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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

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Chen to Philipin Inspection

	calend ime of fou	dar year 2012 or tax year beginning 12/21/12 , undation	and ending 12/3	1/12	A Empl	oyer identification number	_
Nu	mber and	d street (or P O box number if mail is not delivered to street address)		pom/suite	+	-1616854 hone number (see instruction	ns)
		NCOURSE PARKWAY		500	ļ		
	TLA				C If exe	mption application is pending	, check here
G	Check a	all that apply: X Initial retum Initial retu	rn of a former public c	harity	D 1. Fo	oreign organizations, check h	ere 🕨 🗌
		Final return Amended	return		2. Fo	oreign organizations meeting	the
		X Address change X Name cha	ange		85	5% test, check here and attac	h computation . •
Н	Check	type of organization: X Section 501(c)(3) exempt private	e foundation		E If priv	ate foundation status was ten	minated under
	Section	n 4947(a)(1) nonexempt charitable trust Other taxab	le private foundation		section	on 507(b)(1)(A), check here	. ▶ 🗆
		rket value of all assets at J Accounting method:	X Cash Acc	rual		foundation is in a 60-month to	
	_	ear (from Part II, col. (c), Uther (specify)			under	section 507(b)(1)(B), check I	here
	ne 16)			Ι		Τ	(d) Disbursements
	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net inv	me	(c) Adjusted net income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	200,000		<u> </u>		, ;
	2	Check ▶ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments		ļ		_	
	4	Dividends and interest from securities					<u> </u>
	5a b	Gross rents					
E E	6a	Net gain or (loss) from sale of assets not on line 10		<u> </u>		,	-
Revenue	b	Gross sales price for all assets on line 6a					
Re.	7	Capital gain net income (from Part IV, line 2)			0	ì	:
	8	Net short-term capital gain				0	4 ,
	9	Income modifications	`		~~~ ~		
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold	· · · -				<u> </u>
	C	Gross profit or (loss) (attach schedule)		<u></u>			30% 32880
	11	Other income (attach schedule)	200,000	<u> </u>	0	0	100 Marie 100 100 100 100 100 100 100 100 100 10
	13	Total. Add lines 1 through 11	200,000				<u> </u>
enses	14	Compensation of officers, directors, trustees etc. Other employee salaries and wages RECEIVED					
ens.	15	Pension plans, employee benefits	<u> </u>				
₽.	16a	Legal fees (attach schedule) S. JAN 1 7 2014			-		
ve Eÿ	b	Accounting fees (attach schedule)	<u> </u>				
	С	Other professional fees (attach schedule) OGDEN, UT	- 3				
TE.	17						
	18	Taxes (attach schedule) (see instructions)					<u> </u>
Œ	19 20	Depreciation (attach schedule) and depletion Occupancy		<u> </u>			<u> </u>
×	21	Travel, conferences, and meetings					
a <u>ē</u>	22	Printing and publications					<u> </u>
Operating and Administrati	23	Other expenses (att sch)					
ı <u>f</u> i	24	Total operating and administrative expenses.					
ē	1	Add lines 13 through 23	0	, , , , , , , , , , , , , , , , , , , ,	0	0	0
o	25	Contributions, gifts, grants paid	0	<u> </u>	<u> </u>		0
	26	Total expenses and disbursements. Add lines 24 and 25		7	0		0
	27	Subtract line 26 from line 12: Excess of revenue over expenses and disbursements	200,000	:		* · · ·	" %
	a b	Net investment income (if negative, enter -0-)	200,000	-	. 0		:
	6	Adjusted net income (if negative, enter -0-)	311	X	;	0	
_	<u> </u>	- marine meeting in magnito, onto o j	<u> </u>	<u> </u>	1	<u>*</u>	

For Paperwork Reduction Act Notice, see instructions.

Extension Granted

Form 990-PF (2012)

Fc	orm 990	D-PF (2012) ANONYMOUS CHRISTIAN FOUNDATION, I	NC 46-16168	54	Page 2
2 4	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
* *	1.301 F 1	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	,,,,	200,000	200,000
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶		·	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			,
		Less: allowance for doubtful accounts ▶		-	<u>.</u>
Ì	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att schedule)			
		Less: allowance for doubtful accounts ▶			
뙶	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			- -
₹	10a	Investments – U.S. and state government obligations (attach schedule)			
- 1	b	Investments – corporate stock (attach schedule)			
	С	Investments – corporate bonds (attach schedule)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	11	Investments – land, buildings, and equipment basis	3'	,	<i>3</i> 73
		Less accumulated depreciation (attach sch)			
	12	Investments – mortgage loans			.
	13	Investments – other (attach schedule)		, , , , , , , , , , , , , , , , , , , ,	
J	14	Land, buildings, and equipment basis	,	. ****,	,
ı		Less: accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the			
4		instructions. Also, see page 1, item I)	0	200,000	200,000
	17	Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·		
	18	Grants payable			
Ę	19	Deferred revenue			,
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			\$ \$
림	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			• •
4	23	Total liabilities (add lines 17 through 22)	0	0	3
,,		Foundations that follow SFAS 117, check here			;·.
ő		and complete lines 24 through 26 and lines 30 and 31.			
ᆲ	24	Unrestricted			· ·
Assets or Fund Balances	25	Temporarily restricted			Samana (C.)
힏	26	Permanently restricted			
ᇍ		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
Ы	27			200,000	.>
ş	27 28	Capital stock, trust principal, or current funds		200,000	
SS	29	Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds			
₹	30	Total net assets or fund balances (see instructions)	0	200,000	
힐	31	Total liabilities and net assets/fund balances (see		200,000	
	31	instructions)	o	200,000	. #
4	Part I		<u>_</u>	200,000	
		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	st agree with	1 1	
•		of-year figure reported on prior year's return)	g mu	1	0
2		amount from Part I, line 27a	• • • • • • • • • • • • • • • • • • • •	2	200,000
3		increases not included in line 2 (itemize)	• • • • • • • • • • • • • • • • • • • •	3	
4		ines 1, 2, and 3		4	200,000
5		eases not included in line 2 (itemize)	• • • • • • • • • • • • • • • • • • • •	5	
6		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (l	b), line 30	6	200,000
				•	Form 990-PF (2012)

	and Losses for Tax on Investm		40-1010034		Page 3
(a) List and desc	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)	ione moonie	(b) How acquired P Purchase D Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr)
1a N/A					
b					
c ·					
d					
е		T			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	i	other basis nse of sale		n or (loss) f) minus (g)
a					
b					
<u>c</u>					
Complete only for accets showing	l ng gain in column (h) and owned by the t	 			
(i) F M V as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col. (k), but not	(h) gain minus less than -0-) or rom col. (h))
a					
b					
C					
d					
e					
2 Capital gain net income or (net o	if (loss), enter -0- in	Part I, line 7		2	3 .
	ss) as defined in sections 1222(5) and (s, column (c) (see instructions). If (loss),			3	
· · · · · · · · · · · · · · · · · · ·	nder Section 4940(e) for Redu	ced Tax on Net	Investment Inco		
	e foundations subject to the section 494				
f section 4940(d)(2) applies, leave the	·		,		37 / 3
					N/A
	tion 4942 tax on the distributable amou		pase period?		Yes No
	lify under section 4940(e). Do not comp				
	each column for each year; see the inst	ructions before makir	ng any entries.	T	
(a) Base period years Calendar year (or tax year beginning Ir	(b) Adjusted qualifying distribution	s Net value	(c) of nonchantable-use asset		(d) Inbution ratio divided by col (c))
2011					
2010					
2009					
2008					
2007	L			 	
2 Total of line 1, column (d)				2	
_	5-year base period – divide the total on nas been in existence if less than 5 year	•		3	
4 Enter the net value of noncharita	ble-use assets for 2012 from Part X, line	e 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from	n Part XII. line 4			8	
	n line 7, check the box in Part VI, line 1	b, and complete that			
					000 DE

•

	990-PF (2012) ANONYMOUS CHRISTIAN FOUNDATION, INC 46-1616854		Р	age 4
P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	; .		
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	(· / ·		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶ ☐ and enter 1% of Part I, line 27b			•
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of		. :	. 4 3
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u> </u>
6	Credits/Payments:	` ′		
а	2012 estimated tax payments and 2011 overpayment credited to 2012			
b	Exempt foreign organizations – tax withheid at source	€ .		
C	Exempt foreign organizations – tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 6c	, ,		
d	Backup withholding erroneously withheld 6d	. 1		
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax ▶ Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c	i	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	13	- 1.	K
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	- 3		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		((av	
•	on foundation managers. > \$	4/4	. " "	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	,	1 1	x
~	If "Yes," attach a detailed description of the activities.	1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	١,		
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	1 2	1 1	x
4a	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?		\vdash	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		x
5	If "Yes," attach the statement required by General Instruction T.	3		- W 79
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			86 Ì
U	By language in the governing instrument, or	- 12° s	9	*
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	18	."	
	conflict with the state law remain in the governing instrument?	ء ا	x	· `
7		7	X	
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	1		7,3
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		[*/	<i>ź</i>
L	GA		1	
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1.		,
_	(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			1
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"	_		77
	complete Part XIV	9	 	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		ᢏ	
	names and addresses STMT 1	10	X	
		Form 9	フローピド	(2012)

Forn	n 990-PF (2012) ANONYMOUS CHRISTIAN FOUNDATION, INC 46-1616854			P	age 5
_ <u>P</u>	art 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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	Ī	13	Х	
	Website address ▶ N/A				
14	The books are in care of ▶ MICHAEL GOLD 6 CONCOURSE PARKWAY STE 600 Telephone no. ▶ 7*	10-3 <u>!</u>	93-	493	3
	Located at ▶ ATLANTA GA ZIP+4 ▶ 3	0328			
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 ▶ 15	•			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	•	1		
	the foreign country ▶		; ,	۰.	
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		8	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?	No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		*		;
	disqualified person?	No		Ì	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No			ì
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		0. 1		
	the benefit or use of a disqualified person)?	No	`		1 1 1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		~	1	
	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.)	No	,		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	A\r	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	_			
	were not corrected before the first day of the tax year beginning in 2012?	J A\N	1c		
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)):				*
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and				
	6e, Part XIII) for tax year(s) beginning before 2012?	No	`		,
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		.`]	
b	Are there any years listed in 2a for which the foundation is not 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		~^^	,	l ` *
	all years listed, answer "No" and attach statement – see instructions.)	J/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	▶ 20, 20, 20, 20				٠;
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	- [19	. ;
	at any time during the year? Yes	No		."	,
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or		.]	1	1 '
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		: 1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		, 1		1
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	_ , [<i>[</i> 20]	1	
	* * * * * * * * * * * * * * * * * * * *	N/W	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	.	4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		;	٠.٠٠	. <u>~</u> `
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?		4b		<u> </u>
		Fo	orm 9 9	10-PF	(2012)

	1990-PF (2012) ANONIMOUS CHRISTIAN FOUNDATION,					Pa	ige o
_	ert VII-B Statements Regarding Activities for Which Form	1720 May Be R	tequired (cont	tinuea)	CINITE		
5a	During the year did the foundation pay or incur any amount to:					4	******
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	•	⊔ `	Yes X No	*		mij
	(2) Influence the outcome of any specific public election (see section 4955); or to	o carry on,				. "]	ý 2
	directly or indirectly, any voter registration drive?		<u> </u>	Yes X No		.	. 3
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		□ '	Yes 🗓 No	·	3	3
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in	_		1	. 시	9
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)		□ ,	Yes X No			300
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational		_	14	<i>"</i>	•
	purposes, or for the prevention of cruelty to children or animals?		□ 、	Yes X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions d	lescribed in		\$ 4	~	3
	Regulations section 53.4945 or in a current notice regarding disaster assistance	(see instructions)?	?	N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check he	re		. ▶ 🔲 :			3
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	m the tax				, .	100
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes No	Ì	* ,	73
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).	•		_		381	(88.7 (88.7
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	y premiums			2.1	%	Jan.
	on a personal benefit contract?	• •	\Box	Yes X No			1
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit contr	ract?		6b	- 1	X
	if "Yes" to 6b, file Form 8870.		••		77		
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?		Yes X No	3		
	If "Yes," did the foundation receive any proceeds or have any net income attribut			N/A	7 _b]	ĺ	
	Information About Officers, Directors, Trustees, Fo			Paid Employ	ees.	•	
	and Contractors			p,	,		
1 L	ist all officers, directors, trustees, foundation managers and their compens.	ation (see instruc	tions).	· · ·			
				(d) Contributions to			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		ense acc	
	(w) Harris and addition	devoted to position	enter -0-)	plans and deferred compensation	other	allowan	ces
NE	WTON COLLINSON, IV ATLANTA	SECRETARY			1		
	16 WINDSOR LAKE DRIVE, NE GA 30319	1.00	ا م				0
	MBERLY COLLINSON ATLANTA	DIRECTOR					
	16 WINDSOR LAKE DRIVE, NE GA 30319	1.00	۱ ،	۱ ،			0
	TO WINDOOK INTO DAIYE, AB SOLIS	1.00	<u>_</u>				
	• • • • • • • • • • • • • • • • • • • •						
				_	\vdash		
	Compensation of five highest-paid employees (other than those included o	n line 4 see inst	tructions) If non	L ontor			
2	"NONE."	ii iine i – see iiisi	tructions). Il non	ie, enter			
	NONE.		i	(d) Contributions to			
	(a) Name and address of each ampleum and many than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense acc	
	(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other	allowan	ces
***				compensation	├		
NO	NE						
		<u></u>			-		
			}				
				 	-		
	·				L		
					[
Total	number of other employees paid over \$50,000				<u> </u>		<u> </u>
				F	orm 99	0-PF	(2012)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	Page 7 Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
· · · · · · · · · · · · · · · · · · ·	
3	
4	
Part IX-B: Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	
Total Add lines 1 through 3	

	1 990-PF (2012) ANONYMOUS CHRISTIAN FOUNDATION, INC 46-1616854		Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundatior	ıs,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	ľ 4	_
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		_
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		_
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
P	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	
2a	Tax on investment income for 2012 from Part VI, line 5	1. 14	
b	Income tax for 2012. (This does not include the tax from Part VI.)	ĺ	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		•
	line 1	7	0
Pi	附 XII 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	0
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1.1	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ition	
	qualifies for the section 4940(e) reduction of tax in those years.		

	990-PF (2012) ANONYMOUS CHRISTIAN FO		NC 46-16168	354	Page \$
P	art XIII : Undistributed Income (see instructions			· · · · · · · · · · · · · · · · · · ·	1
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
	line 7		10,		
2	Undistributed income, if any, as of the end of 2012:	3		 	
	Enter amount for 2011 only				
b				10 www.	33
3	Excess distributions carryover, if any, to 2012:	```	, ,		
а	From 2007		1,		
b	From 2008	1 ' "		* * * * * * * * * * * * * * * * * * * *	
C	From 2009	1 ,			
d	From 2010]		,	
е	From 2011	14			
f	Total of lines 3a through e		"-:	` `	
4	Qualifying distributions for 2012 from Part XII,	sw. N			
	line 4: ▶ \$	K .	, i		:
а	Applied to 2011, but not more than line 2a	W. Y.			
b	Applied to undistributed income of prior years				, , ,
	(Election required – see instructions)				,
C	Treated as distributions out of corpus (Election		37		,
	required – see instructions)		1 1/1		
d	Applied to 2012 distributable amount		<i>'</i>		
е	Remaining amount distributed out of corpus		/"/		. 35
5	Excess distributions carryover applied to 2012		W/ (
	(If an amount appears in column (d), the same	1 3 3 4 7		, , ,	1 - 2 (4)
	amount must be shown in column (a).)	1 377/	P	11/4/	** ***
6	Enter the net total of each column as	<u> </u>		`	
	indicated below:	• • • •	**	3 ,	
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Prior years' undistributed income. Subtract	. .			
	line 4b from line 2b	· · · · · · · · · · · · · · · · · · ·			
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has			[~	m (
	been issued, or on which the section 4942(a)				× 1/4
_	tax has been previously assessed				` *
đ	Subtract line 6c from line 6b. Taxable			l 2 3 8 36 3	å ; :
	amount – see instructions				.,
е	Undistributed income for 2011. Subtract line	} .			· · · .
	4a from line 2a. Taxable amount – see				2000
	instructions	/////////////////////////////////////			
f	Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be		1 2 2 2 3		
		ļ	1 77 13		_
7	distributed in 2013		· · · · · · · · · · · · · · · · · · ·		
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				in i
8	Excess distributions carryover from 2007 not				
•	applied on line 5 or line 7 (see instructions)		a am	·	
9	Excess distributions carryover to 2013.	-	1000		. 112 2000
-	Subtract lines 7 and 8 from line 6a		4 (
0	Analysis of line 9:		1/2.2.		:- :
а	Excess from 2008		\ \ \(\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
b	Excess from 2009		N. 17.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c	Excess from 2010	m north of .			in Spain Second
d	Excess from 2011	300 100 800	las m.)		
е	Excess from 2012	, se regular f	a 3m3"	4 7 7	on , wasse" /

	art XIV Private Operating For				9)	
1a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for		-	_ _		
b	Check box to indicate whether the found		ating foundation descri		4942(j)(3) or 49	42(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	 	Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(4,7 * * * * * * * * * * * * * * * * * * *
	investment return from Part X for					
	each year listed			·, · <u>·</u> _, ·		
b	85% of line 2a					
C	Qualifying distributions from Part XII,					ļ
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test – enter:					
	(1) Value of all assets			1		
	(2) Value of assets qualifying under			1		
	section 4942(j)(3)(B)(i)			1		
b	"Endowment" alternative test – enter 2/3			1		
-	of minimum investment return shown in				1	
	Part X, line 6 for each year listed					
С	"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)				İ	
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(ııi)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income			<u> </u>		
Pi	rt XV Supplementary Inform	nation (Complete	e this part only if	the foundation	had \$5,000 or moi	e in assets at
	any time during the ye	ear – see instruc	tions.)		· · · · · · · · · · · · · · · · · · ·	
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who	have contributed mo	re than 2% of the total	contributions receive	d by the foundation	
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000)	. (See section 507(d)(2).)	
	N/A					
b	List any managers of the foundation who	own 10% or more of	the stock of a corpora	tion (or an equally larg	ge portion of the	
	ownership of a partnership or other entity) of which the foundar	tion has a 10% or grea	ater interest.	•	
	N/A	•	•			
2	Information Regarding Contribution, G	irant, Gift, Loan, Scl	holarship, etc., Progr	rams:		
	Check here ▶ X if the foundation only		• • • • •		does not accept	
	unsolicited requests for funds. If the found		•	-	•	_
	other conditions, complete items 2a, b, c,			,		
а	The name, address, and telephone numb		rson to whom applicat	tions should be addre	ssed:	
_	N/A	or or o mail or the po	Toon to whom applicat	nons should be address	330d.	
	,					
b	The form in which applications should be	submitted and inform	nation and materials th	ev sporija include.		-
	N/A	Submitted and million	iauon and materiais u	iey siloulu iriciuue.		
c	Any submission deadlines:					
Ü	N/A					
		such as bu sees at	ical areas short-the f	Rajaja jajaja aggini ir		
d	Any restrictions or limitations on awards,	such as by geograph	icai areas, chantable f	ieias, kinas ot instituti	ons, or other	
	factors: N/A					
	N/A					202 27
AA						Form 990-PF (201

Form 990-PF (2012) ANONYMOUS CHRISTIAN FOUNDATION, INC 46-1616854 Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount any foundation manager or substantial contributor contribution recipient Name and address (home or business) a Paid during the year N/A Total ▶ 3a Approved for future payment N/A

Form 990-PF (2012)

▶ 3b

Total

Part XVI-A	Analysis of Income-Producing Acti					
Enter gross amou	unts unless otherwise indicated.	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	4.3
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program serv						(See instructions)
a						
			, .			
<u> </u>						
f		 -				
g Fees and	contracts from government agencies		-			
	dues and assessments					
	avings and temporary cash investments					
	d interest from securities					
	come or (loss) from real estate:	•••••			W 1. W	
	nced property			•••••		
	financed property					
6 Net rental inco	ome or (loss) from personal property					
7 Other investm	nent income					
8 Gain or (loss)	from sales of assets other than inventory					
	r (loss) from special events					
	or (loss) from sales of inventory					
1 Other revenue	e: a					
b						
	·					
c						
c d					<u> </u>	
c d e		7 17				
c d e 2 Subtotal. Add	columns (b), (d), and (e)	· · · · ·	0		0	
c d e 2 Subtotal. Add 3 Total. Add line	columns (b), (d), and (e)		0		0 13	0
c d e 2 Subtotal. Add 3 Total. Add line See worksheet in	columns (b), (d), and (e)				13	
c d e 2 Subtotal. Add 3 Total. Add line See worksheet in Part XVI-B	i columns (b), (d), and (e)	complishm	ent of Exempt Pu	ırpose	13	0
c d	icolumns (b), (d), and (e) le 12, columns (b), (d), and (e) line 13 instructions to verify calculations.) Relationship of Activities to the Acc Explain below how each activity for which income is	complishm s reported in c	ent of Exempt Pu	rpose	13es	0
c d	i columns (b), (d), and (e)	complishm s reported in c	ent of Exempt Pu	rpose	13es	0
c d e 2 Subtotal. Add line See worksheet in Part XVI-B Line No.	icolumns (b), (d), and (e) le 12, columns (b), (d), and (e) line 13 instructions to verify calculations.) Relationship of Activities to the Acc Explain below how each activity for which income is	complishm s reported in c	ent of Exempt Pu	rpose	13es	0
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c d e 2 Subtotal. Add line See worksheet in Part XVI-B Line No.	icolumns (b), (d), and (e) le 12, columns (b), (d), and (e) line 13 instructions to verify calculations.) Relationship of Activities to the Acc Explain below how each activity for which income is	complishm s reported in c	ent of Exempt Pu	rpose	13es	0
c d e 2 Subtotal. Add line See worksheet in Part XVI-B Line No.	icolumns (b), (d), and (e) le 12, columns (b), (d), and (e) line 13 instructions to verify calculations.) Relationship of Activities to the Acc Explain below how each activity for which income is	complishm s reported in c	ent of Exempt Pu	rpose	13es	0
c d e 2 Subtotal. Add line See worksheet in Part XVI-B Line No.	icolumns (b), (d), and (e) le 12, columns (b), (d), and (e) line 13 instructions to verify calculations.) Relationship of Activities to the Acc Explain below how each activity for which income is	complishm s reported in c	ent of Exempt Pu	rpose	13es	0
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				_				
				-				
	cribed in section 501(c) of the Code (other 'es," complete the following schedule. (a) Name of organization	(b) Type of o	··· ··	1 527?	(c) Descripti	 ion of relationship		es X No
							_	
Sign Here	Under penalties of perjury, I declare that I have exam correct, and complete Declaration of preparer (other	ined this return, including than taxpayer) is based	g accompanying sche on all information of w	dules and statements, and thich preparer has any kn	owledge	May the with the p	IRS discuss this preparer shown b	return
	Signature of officer or trustee	1001111 <u>-</u>	Date	10/200	DIRE (CTOR		
Paid	Print/Type preparer's name	ere	Preparer's signature				Date	Check ff self-employed
reparer	STANLEY M. SMITH, II		STANLEY M.	SMITH, II			1/18/13	
. spare	Firm's name ► WARREN AVE	RETT, LLC				PTIN	P00319	9 916

SIX CONCOURSE PARKWAY SUITE 600

30328

ATLANTA, GA

11

770-396-1100

Firm's EIN > 45-4084437

Phone no.

Use Only

Firm's address ▶

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

2012

ANONYMOUS CHRISTIAN FOUNDATION. 46-1616854 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor. during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page	1 (of :	1	of F	art
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Name of organization
ANONYMOUS CHRISTIAN FOUNDATION, INC

Employer identification number 46-1616854

Párt I	Contributors (see instructions). Use duplicate copies of P	Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.1	NEWTON COLLINSON, IV 3316 WINDSOR LAKE DRIVE, NE ATLANTA GA 30319	\$ <u>200,</u> 000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				

Statement 1 - Form 990-PF. Part VIJ-A, Line 10 - Substantial Contributors Name Address Address City, State, Zip ATLANTA GA 30319	•	•			. .		3	•		• •	•	
Statement 1 - Form 990-PF, I Name Address LINSON, IV 3316 WINDSOR LAKE DRIVE,		ial Contributors	City, State, Zip									
Name IINSON, IV	Federal Statements		Address	NE ATLANTA GA								
	46-1616854	Statement 1 - For										

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(Rev. January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'						1		
Department of the I Internal Revenue S		► File a	separate a	pplication for each return.					
		tomatic 3-Month Extension, comple	te only Part	I and check this box	·			▶ X	
		ditional (Not Automatic) 3-Month Ex		• •	2 of this form).		•	. 🗖	
	-	ess you have already been granted an	-		-		В.		
Electronic fili	ng (e-file). Yo	u can electronically file Form 8868 if yo	ou need a 3-	month automatic extension o	of time to file (6	monti	hs for		
a corporation r	equired to file	Form 990-T), or an additional (not auto	omatic) 3-mo	onth extension of time. You c	an electronicall	y file l	Form		
8868 to reques	st an extensior	n of time to file any of the forms listed in	n Part I or Pa	art II with the exception of Fo	rm 8870, Inform	natior	1		
Return for Trai	nsfers Associa	ited With Certain Personal Benefit Con	tracts, which	n must be sent to the IRS in p	paper format (s	ee			
		s on the electronic filing of this form, v				onpro	fits.		
Part I		c 3-Month Extension of Time.							
•	required to file	Form 990-T and requesting an automa	atic 6-month	extension - check this box a	ind complete			⊾ □	
Part I only	 mtiono (includ	ling 1120-C filers), partnerships, REMIC		 to must use Form 7004 to re-			 Edina a		
to file income t		ing 1120-0 mers), partnerships, REMIN	os, and dusi	is must use norm 7004 to rec	quest an extens	SION O	rume		
to the income i	ax returns			=	nter filorie ide	ntifici	a number	, see instructions	
Type or	Name of exe	empt organization or other filer, see ins	tructions		Employer ide				
print	1101110 01 011	single organization of ballot mary occilio			Zimployer ide	1101106	IUON NUMBE	1 (2.11) 01	
	COLLIN	SON FAMILY FOUNDAT	ION, II	NC.	APPL'D	FOR			
File by the		eet, and room or suite no. If a P.O. box		ctions.	Social securit	ty nun	nber (SSN)		
due date for	3316 W	INDSOR LAKE DRIVE,	NE		_		`		
filing your return See instructions	City, town or ATLANT	post office, state, and ZIP code. For a	foreign add	-					
	m code for the	e return that this application is for (file a	a separate a	pplication for each return)				. 04	
Application			Return	Application				Return	
Is For			Code	Is For				Code	
Form 990 or	Form 990-EZ		01	Form 990-T (corporation)				07	
Form 990-B	L		02	Form 1041-A				08	
Form 4720 (individual)		03	Form 4720				09	
Form 990-P	F		04	Form 5227				10	
Form 990-T	(sec. 401(a) o	r 408(a) trust)	05	Form 6069				11	
Form 990-T	(trust other th		06	Form 8870				12	
		NEWTON COLLINSON, IV							
1 1		3316 WINDSOR LAKE DR	IVE, NE					20210	
• The books a	are in the care of	► ATLANTA	• • • •		•		GA	30319	
Telephone	No. ▶ 40	4-229-9917	FAX No	. ▶					
•		not have an office or place of business						▶ 🗌	
• If this is fo	r a Group Ret	um, enter the orga <u>niz</u> ation's four digit (Group Exem	ption Number (GEN)	If this i	is .	•	—	
for the whole g	group, check t	his box $lacksquare$ $lacksquare$ $lacksquare$. If it is for part of	the group, o	check this box	and attach				
		Ns of all members the extension is for.							
		3-month (6 months for a corporation r							
•	rganization's								
_	calendar year								
▶ 🛣	tax vear hegin	ning $12/21/12$, and ending	12/31/	12					
		in line 1 is for less than 12 months, ch			nal return				
	hange in acco				na rotom				
		r Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ente	er the tentative tax. less any					
nonrefu	ndable credits	See instructions.				3a -	\$	0	
b If this a	oplication is fo	r Form 990-PF, 990-T, 4720, or 6069,	enter any rei	fundable credits and					
estimate	ed tax paymer	nts made. Include any prior year overpa	yment allow	ved as a credit.		3b	\$	0	
c Balance	e due. Subtrac	ct line 3b from line 3a. Include your pay	ment with th	nis form, if required, by using					
		deral Tax Payment System). See instr				3c	\$	0	
		make an electronic fund withdrawal wi		8868, see Form 8453-EO ar	nd Form 8879-E	EO for			
For Privacy A	ct and Paper	work Reduction Act Notice, see inst	ructions.				Fon	m 8868 (Rev 1-2013)	

Form 8868 (F	Rev. 1-2013)		2			Page 2	
	filing for an Additional (Not Automatic) 3-Month Ex	xtension, co	omplete only Part II and check	this box	 	▶ X	
	omplete Part II if you have already been granted an a		•		3.	· · · ·	
 If you are 	filing for an Automatic 3-Month Extension, comple	ete only Par	t I (on page 1).				
Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original	inal (no copi	es needed).		
						see instructions	
Type or	Name of exempt organization or other filer, see ins		identification number (EIN) or				
print							
File by the	COLLINSON FAMILY FOUNDAT	APPL'D F	OR				
due date for	Number, street, and room or suite no. If a P.O. box	Social security r	number (SSN)				
filing your 3316 WINDSOR LAKE DRIVE, NE							
retum See instructions	City, town or post office, state, and ZIP code. For a						
	ATLANTA GA	30319	<u> </u>				
Enter the Ket	turn code for the return that this application is for (file	a separate a	ipplication for each return)			04	
Application	n	Return	Application			Return	
is For	li	Code	Is For			Code	
	or Form 990-EZ	01	19 7 01			Code	
Form 990-E		02	Form 1041-A			08	
Form 4720		03	Form 4720			09	
Form 990-F		04	Form 5227			10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	(trust other than above)	06	Form 8870			12	
STODI Da ma	ot complete Part II if you were not already granted		in 9 manth automatan an ann				
• If the orga • If this is for the whole list with the normal section of the list with the normal sect	ne No. 404-229-9917 anization does not have an office or place of business for a Group Return, enter the organization's four digit of group, check this box The standard s	Group Exem It of the ground /15/13 12/2 neck reason:	ed States, check this box aption Number (GEN) up, check this box 21/12 , and ending 12/ X Initial return Final	al return		▶ □	
8a If this a	application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ente	er the tentative tax, less any				
	undable credits. See instructions. application is for Form 990-PF, 990-T, 4720, or 6069,	enter any re	fundable credits and	8:	s \$	0	
	application is for Form 990-PF, 990-1, 4720, or 6069, ted tax payments made. Include any prior year overpa						
	t paid previously with Form 8868.	aymont anov	rod as a dicort and any	8	s s	0	
	ce due. Subtract line 8b from line 8a. Include your pay	vment with the	nis form, if required, by using E		* + *		
	onic Federal Tax Payment System). See instructions.		no total a todonou, by come E	8	s s	0	
			st be completed for Pa	rt II only.			
	ties of perjury, I declare that I have examined this form and belief, it is true, correct, and complete, and that I a	n, including a ım authorize	accompanying schedules and s	•	Date D	08/12/13	
	9				Earn	8868 (Rev. 1-2013)	