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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

OMB No 1545-1150

2012

Open to Public Inspection

| | epartment of the Treasury at the end of the year may use this form The organization may have to use a copy of this return to satisfy sta | | | ortina requiremen | nta | | Inspection | | | |
|---|--|--------------|---|---------------------------------------|----------------|-----------------------------------|------------------------------|--|--|--|
| Internal Revenue Service A For the 2012 calend | | | | | 100. | | , 20 | | | |
| | | | | | | er ider | ntification number | | | |
| \Rightarrow \Box | Address ch | | Lucia and Mark Wilton Charitable Foundation | | | | 35-2447609 | | | |
| | Name char | • | | Room/suite | E Telephor | | | | | |
| ຈ [X] ຄ | Initial return | - | | | L relephor | ic man | | | | |
| > E3 | Terminated | | 1675 Milford Church Road SW | | (770 | 11433 | R_1050 | | | |
| | Amended r | | City or town, state or country, and ZIP + 4 | | | (770) 433-1050 Group Exemption | | | | |
| ! | | | Marietta, GA 30008-5030 | i | Number | • | OH | | | |
| v.g.G. | Application | ting Method | ☐ Cash ☐ Accrual Other (specify) ► | | Check ▶ | | e organization is not | | | |
| | Websit | • | ☑ Cash ☐ Accidal Other (specify) ► | - | required to at | | = | | | |
| 3 '. | | | theck only one) - 🗶 501(c) (3) | | (Form 990, 9 | | | | | |
| ~= = | | | ganization is not a section 509(a)(3) supporting organization or section 527 o | | · | | | | | |
| <u> </u> | | | O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-p | | | | | | | |
| 3 | | | ses to file a return, be sure to file a complete return | ostcaru) may | be required (| 300 III | Structions) But ii | | | |
| _>> | - | | 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more | re or if total a | scote (Dart II | | • | | | |
| _ | | | | | | | 40,000 | | | |
| E | Part | | e, Expenses, and Changes in Net Assets or Fund Balance | | | | | | | |
| Ŀ | MIL I | | e organization used Schedule O to respond to any question in this Part I | | | | | | | |
| _ | 1 | | s, gifts, grants, and similar amounts received | | | 1 | 40,000 | | | |
| | 2 | | vice revenue including government fees and contracts | | - | 2 | 10,000 | | | |
| | 3 | | dues and assessments | | - | 3 | | | | |
| | 4 | Investment i | | | | 4 | | | | |
| | I - | | nt from sale of assets other than inventory | | | - | | | | |
| | | | other basis and sales expenses | | | | | | | |
| | | |) from sale of assets other than inventory (Subtract line 5b from line 5a) | | - | 5c | | | | |
| ED) | 6 | | fundraising events | | | - | | | | |
| 2015 | _ | - | e from gaming (attach Schedule G if greater than | | | - 1 | | | | |
| <u>ಿತಿ</u> | . a | \$15,000) | | I | | 1 | | | | |
| & 25 € 25 | | | | l of contribution: | | | | | | |
| DEC 28 38 Revenue | . . | | sing events reported on line 1) (attach Schedule G if the | or Contribution | • | | | | | |
| | | | gross income and contributions exceeds \$15,000) 6b | I | | 1 | | | | |
| | | | expenses from gaming and fundraising events 6c | <u>-</u> | | 1 | | | | |
| | | | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions) | ct. | | | | | | |
| SCANNED | " | line 6c) | or (1035) from garming and fandraising events (add lines od and ob and submat | CI. | | 6d | | | | |
| | 72 | • | of inventory, less returns and allowances | | | | ** | | | |
| Ü | | Less cost of | | | | | | | | |
| Ŋ | 1 | | or (loss) from sales of inventory (Subtract line 7b from line 7a) | l | | 7c | | | | |
| | 8 | | ue (describe in Schedule O) | | | 8 | | | | |
| | 9 | | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | 9 | 40,000 | | | |
| _ | 10 | | similar amounts paid (list in Schedule O) | · · · · · · · · · · · · · · · · · · · | | 10 | | | | |
| | 11 | | I to or for members | | | 11 | | | | |
| | 12 | • | er compensation, and employee benefits | D | } | 12 | | | | |
| Ses | 13 | | fees and other payments to independent contractors | 72. 73. | <u>-</u> | 13 | 1,600 | | | |
| en en | 14 | | rent, utilities, and maintenance | TE S | <u> </u> | 14 | .,,,,, | | | |
| Expenses | 15 | | lications, postage, and shipping | | — | 15 | | | | |
| | 16 | | ses (describe in Schedule O) | ől | _ | 16 | | | | |
| | 17 | • | ses. Add lines 10 through 16 | JT | <u> </u> | 17 | 1,600 | | | |
| _ | 18 | | eficit) for the year (Subtract line 17 from line 9) | | | 18 | 38,400 | | | |
| ets. | 19 | | r fund balances at beginning of year (from line 27, column (A)) (must agree w | /ith | - | | | | | |
| SS | | | igure reported on prior year's return) | | | 19 | | | | |
| Net Assets | 20 | = | es in net assets or fund balances (explain in Schedule O) | | - | 20 | | | | |
| Ž | 21 | - | r fund balances at end of year. Combine lines 18 through 20 | | - | 21 | 38.400 | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)



| Form 990-EZ (2012) Lucia and Mark Wilton | Charitable Found | lation | | 35-2 | 447 | 609 Page |
|--|-----------------------------|----------------------------------|---------------|---|----------|---------------------------------------|
| Part II Balance Sheets (see the instructions for Part II) | | | | | | |
| Check if the organization used Schedule O to respond | to any question in this Pa | ırt II | | <u> </u> | • • • | |
| | | (| A) Begi | nning of year | ļ.,, | (B) End of year |
| 22 Cash, savings, and investments | | ├ | | 0 | 22 | 38,400 |
| 23 Land and buildings | | | _ | 0 | 23 | 0 |
| 24 Other assets (describe in Schedule O) | | | | 0 | 24 | 0 |
| 25 Total assets | | | | 0 | 25 | 38,400 |
| 26 Total liabilities (describe in Schedule O) | | | | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree | e with line 21) | | | 0 | 27 | 38,400 |
| Part III Statement of Program Service Accomp | | structions for P | art III) | | | Expenses |
| Check if the organization used Schedule O to respon | | | | 🗆 | (Red | quired for section |
| What is the organization's primary exempt purpose? | a to any quotient at time t | | • • • • • | | 1 | (c)(3) and 501(c)(4) |
| | | | | | | |
| Describe the organization's program service accomplishments for each | | | , | | I - | inizations and section |
| as measured by expenses In a clear and concise manner, describe persons benefited, and other relevant information for each program | | e number of | | | l | 7(a)(1) trusts, optional |
| | uue | | | | tor c | others) |
| 28 | | | | | ĺ | |
| | ···· | | | | | |
| | | | | | | |
| (Grants \$) If this amount | includes foreign grants, c | heck here . | | ▶ □ | 28a | |
| 29 | | | | | | |
| | | | | - | | |
| | | | - | | | |
| (Grants \$) If this amount | includes foreign grants, c | heck here . | | ▶ □ | 29a | |
| 30 | <u> </u> | | | | | + |
| | | | | | | |
| | | | | | | |
| (Grants \$) If this amount | ıncludes foreign grants, cl | hock horo | | | 30a | |
| | | | | | Jua | |
| | | | | | | |
| | includes foreign grants, cl | | | | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | | | | 32 | 0 |
| Part IV List of Officers, Directors, Trustees, and Key Emp | | • | nsated | (see the instruct | ions | for Part IV) |
| Check if the organization used Schedule O to respond | to any question in this P | art IV | | | • • • | · · · · · · · · · · · · · · · · · · · |
| | (b) Average | (c) Reportable | | (d) Health benefits, | | (e) Estimated amount of |
| (a) Name and title | hours per week | compensation (Form W-2/1099-M | | contributions to empl benefit plans, and | - 1 | other compensation |
| | devoted to position | (if not paid, ente | | deferred compensa | | · |
| Hansell L Smith | | | | | İ | |
| Chairman | 0 | | 0 | | 0 | 0 |
| John G Mitchell | | | | | | |
| Treasurer | 0 | | o | | 0 | 0 |
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| EEA | | | | | | Form 990-EZ (2012) |

Page 3

| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V | • • • | Yes | No | | | | |
|------|---|----------|----------|---------------|--|--|--|--|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | 103 | 110 | | | | |
| | detailed description of each activity in Schedule O | 33 | | X | | | | |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | | | | | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | | | | | |
| | change on Schedule O (see instructions) | 34 | | X | | | | |
| 35 a | a Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | | | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X | | | | |
| | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | <u> </u> | <u> </u> | | | | |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | X | | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | | | | | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 1 | | | | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X | | | | |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions | ! | | | | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | X | | | | |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | ., | | | | |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X | | | | |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved | 4 | | | | | | |
| 39 | Section 501(c)(7) organizations Enter | | | | | | | |
| | Initiation fees and capital contributions included on line 9 | -{ | | | | | | |
| | Gross receipts, included on line 9, for public use of club facilities | - | | | | | | |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ | | | | | | | |
| h | section 4911 ▶, section 4912 ▶, section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit | | | | | | | |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been | | | ĺ | | | | |
| | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X | | | | |
| c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | 700 | | 1 | | | | |
| - | organization managers or disqualified persons during the year under sections 4912, | | | ĺ | | | | |
| | 4955, and 4958 | | | | | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c | | | | | | | |
| | reimbursed by the organization | | | | | | | |
| е | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter | | | İ | | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | | X | | | | |
| 41 | List the states with which a copy of this return is filed | | | | | | | |
| 42 a | The organization's books are in care of ▶ John G Mitchell Telephone no ▶ 770-4 | 33-1 | 050 | | | | | |
| | Located at ► 1675 Milford Church Road Marietta, GA ZIP+4 ► 30008 | } | | | | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X | | | | |
| | If "Yes," enter the name of the foreign country | | | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | | | | | |
| | and Financial Accounts. | | | | | | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | <u>X</u> | | | | |
| | If "Yes," enter the name of the foreign country | | | _ | | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here | | 🕨 | L | | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | <u> </u> | | | | | | |
| | 5 M | | Yes | No | | | | |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | | | | | |
| | completed instead of Form 990-EZ | 44a | | X | | | | |
| D | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | 17 | | | | |
| _ | completed instead of Form 990-EZ | 44b | | X | | | | |
| | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X | | | | |
| a | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | 1 | | İ | | | | |
| AE ~ | explanation in Schedule O | 44d | | 37 | | | | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X | | | | |
| 4J D | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | ĺ | | | | |
| | | APL | | Х | | | | |
| | Form 990-EZ (see instructions) | 45b | | $\overline{}$ | | | | |

| Form 9 | 990-EZ (201 | 2) Lucia and Mark | Wilton Charitabl | e Foundation | | 35-244 | 7609 | F | age 4 |
|---|---|--|--|---|--|-------------------------|-----------|-------------------|--------|
| | | | | | | | | Yes | No |
| 46 | | organization engage, directly or indirectly, | | | | | 40 | ŧ | v |
| Par | | dates for public office? If "Yes," complete Section 501(c)(3) organizations | | | | | 46 | <u> </u> | X |
| Ган | | All Section 501(c)(3) organization | | ions 47-49b and 5 | 2. and com | plete the tabl | es for | ines | |
| | | 50 and 51 | o mao, amono, quee. | | _, | F 1010 1110 1110 | | | |
| | | Check if the organization used So | chedule O to respond | to any question in | this Part V | <u> </u> | | | . 🗆 |
| | | | | | | | | Yes | No |
| 47 | Did the | organization engage in lobbying activities | or have a section 501(h) el | ection in effect during th | e tax | | | | |
| | • | year? If "Yes," complete Schedule C, Part II | | | | | 47 | | X |
| 48 | | he organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | | 48 | | X | |
| 49a | | organization make any transfers to an exe | | - | | | 49a | | X |
| b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key | | | | | | | 49b | | L |
| 50 | | te this table for the organization's live high ees) who each received more than \$100,0 | | | | | | | |
| | employ | ees) who each received more than \$100,0 | Compensation from the | | | | | | |
| | | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | contributions | donation to displayed | | | nt of |
| | | paid more than \$100,000 | | | benefit plans, and deferred compensation | | other con | | tion |
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| NON | E | | | | | | | | |
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| | | | | | | | | | |
| f | Total n | umber of other employees paid over \$100, | 000 ▶ | | 1 | | | | |
| 51 | | te this table for the organization's five high | | lent contractors who ea | ch received m | ore than | | | |
| ٠. | • | 00 of compensation from the organization | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| (a |) Name and | d address of each independent contractor paid more th | an \$100,000 | (b) Type of serv | | ompensatio | on | | |
| | | | | | | | | | |
| NON | E | | | | | | | | |
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| | | | | | | | | | |
| d | Total nu | umber of other independent contractors ea | ch receiving over \$100,000 | ▶ | | | | | |
| 52 | Did the | organization complete Schedule A? Note: | : All section 501(c)(3) organ | nizations and 4947(a)(1) | | | _ | _ | |
| | | mpt charitable trusts must attach a comple | | | | | Yes | X | No |
| | | f perjury, I declare that I have examined this return, inc | | | of my knowledge | and belief, it is | | | |
| true, c | correct, and | complete Declaration of preparer (other than officer) | s based on all information of which | preparer has any knowledge | | | | | |
| c:~ | _ | Signature of officer | | | Date | Date | | | |
| Sig Her | " ' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | Zell | | 11/30/15 | | | | |
| 1161 | ا " | Type or print name and the | - - | | 1 / -/ | <u></u> | | | |
| | | PrintType preparer's name | Preparer's signature | Date | | Check X if | PTIN | - | |
| Paid | 1 | John G Mitchell | | 11-30-2 | | | 01498 | 6 03 - | |
| Prep | | Firm's name John G Mitchel | 1 & Co | <u> </u> | · | EIN ► | | | |
| • | Only | Firm's address > 1675 Millord C | | | | | | | |
| | • | Marietta GA 30 | | | Phone | no 770-13 | 3-1050 | - | |
| May | the IRS | discuss this return with the preparer showi | n above? See Instructions | <u></u> | <u> </u> | > | Yes | X | No |
| EEA | | | | | | | Form 99 | 90-EZ | (2012) |