place of bus turn, enter the organization's four If it is for part of the group, check	digit Group this box			
until _ The ex  ► X  2 If the f	7/15 xtension is for the calendar year tax year begin	, 20 $\underline{12}$ , to file the exempt orgone organization's return for 20 $\underline{}$ or ning $\underline{12/01}$ , 20 $\underline{10}$ I in line 1 is for less than 12 month.	anization re	eturn for the organization named above and $11/30$ , 20 $11$	al return	
3a If this nonref	application is fo fundable credits	r Form 990-BL, 990-PF, 990-T, 47 See instructions	20, or 6069	enter the tentative tax, less any	3a \$	198.
<b>b</b> If this payme	application is fo ents made. Inclu	or Form 990-PF, 990-T, 4720, or 60 de any prior year overpayment all	069, enter a owed as a	any refundable credits and estimated tax credit	3b \$	1,549.
c Baland EFTPS	<b>ce due.</b> Subtract S (Electronic Fe	t line 3b from line 3a Include your deral Tax Payment System) See	payment v	with this form, if required, by using	<b>3</b>	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA** For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

Form 8868	3 (Rev 1-2011)				Page 2	
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Mont	th Extension	n, complete only Part II and check	this box	<b>►</b> X	
Note. Only	complete Part II if you have already been granted	l an automa	itic 3-month extension on a previou	usly filed Form 8868.	_	
• If you	are filing for an Automatic 3-Month Extension, cor	mplete only	Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Exte	ension of	Time. Only file the original (	(no copies needed).		
	Name of exempt organization			Employer identification number	,	
Type or						
print	ISAIAH 58 FOUNDATION, INC.			58-2120930		
	Number, street, and room or suite number. If a P.O. box, see inst	ructions				
File by the extended due date for	nded C. DEV HAYS, JR., CPA, PC					
filing the return See	P.O. BOX 1087  City, town or post office, state, and ZIP code For a foreign address	ce ean inetricti				
instructions	•	55, 566 11150 000	ons			
	ALPHARETTA, GA 30009			<del></del>		
Enter the I	Return code for the return that this application is fo	or (file a sep	parate application for each return).	• • •	04	
Applicatio Is For	n	Return Code	Application Is For		Return Code	
Form 990		01		-		
Form 990-	BL	02	Form 1041-A		08	
Form 990-	EZ	03	Form 4720		09	
Form 990-	PF	04	Form 5227		10	
Form 990-	T (section 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 not already grante	ed an auton	natic 3-month extension on a prev	iously filed Form 8868.		
<ul> <li>The book</li> </ul>	oks are in care of SCOTT CRAFTON					
		FAX No. ►		-		
	organization does not have an office or place of but				▶ 📗	
	s for a Group Return, enter the organization's four				ıs for the	
whole grou	$\operatorname{Ip}$ , check this box . $lacktriangle$ $lacktriangle$ . If it is for part of the gr	oup, check t	his box 🟲 🔲 and attach a list w	ith the names and EINs o	f all	
	the extension is for.		- 			
4 I req	uest an additional 3-month extension of time until	10/15	, 20 <u>12</u> .			
<b>5</b> For a	alendar year , or other tax year beginnin tax year entered in line 5 is for less than 12 mont	g <u>12/01</u>	$_$ $_$ $_$ , 20 $_$ $10$ , and ending $_$	11/30 , 20 1	. <u>1</u>	
		hs, check re	eason: Initial return	Final return		
	Change in accounting period					
	e in detail why you need the extensionTAXP.				)	
<u>GA'</u>	THER INFORMATION NECESSARY TO FI	LE A COL	MPLETE AND ACCURATE TA	X RETURN.		
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 47 efundable credits. See instructions	-	enter the tentative tax, less any	8a\$	198.	
paym	s application is for Form 990-PF, 990-T, 4720, or 6 nents made. Include any prior year overpayment al Form 8868	lowed as a	any refundable credits and estimate credit and any amount paid previou	ed tax 15 usly 8b \$	1,549.	
c Balaı EFTF	nce due. Subtract line 8b from line 8a. Include you S (Electronic Federal Tax Payment System). See	r pavment v	with this form, if required, by using	8c\$	0.	
-			l Verification			
Under penaltie correct, and co	is of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	ompanying sche	edules and statements, and to the best of my ki	nowledge and belief, it is true,		
Signature •	L. Der Henry h CIA Title >	CIA	, as agent	Date > 7-12	12	
BAA	,, 00,	FIFZ0502L	11/15/10	Form <b>8868</b> (F	Rev 1-2011)	