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Form **990-PF** Department of the Treasury Internal Revenue Service

## Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Ford	alendar year 2012 or tax year beginning		, and ending		
	ne of foundation	A Employer identification	number		
	ENRY AND ETTA RAYE HIRSCH				
	OUNDATION, INC.	90-0292867	<del></del>		
	ber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	٥.
	700 DELK ROAD	770-257-01	<del></del>		
	or town, state, and ZIP code			C If exemption application is pe	ending, check here
_	ARIETTA, GA 30067			0.4.5	
GC	heck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations,	, cneck here
	Final return	Amended return		Foreign organizations mee check here and attach cor	eting the 85% test,
11 0	heck type of organization: X Section 501(c)(3) e.	Name change		1	·
L .		Other taxable private founda	tion	E If private foundation state under section 507(b)(1)(	us was terminated
1 F2		ing method: X Cash	Accrual	1	
	_ 1	ther (specify)	Accidal	F If the foundation is in a 6 under section 507(b)(1)(	
( <i>ii</i>			pasis )	ander section sor(b)(1)(	(b), check here
	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	expenses per books	income	income	for charitable purposes (cash basis only)
-	1 Contributions, gifts, grants, etc., received	700,000.	<del></del> .		
	2 Check I if the foundation is not required to attach Sch B		, , , , , , , , , , , , , , , , , , , ,		
	3 Interest on savings and temporary cash investments	10,003.	9,004.		STATEMENT 1
	4 Dividends and interest from securities	15,782.	15,782.		STATEMENT 2
	5a Gross rents		-		
	Net rental income or (loss)	7 t 1 1 1 1	S 2 4 5		78.47
	6a Net gain or (loss) from sale of assets not on line 10	39,342.			San
Revenue	b Gross sales price for all 41,872.	,	·	50000	
Ş	7 Capital gain net income (from Part IV, line 2)	S (4)	39,342.	1000	
æ	8 Net short-term capital gain	in the state of th	. S		
	9 Income modifications	18	4 /		
	Gross sales less returns and allowances			N. 1. 18 18 18 18 18 18 18 18 18 18 18 18 18	2 4 7 2 1/2 1/2 Ems. "
	b Less Cost of goods sold			and the state of t	
	c Gross profit or (loss)		* .	•	
	11 Other income	2,223.	2,223.		STATEMENT 3
	12 Total. Add lines 1 through 11 .	767,350.	66,351.	0.	
	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages				
တ	15 Pension plans, employee benefits				
še	16a Legal feet ECTIVED				
per	b Accounting fees LIVED STMT 4	5,200.	5,200.	0.	0.
ŭ	d Sther professional fees			<u> </u>	
Ę	17 Minerest NUV 1 8 2013	1 400	C16		
Administrative Expense	18 Taxes STMT 5	1,492.	616.	0.	0.
ii.	19 Depreciation as a depetion				1 3 8 3 3 3 3
튣	20 Occupancy				
ďρ	21 Travel, conferences, and meetings			<del> </del>	<del> </del>
ä	22 Printing and publications 23 Other expenses STMT 6	16,790.	16,730	. 0.	
ä	23 Other expenses STMT 6	10,/30.	10,/30	·	0.
Operating and	24 Total operating and administrative	23,482.	22,546	. 0.	0.
Ö	expenses. Add lines 13 through 23	159,591.	22,540		159,591.
_	25 Contributions, girts, grants paid	133,331.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To a percent	103,031.
	26 Total expenses and disbursements.	183,073.	22,546	.  0.	159,591.
	Add lines 24 and 25  27 Subtract line 26 from line 12:	103,073.	22,340		139,391.
		584,277.			
	Excess of revenue over expenses and disbursements     Net investment income (if negative, enter -0-)	304,277.	43,805		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			,	* pa / / 1.5 s // 33_	1

Part II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	End of year				
Part II Balance Sheets Anached Schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value				
1 Cash - non-interest-bearing							
2 Savings and temporary cash investments	1,481,694.	1,157,986.	1,157,986.				
3 Accounts receivable ►	, ,		, , , , ,				
Less: allowance for doubtful accounts ▶	67.						
4 Pledges receivable ►		1 (1) (1) (1)	, ,				
Less; allowance for doubtful accounts ▶	]		-				
5 Grants receivable							
6 Receivables due from officers, directors, trustees, and other							
disqualified persons							
7 Other notes and loans receivable	,, -,						
Less: allowance for doubtful accounts	] .		^				
8 Inventories for sale or use							
9 Prepaid expenses and deferred charges							
10a Investments - U.S. and state government obligations							
<b>b</b> Investments - corporate stock			-				
c Investments - corporate bonds							
11 Investments - land, buildings, and equipment, basis	`						
Less accumulated depreciation							
12 Investments - mortgage loans							
13 Investments - other STMT 7	573,489.	1,546,828.	1,546,828.				
14 Land, buildings, and equipment: basis	* .	· ·					
Less accumulated depreciation							
15 Other assets (describe ►							
-							
16 Total assets (to be completed by all filers)	2,055,250.	2,704,814.	2,704,814.				
17 Accounts payable and accrued expenses							
18 Grants payable							
g 19 Deferred revenue							
20 Loans from officers, directors, trustees, and other disqualified persons							
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable							
22 Other liabilities (describe STATEMENT 8)	418.	39,684.					
	110	20.504					
23 Total liabilities (add lines 17 through 22)	418.	39,684.					
Foundations that follow SFAS 117, check here							
and complete lines 24 through 26 and lines 30 and 31.							
g 24 Unrestricted							
25 Temporarily restricted							
26 Permanently restricted	-						
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances							
and complete lines 27 through 31.	2 054 022	2 665 130					
27 Capital stock, trust principal, or current funds	2,054,832.	<del></del>					
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.					
Retained earnings, accumulated income, endowment, or other funds	1	1					
30 Total net assets or fund balances	2,054,832.	2,665,130					
	2 055 250	2,704,814					
31 Total liabilities and net assets/fund balances	2,055,250.	2,704,614	**************************************				
Part III Analysis of Changes in Net Assets or Fund	Balances						
Total net assets or fund balances at beginning of year - Part II, column (a), lir	ne 30						
(must agree with end-of-year figure reported on prior year's return)	16 JU		2,054,832.				
(must agree with end-or-year lighter reported on prior year's return)  2 Enter amount from Part I, line 27a		$\frac{1}{2}$	584,277.				
TOOK (MAN A	D.TIISWWENT	3	26,021.				
3 Other increases not included in line 2 (itemize) BOOK / TAX A 4 Add lines 1, 2, and 3	DO OD LINERA I	<u>3</u>	2,665,130.				
5 Decreases not included in line 2 (itemize)	•	.   4					
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b) line 30		<del></del>				
Total fiel assess of faire summings at one of your finite a finites wite of "I alt is,	Solution (D); Julio OO		Form <b>990-PF</b> (2012)				

	Y AND ETTA RAY	E HIRSCH	HERITA	GE		0.0	0001	2068	
	IDATION, INC. Ind Losses for Tax on I	Investment	Income		_	90	-0292	2867	Page 3
(a) List and describe the kind(s) of property sold (e.g., real estate, (b) How acquired (c) Dat						Date ac		(d) Date (mo., day	
1a									
b SEE ATTACHED	STATEMENT								
C		,					$\longrightarrow$		
d		<del></del>					$\longrightarrow$		
e	(4) Depresented allowed	(n) Con-	t or other been	L		/h) Cou	n or (less)		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis kpense of sale		(+		n or (loss) (f) mınus (ç		
a					<u> </u>				
b									
С									
d									
e 41,872.			2,53	0.					342.
Complete only for assets showing					(1) Ga	ains (Co	l. (h) gaın ı ot less than	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				from col. (h		
a									<del></del>
b									
d									<del></del>
e		+						39,	342.
Capital gain net income or (net cap		ter in Part I, line i -0- in Part I, line		} 2					342.
3 Net short-term capital gain or (loss	( , , ,		•					<u>-</u>	-
If gain, also enter in Part I, line 8, o		ana (o).		)					
If (loss), enter -0- in Part I, line 8	· · · · · · · · · · · · · · · · · · ·			] 3			N/A		
4	nder Section 4940(e) fo	<u> </u>	<del></del>	<del> </del>	ent Inco	me			
(For optional use by domestic private	foundations subject to the section	n 4940(a) tax on	net investment in	icome.)					
If section 4940(d)(2) applies, leave th	ıs part blank.								
Was the foundation liable for the secti	on 4042 tay on the distributable s	amount of any ve	ar in the bace noi	chour				□ Vac [	X No
If "Yes," the foundation does not quali				iou:				165 [	<u> 22  </u> NU
1 Enter the appropriate amount in e	ach column for each year; see the	e instructions bet	fore making any e	ntries.	•				
(a)	(b)		<del></del>	(c)			Dietrib	(d) oution ratio	
Base periód years Calendar year (or tax year beginnin	g in) Adjusted qualifying o		Net value of no	ncharitable-u		(	col. (b) div	ided by col. (	· · · ·
2011		72,021.			.,466.	.180796			
2010	5	73,513.			,234.	.482254			
2009		53,123.			1,346,412.				
2008		04,171.			7,536.				
2007	3	40,867.		1,2/5	,932.			. 20	02TP
2 Total of line 1, column (d)				_		2		1.31	9436
3 Average distribution ratio for the 5	i-year base period - divide the tota	al on line 2 by 5,	or by the number	of years	1				
the foundation has been in exister	ice if less than 5 years					3		.26	3887
4 Enter the net value of noncharitab	le-use assets for 2012 from Part :	X, line 5				4		2,049	476.
						_		E 4.0	020
5 Multiply line 4 by line 3	-					5		540	830.
0 F.A. 40/ .f.m.k.m	o /10/ of Dord / Box 075								130
6 Enter 1% of net investment incom	e (1% 01 Mart I, IINE 2/D)			-		6			438.
7 Add lines 5 and 6						7		541	,268.
י אטט ווועס ט מווט ט				•		<del>                                     </del>		J = 1	, = 00 •
8 Enter qualifying distributions from	Part XII, line 4					8		159	591.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, I	ine 1b, and com	plete that part usi	ng a 1% tax ra	ite.				

HENRY AND ETTA RAYE HIRSCH HERITAGE 90-0292867 Form 990-PF (2012) FOUNDATION. INC. Page 4 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 \( \bigs \) and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter. 876. 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 Part I, line 12, col. (b). 2 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2012 estimated tax payments and 2011 overpayment credited to 2012 **b** Exempt foreign organizations - tax withheld at source 6b 6с c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 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 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 885. 9 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Refunded 11 Enter the amount of line 10 to be: Credited to 2013 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a any political campaign? 1b b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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 10 c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. 0 • (2) On foundation managers. ▶ \$ (1) On the foundation. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes." attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or 3 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A 4b b If "Yes," has it filed a tax return on Form 990-T for this year? 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 820 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? 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. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) GA

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33973 1

8b

10

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

orm 990-PF (2012) FOUNDATION, INC.			90-02928	<u> 367                                    </u>	Page 6		
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ied)				
5a During the year did the foundation pay or incur any amount to:							
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No		ŀ		
(2) Influence the outcome of any specific public election (see section 4955); or		` ~					
any voter registration drive?							
(3) Provide a grant to an individual for travel, study, or other similar purposes?							
(4) Provide a grant to an organization other than a charitable, etc., organization described in section							
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	·	1,.,		
(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational nurnoses, or fo				( )		
the prevention of cruelty to children or animals?	or oddoddonar parposos, or r		s X No	. 22 Jan	( · ` ·		
· · · · · · · · · · · · · · · · · · ·	or the avantions described i	<del></del>	3 (22) 110	1 '	٠. ا		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ii negulations	N/A	5b	"'		
section 53.4945 or in a current notice regarding disaster assistance (see instruc	•			<del></del>	<del></del>		
Organizations relying on a current notice regarding disaster assistance check he				] *			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from			l				
expenditure responsibility for the grant?	•	I/A	s L No		^		
If "Yes," attach the statement required by Regulations section 53.4945	• •						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on			* `	-		
a personal benefit contract?		Ye	es 🗓 No	^	İ		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?		L	6b	X		
If "Yes" to 6b, file Form 8870.			i				
7a At any time during the tax year, was the foundation a party to a prohibited tax sl	nelter transaction?	Ye	s X No				
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?	· · · ·	N/A	7b			
Part VIII Information About Officers, Directors, Truste	es, Foundation Ma	nagers, Highly	/				
Faid Employees, and Contractors							
List all officers, directors, trustees, foundation managers and their	compensation.						
	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) E	expense unt, other		
(a) Name and address	to position	enter -0-)	and deferred compensation	allo	wances		
SEE STATEMENT 12		0.	0		0.		
10. 1 10 10 10 10 10 10 10 10 10 10 10 10 1	*			1			
				-			
		-		<del></del>			
		1		ł			
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE."	L	<del></del>			
. Compensation of the inglicest para employees (earles alles alles alles	(b) Title, and average	1	(d) Contributions to	(e) [	Expense		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plan and deferred	s accou	unt, other wances		
NONE	devoted to position		compensation	allo	Walles		
NONE							
<del></del>	<u> </u>			+			
		1					
<del></del>		+	<del>                                     </del>	<del></del>			
<u> </u>		<u> </u>		+			
			1				
		<b>_</b>	<u> </u>				
			1	Щ.			
Total number of other employees paid over \$50,000					0		
			For	m <b>990-F</b>	<b>PF</b> (2012)		

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	ition Managers, riigiliy	
3 Five highest-paid independent contractors for professional services. If none, enter	r "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		<u>▶</u> ] 0
Part IX-A   Summary of Direct Charitable Activities		<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	
1 N/A	·	
		<del></del>
2		
3		
4		
<del></del>		
Part IX-B Summary of Program-Related Investments	· · · · · · · · · · · · · · · · · · ·	
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.	-	
3		
Total. Add lines 1 through 3	<u> </u>	0.
	·	Form <b>990-PF</b> (2012

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	704,758. 1,375,928.
b	Average of monthly cash balances	1b	1,375,928.
C	Fair market value of all other assets	1c	· · · · · · · · · · · · · · · · · · ·
ď	Total (add lines 1a, b, and c)	1d	2,080,686.
е	Reduction claimed for blockage or other factors reported on lines 1a and	· ·	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,080,686.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	31,210.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,049,476.
6	Minimum investment return. Enter 5% of line 5	6	102,474.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	102,474.
	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	876.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	101,598.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	101,598.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	101,598.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	*	4-6 -64
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	159,591.
b	Program-related investments - total from Part IX-B	1b	0,
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	·
3	Amounts set aside for specific charitable projects that satisfy the:	<b>√</b> 3	
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	159,591.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	159,591.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies t	for the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	( <b>d</b> ) 2012
1 Distributable amount for 2012 from Part XI,	,,,,,	**************************************	2011	2012
line 7				101,598.
2 Undistributed income, if any, as of the end of 2012		*,	***	101,330.
a Enter amount for 2011 only	Art, Commence		· ` ` ` O .	
b Total for prior years:			N. F. N. S. S.	***************************************
,		0.		
3 Excess distributions carryover, if any, to 2012:		,		4 4 4
a From 2007 278,688.	, , , , , , , , , , , , , , , , , , ,	* * * * * * * * * * * * * * * * * * * *		
<b>b</b> From 2008 261,282.		- ' '		
<b>c</b> From 2009	** ** **	, K. 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
dFrom 2010 515,047.		, , , , , , , , , , , , , , , , , , , ,	%. " <sub>\$*</sub> .	* * * * * * * * * * * * * * * * * * * *
eFrom 2011 124,848.		The state of the s	, , , , , , , , , , , , , , , , , ,	* 1 × × * 3 ×
f Total of lines 3a through e	1,179,865.	, , , , , , , , , , , , , , , , , , , ,	·	, v ,
4 Qualifying distributions for 2012 from	3 (3		,	* ,
Part XII, line 4: ►\$ 159,591.	,·*		, , ,	•, (
a Applied to 2011, but not more than line 2a	-	<u> </u>	0.	
<b>b</b> Applied to undistributed income of prior		_	, , , , , , , , , , , , , , , , , , ,	
years (Election required - see instructions)		0.		* \
c Treated as distributions out of corpus			\$ 5 5 1	• • • • • • • • • • • • • • • • • • • •
(Election required - see instructions)	0.		\$ 1.25	, , , ,
d Applied to 2012 distributable amount	<u> </u>	· *	<u> </u>	101,598.
e Remaining amount distributed out of corpus	57,993.	· · · · · · · · · · · · · · · · · · ·	3	3
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount	0.		***************************************	0.
must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	1,237,858.		· · · · · · · · · · · · · · · · · · ·	The state of the s
b Prior years' undistributed income. Subtract				
line 4b from line 2b	· · · · · · · · · · · · · · · · · · ·	0.	***	* '.*
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	,		A the state of the	
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	<u>L. S</u> NA: , <u>X</u> 1
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013	*			0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)  8 Excess distributions carryover from 2007	0.			\$1.5 m
not applied on line 5 or line 7	278,688.			
9 Excess distributions carryover to 2013.	270,000.		- 387	
Subtract lines 7 and 8 from line 6a	959,170.			
10 Analysis of line 9:	200,110	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
a Excess from 2008 261,282.				
b Excess from 2009				
c Excess from 2010 515,047.				(A) (A) (A) (A)
dExcess from 2011 124,848.				[4] 2世際正正子
e Excess from 2012 57,993.				
			<del></del>	Form <b>990-PF</b> (2012)

Page 10

Part XIV   Private Operating F	oundations (see ins	tructions and Part VII-	A, question 9)	N/A					
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating							
foundation, and the ruling is effective fo			▶						
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)									
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years						
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total				
investment return from Part X for									
each year listed									
<b>b</b> 85% of line 2a									
c Qualifying distributions from Part XII,	1								
line 4 for each year listed		·····							
d Amounts included in line 2c not									
used directly for active conduct of									
exempt activities					<del></del>				
e Qualifying distributions made directly									
for active conduct of exempt activities.									
Subtract line 2d from line 2c			<u></u>						
3 Complete 3a, b, or c for the alternative test relied upon:									
a "Assets" alternative test - enter:									
(1) Value of all assets									
(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		1	ļ						
512(a)(5)), or royalties)									
(2) Support from general public									
and 5 or more exempt organizations as provided in	1								
section 4942(j)(3)(B)(iii)									
(3) Largest amount of support from									
an exempt organization									
(4) Gross investment income				1 - 105 000					
Part XV Supplementary Info			if the foundation	naa \$5,000 or m	ore in assets				
at any time during		ructions.)	<del></del>		•				
1 Information Regarding Foundation									
a List any managers of the foundation will year (but only if they have contributed)	10 have contributed more	than 2% of the total con-	tributions received by the	e toundation before the clo	se of any tax				
	11010 than \$0,000). (000 t	(a)(E)-)							
<b>NONE b</b> List any managers of the foundation with the foundatio	he aum 100/ or more of th	an atack of a comparation	(or an equally large port	on of the ownership of a n	artnership or				
other entity) of which the foundation has			(or all equally large port	on or the ownership or a p	artifership of				
NONE	Ū								
2 Information Regarding Contribu	tion, Grant, Gift, Loan	. Scholarship, etc., P	rograms:						
Check here ► X if the foundation				not accept unsolicited requ	uests for funds. If				
the foundation makes gifts, grants, etc	. (see instructions) to indi	viduals or organizations	under other conditions, o	complete items 2a, b, c, an	d d.				
a The name, address, and telephone nur	nber or e-mail of the pers	on to whom applications	should be addressed:						
<b>2</b> 770 manne, acaresa, ama son-process		• • • • • • • • • • • • • • • • • • • •							
<b>b</b> The form in which applications should	be submitted and informa	ation and materials they s	should include:		-				
c Any submission deadlines:	-								
la de la companya de	do auch co bu secces	nal propo oboritoble fields	kinds of institutions of	other factore					
d Any restrictions or limitations on awar	us, such as by geographic	ai areas, charlable lielos	ง, หมานราย เกรียนนนบกรี, 01	ouici idolois.					

HENRY AND ETTA RAYE HIRSCH HERITAGE FOUNDATION, INC.

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ADAPTIVE LEARNING CENTER N/A N/A UNRESTRICTED 736 JOHNSON FERRY ROAD 180. MARIETTA, GA 30068 UNRESTRICTED N/A N/A AHAVATH ACHIM SYNAGOGUE 600 PEACHTREE BATTLE AVENUE NW ATLANTA, GA 30327 180. ALLIANCE THEATER ANNUAL FUND N/A N/A UNRESTRICTED 1280 PEACHTREE STREET NE ATLANTA, GA 30309 1,500. N/A UNRESTRICTED AMERICAN ISTAEL EDUCATION FOUNDATION N/A 800 EIGHTH STREET NW 30,000. WASHINGTON, DC 20001 UNRESTRICTED AMERICAN JEWISH COMMITTEE N/A N/A 20 S. CHARLES ST #412 BALTIMORE, MD 21201 3,000. 159,591. SEE CONTINUATION SHEET(S) → 3a Total **b** Approved for future payment NONE Total Form **990-PF** (2012)

art XVI-A	Analysis of Income-Producing Activities
-----------	---

iter gross amounts unless otherwise indicated.	Unrelated business income			y section 512, 513, or 514	(e)
•	(a) Business	( <b>b</b> ) Amount	(C) Exclu- sion	(d) Amount	Related or exemp
Program service revenue:	code		code	Amount	function income
a					
b		· · · · · · · · · · · · · · · · · · ·			
c					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	10,003.	
Dividends and interest from securities			14	15,782.	
Net rental income or (loss) from real estate:	,		" .	•	,
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income			14	2,223.	
Gain or (loss) from sales of assets other		<del></del>			
than inventory			18	39,342.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a	1		1 !		
b					
c					
d					
e					
Subtotal. Add columns (b), (d), and (e)	^		0.	67,350.	
Total. Add line 12, columns (b), (d), and (e)				13	67,3
See worksheet in line 13 instructions to verify calculations.)				_	
	to the Asses	anlichment of	Evernt D	urnoses	
Part XVI-B Relationship of Activities	to the Accor	iipiisiiiiieiit oi	Exempt	ui hoses	

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).						
<del></del>							

Form **990-PF** (2012)

Part XVII	Information Re Exempt Organi		siers to a	ma iransa	cuons an	iu Relationsi	iips with Nonc	idritable		
1 Did the or	rganization directly or indir	ectly engage in any o	f the following	g with any other	rorganization	described in section	on 501(c) of		Yes	No
	(other than section 501(c)				litical organiza	ations?			`.	1
	from the reporting founda	ition to a noncharitab	le exempt org	anization of:				.4		
(1) Cash								1a(1)		X
<b>(2)</b> Other								1a(2)		Х
<b>b</b> Other tran								1 ' 1	- 2/0	
• •	s of assets to a noncharitat							1b(1)		X
	hases of assets from a nor		ganization					1b(2)		X
• •	al of facilities, equipment, o	or other assets						1b(3)		X
, -	bursement arrangements							1b(4)		X
• •	ns or loan guarantees							1b(5)		X
. ,	ormance of services or mei	•	•					1b(6)		X
_	of facilities, equipment, mai				h) chould alwa	we chow the foir m	arket value of the good	1c other acco	ntc.	
	swer to any of the above is es given by the reporting fo		-						B15,	
	<b>d)</b> the value of the goods, (			u 1633 tilali lali	market value	in any transaction	or snaring arrangemen	it, show in		
(a)Line no	(b) Amount involved			exempt organi	zation	(d) Description	of transfers, transactions,	and sharing arr	angeme	ents
(4)2	(2)//////////	(0) 111110 01	N/A			(-/				
<del></del>										
	· · · · ·							<del>-</del> -		
						<del> </del>				
						<del> </del>				
			<del></del>			<u> </u>				
		<del></del>				<del>                                     </del>	<del></del>			
	<del></del>		<del></del>				·			
			<del></del>							
		<u> </u>								
			-	<u> </u>						
2a Is the fou	indation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-ex	empt organiza	ations described		<u> </u>		
ın sectior	n 501(c) of the Code (other	r than section 501(c)	(3)) or in sect	tion 527?				Yes	X	□No
b If "Yes," o	complete the following sch									
	(a) Name of org	anization		(b) Type of o	rganization	<del> </del>	(c) Description of relat	onship		
	N/A							_		
						···-				
		<del></del>								
<del></del>							had of my knowledge	·		
1 0001	er penalties of perjury, I declare belief, it s true, correct, and cor							May the IRS of return with the	discuss e prepa	this
Sign Here	Att days	1/200		1 44/	1 .10	DIRECT	non	shown below	(see in:	str )?
1 🗷	anature of officer or trustee	Hurel )		Date	TW/S	Title	rok	LX∐ Yes	· L_	⊔ No
Sig	Print/Type preparer's na		Preparer's s			Date	Check   if   P	TIN		
	1		Freparer 5 5	ngnature		Date / /	self- employed	1 114		
Paid	CHRISTOPHE	ir D.	l L	1		11/4/12		P00546	125	ł
Preparer	DAVIS Firm's name ► HAB	TE ADOCE	2 TTP	WYNIKIL	L.L.	<u> </u>	Firm's EIN ▶ 57			
Use Only		TE, ARUGE	, oc	MITHELY		- ' /	THINIS EIN P 37	44373	ر ب	
Jac Only	Firm's address ▶ FI	VE CONCOU	RSE DA	RKWAV	קידווצ	1000	<del> </del>			
		IVE CONCOU			COLID	1000	Phone no 40	4-892-	965	:1

Form **990-PF** (2012)

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

**2012** 

Name of the organization

HENRY AND ETTA RAYE HIRSCH HERITAGE FOUNDATION, INC.

Employer identification number

90-0292867

Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
X For an organizatio	n filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in money or property) from any one olete Parts I and II.
Special Rules	
509(a)(1) and 170	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (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% (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
total contributions	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, sof more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III.
contributions for u If this box is chec purpose Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively le, etc., contributions of \$5,000 or more during the year
but it must answer "No" or	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), in 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 set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
HENRY AND ETTA RAYE HIRSCH HERITAGE
FOUNDATION, INC.

Employer identification number

90-0292867

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ETTA RAYE HIRSCH  4580 HARRIS TRAIL  ATLANTA, GA 30327	s700,000.	Person X Payroll
(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
223452 12-3		\$Schodulo B (For	Person Payroll Noncash (Complete Part II if there is a noncash contribution) n 990, 990-EZ, or 990-PF) (2012

Name of organization

HENRY AND ETTA RAYE HIRSCH HERITAGE

FOUNDATION, INC.

Employer identification number

90-0292867

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	I if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \ \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
223453 12-2			990, 990-EZ, or 990-PF) (2012

ne of organ	Form 990, 990-EZ, or 990-PF) (2012)		P:   Employer identification number
	AND ETTA RAYE HIRSCH HE	RTTAGE	Employer recitation fluidos
	TION, INC.		90-0292867
art III	Exclusively religious, charitable, etc., individual	dual contributions to section 501(c)(7),	8), or (10) organizations that total more than \$1,000 for mpleting Part III, enter
• •	the total of exclusively religious, charitable, etc.,	, contributions of \$1,000 or less for the y	ear. (Enter this information once )
·	Use duplicate copies of Part III if additional		
i) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I			
-			-
-			-
-			
		(e) Transfer of gift	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
-		I	
j -			
-			
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I	(b) Ful pose of gift	(c) ose of gift	(u) Description of now girt is field
-			
-			
		(e) Transfer of gift	<u> </u>
1			
<u> </u>	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-		· · · · · · · · · · · · · · · · · · ·	
-			
-			
n) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I	(b) Ful pose of gift		(d) Description of now gire is freid
[ -		·	
-			-
-			
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
- - - - -			
from	Transferee's name, address, an  (b) Purpose of gift	(c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held
from			
a) No. from Part I			
from			
from			
from		(c) Use of gift	

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		FMV	87,180.	87,180
ACTIVE EQUITY		FMV	594,873.	594,873
ALTERNATIVE ASSETS		FMV	538,284.	538,284
PASSIVE EQUITY		FMV	308,978.	308,978
PLAINS ALL AMERICAN PIPE		COST	11,268.	11,268
			6 21E	C 245
PENN VIRGINIA RESOURCE F	ARTNERS	COST	6,245.	6,245
		-	1,546,828.	1,546,828
PENN VIRGINIA RESOURCE F TOTAL TO FORM 990-PF, PA FORM 990-PF	RT II, LINE	-		
TOTAL TO FORM 990-PF, PA	RT II, LINE	13		1,546,828
TOTAL TO FORM 990-PF, PA  FORM 990-PF  DESCRIPTION  FEDERAL TAXES PAYABLE	RT II, LINE	13	1,546,828.  BOY AMOUNT  418.	1,546,828 STATEMENT EOY AMOUNT
TOTAL TO FORM 990-PF, PA	RT II, LINE	13	1,546,828.  BOY AMOUNT	1,546,828 STATEMENT EOY AMOUNT

	- LIST OF OFFICERS, DES AND FOUNDATION MANA		STATI	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ETTA RAYE HIRSCH 4580 TRAIL NW ATLANTA, GA 30327	DIRECTOR 1.00	0.	0.	0.
LISA HIRSCH GREENBERG 665 WIDGEON LN NW ATLANTA, GA 30327	DIRECTOR 1.00	0.	0.	0.
SETH GREENBERG 665 WIDGEON LN NW ATLANTA, GA 30327	DIRECTOR 1.00	0.	0.	0.
DAVID A. HIRSCH 4875 POWERS FERRY RD NW ATLANTA, GA 30327	DIRECTOR 1.00	0.	0.	0.
MICHELE HIRSCH 4875 POWERS FERRY RD NW ATLANTA, GA 30327	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.

Part IV   Capital Gains and Los	ses for Tax on Investment Income				
	describe the kind(s) of property solock warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a FIXED INCOME,	LLC		P		12/31/12
b FIXED INCOME,			P		12/31/12
c ACTIVE EQUITY,	LLC				12/31/12
d ACTIVE EQUITY,	LLC				12/31/12
e PASSIVE EQUITY	, LLC		P	VARIOUS	12/31/12
f PASSIVE EQUITY			P	VARIOUS	12/31/12
g ALTERNATIVE AS:			P	VARIOUS	12/31/12
h ALTERNATIVE AS			P	VARIOUS	12/31/12
1					
1					
k					
m					
n					f
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(e) r	) Gain or (loss) blus (f) minus (g)	•
2	<del></del>	1,649.			-1,649.
a b		881.		· · · · · · · · · · · · · · · · · · ·	-881.
8,365.	<del></del>				8,365.
d 14,532.					14,532.
1 261					4,264.
e 4,264. f 2,342.				-	2,342.
2 (20				······································	3,639.
		<del>                                     </del>			8,730.
h 8,730.				**	0,750.
1					
<u>k</u>					
<u> </u>					
m					
П					<del></del> _
0	703	10/04/00			
Complete only for assets showing	ng gain in column (h) and owned by			sses (from col. (h) of col. (h) gain ove	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		not less than "-0-")	
a					-1,649.
b			<del> </del>		-881.
C					8,365.
d				. <u></u>	14,532.
e					4,264.
f					2,342.
g					3,639.
h					8,730.
1					
1		,			
k					
1					
m					
n					
0					
	I				
2 Capital gain net income or (net ca	apital loss) - { If gain, also enter	er in Part I, line 7 -0-" in Part I, line 7	2		39,342.
• •		, I			<u></u>
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) a - column (c)	(iiia (o):			
If (loss), enter "-0-" in Part I, line	8 .	. ]	3	N/A	

FOUNDATION, INC.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor UNRESTRICTED N/A N/A TIMA 817 BROADWAY 1,800. NEW YORK, NY 10003 UNRESTRICTED N/A N/A ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 1,200. NEW YORK, NY 10158 UNRESTRICTED N/A N/A ATLANTA SCHOLARS KOLLEL 1959 LAVISTA RD NE 4,336. ATLANTA, GA 30329 ATLANTA WOMEN'S FOUNDATION N/A N/A UNRESTRICTED 50 HURT PLAZA SE STE 401 ATLANTA, GA 30303 950. N/A N/A UNRESTRICTED CONGREGATION B'NAI TORAH 700 MOUNT VERNON HIGHWAY NE ATLANTA, GA 30328 2,476. UNRESTRICTED CONGREGATION BETH JACOB N/A N/A 1855 LAVISTA RD NE 1,644. ATLANTA, GA 30329 UNRESTRICTED FRIENDS OF THE IDF NEW YORK N/A N/A 1430 BROADWAY STE 1301 NEW YORK, NY 10018 1,360. N/A UNRESTRICTED N/A GREENFIELD HEBREW ACADEMY 5200 NORTHLAND DRIVE 5,450. ATLANTA, GA 30342 N/A UNRESTRICTED N/A HADASSAH 50 WEST 58TH STREET 1,800. NEW YORK, NY 10019 N/A N/A UNRESTRICTED HILLELS OF GEORGIA 732 GATEWOOD ROAD NE 5,000. ATLANTA GA 30329 124,731. Total from continuation sheets

FOUNDATIO	N, INC.
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3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
IAN'S FRIENDS FOUNDATION	N/A	N/A	UNRESTRICTED	
855 MARSEILLES DRIVE			į	
ATLANTA, GA 30327				5,00
JEWISH HEALTHCARE FOUNDATION	N/A	N/A	UNRESTRICTED	
650 SMITHFIELD STREET	[··			l
PITTSBURGH, PA 15222				20
MARCUS JEWISH COMMUNITY CENTER	N/A	N/A	UNRESTRICTED	
5342 TILLY MILL ROAD				
DUNWOODY, GA 30338				1,80
MISC. CHARITABLE CONTRIBUTIONS	N/A	N/A	UNRESTRICTED	
MISC. CHARITABLE CONTRIBUTIONS	N/A			2
PACE ACADEMY	N/A	N/A	UNRESTRICTED	
966 WEST PACES FERRY ROAD NW				
ATLANTA, GA 30327				6,9
	7/2	17/3	TIND ECOR TOWER	
PAN MASS CHALLENGE	N/A	N/A	UNRESTRICTED	
77 4TH AVENUE			i	2
NEEDHAM, MA 02494			<del></del>	<del> </del>
SANDY SPRINGS POLICE BENEVOLENT	N/A	N/A	UNRESTRICTED	
ASSOCIATION				
2 RAVINIA DRIVE STE 1630				
ATLANTA, GA 30346				1
	77/2	NT / 2	UNRESTRICTED	
TEMIMA HIGH SCHOOL 1985-B LAVISTA ROAD	N/A	N/A	DMKEGIKICIED	
ATLANTA, GA 30329				2,8
RIMMIN, UN JUSTI				†
TENNESSEE PARKINSONS	N/A	N/A	UNRESTRICTED	
4205 HILLSBORO PIKE STE 317				
NASHVILLE, TN 37215				2
THE EPSTEIN SCHOOL	N/A	N/A	UNRESTRICTED	
335 COLEWOOD WAY NW				3,6
SANDY SPRINGS, GA 30328  Total from continuation sheets				<del> </del>

FOUNDATION, INC.

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
THE WEBER SCHOOL	N/A	N/A	UNRESTRICTED	
6751 ROSWELL ROAD				
ATLANTA, GA 30328				2,50
TORAH DAY SCHOOL	N/A	N/A	UNRESTRICTED	
1985 LAVISTA RD NE				0.50
ATLANTA, GA 30329				2,50
UNITED HATZALAH OF ISRAEL	N/A	N/A	UNRESTRICTED	
208 EAST 51ST STREET STE 303				1 00
NEW YORK, NY 10022				1,80
WEINSTEIN HOSPICE	N/A	N/A	UNRESTRICTED	
3150 HOWELL MILL RD. NW				
ATLANTA, GA 30327				46
WILLIAM BREMAN JEWISH HOME	N/A	N/A	UNRESTRICTED	
3150 HOWELL MILL RD. NW				2.45
ATLANTA, GA 30327		<del></del>		2,45
WILLIAM BREMAN JEWISH MUSEUM	N/A	N/A	UNRESTRICTED	
1440 SPRING ST. NW				9.5
ATLANTA, GA 30309				25
WIPHAN CARE MINISTRIES	N/A	N/A	UNRESTRICTED	
551 COX ROAD ROSWELL, GA 30075				1,50
WORLD ORT	N/A	N/A	UNRESTRICTED	}
2152 RALPH AVENUE 146 BROOKLYN, NY 11234				5,00
BROUNDIN, NI 11234				, ,,,,
YESHIVA ATLANTA	N/A	N/A	UNRESTRICTED	
3130 RAYMOND DR.				2,57
DORAVILLE, GA 30340		-		
AMERICAN JEWISH JOINT DISTRIBUTION	N/A	N/A	UNRESTRICTED	
COMMITTEE 711 THIRD AVENUE 10TH FLOOR				
NEW YORK, NY 10017				15,00
Total from continuation sheets				

FOUNDATION, INC.

Part XV Supplementary Information				<u> </u>
3 Grants and Contributions Paid During the	If recipient is an individual,	1		
Recipient  Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
ATLANTA COMMUNITY FOOD BANK	N/A	N/A	UNRESTRICTED	
732 JOSEPH E. LOWERY BLVD NW				
ATLANTA, GA 30318				75.
CONGREGATION ETZ CHAIM	N/A	N/A	UNRESTRICTED	
1190 INDIAN HILLS PARKWAY				
MARIETTA, GA 30068				75
DANIE AGADINE	N/A	N/A	UNRESTRICTED	
DAVIS ACADEMY 8105 ROBERTS DRIVE	N/A	T/A		
ATLANTA, GA 30350				2,500
			UNRESTRICTED	
JEWISH FAMILY & CAREER SERVICES 4549 CHAMBLEE DUNWOODY ROAD	N/A	N/A	ONRESTRICTED	
ATLANTA, GA 30338				30,000
JRGA ENDOWMENT	N/A	N/A	UNRESTRICTED	
CARA UROSA 9				1
BELGRADE, SERBIA		<del>                                     </del>		9,000
MOTHER'S MILK BANK OF NEW ENGLAD	N/A	N/A	UNRESTRICTED	
101 CLAREMONT ST	N/A	,	<b></b>	
NEWTON, MA 02458		-		1,000
			UNRESTRICTED	
DRAKE HOUSE 10500 CLARA DRIVE	N/A	N/A	DIRESTRICTED	
ROSWELL, GA 30075				200
			TO TO COMP TO COMP D	
THE TEMPLE 1589 PEACHTREE STREET NE	N/A	N/A	UNRESTRICTED	
ATLANTA, GA 30309		1		500
U.S. HOLOCAUST MUSEUM	N/A	N/A	UNRESTRICTED	
100 RAOUL WALLENBERG PL SW WASHINGTON, DC 20024				180
Total from continuation sheets				

HENRY & ETTA RAYE HIRSCH HERITAGE FOUNDATION SCHEDULE OF AVERAGE FAIR MARKET VALUE FYE 12/31/12

EOY		Merrill Lynch Cash 4002	AVG Cash	Fixed Income	Active Equity	Alternative Assets	Passive Equity	AVG Securities
	i							
DECEMBER	11	1,501,067		25,746	252,527	168,803	106,418	
IANUARY	12	1,501,509	1,501,288	26,147	293,853	171,196	82,927	563,808
FEBRUARY	12	1,485,009	1,493,259	26,302	284,540	175,210	105,278	582,727
MARCH	12	1,480,559	1,482,784	26,177	288,221	176,832	105,305	593,933
APRIL	12	1,469,881	1,475,220	26,319	288,650	177,531	104,370	596,703
MAY	12	1,468,178	1,469,029	23,238	270,720	174,421	99,724	582,487
TINE	2	1.465,791	1,466,985	23,028	279,088	173,622	102,516	573,179
JOINE	2	1.465.912	1,465,852	22,935	285,631	175,338	104,045	583,102
ATIGUST	12	1.463.962	1,464,937	23,155	290,912	177,059	105,698	592,387
SEPTEMBER 12	12	1,426,240	1,445,101	57,577	293,921	178,659	79,421	603,201
OCTOBER	2	1,426.192	1,426,216	86,959	224,645	179,261	116,342	608,393
NOVEMBER	12	519,625	972,908	87,773	504,162	530,834	386,147	1,058,062
DECEMBER 12	1 21	1,175,499	847,562	87,180	594,872	538,284	308,978	1,519,115

AVG MONTHLY FMV CASH \$ 1,375,928.43

AVG MONTHLY FMV SECURITII

704,758

FORM 990-PF INTEREST ON SAVINGS AN	D TEMPORARY CAS	H I	NVESTMENTS	STATEMENT	1
SOURCE				TRUOMA	
ACTIVE EQUITY ALTERNATIVE ASSETS FIXED INCOME MERRILL LYNCH - 04002 PASSIVE EQUITY PLAINS ALL AMERICAN PIPELINE TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		-	7,32	59. 4. 6.
FORM 990-PF DIVIDENDS AND	INTEREST FROM S	SECU	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT	)
ACTIVE EQUITY ALTERNATIVE ASSETS FIXED INCOME PASSIVE EQUITY PLAINS ALL AMERICAN PIPELINE	8,139. 0. 2,735. 0. 615. 0. 4,279. 0. 14. 0.			8,139. 2,735. 615. 4,279. 14.	
TOTAL TO FM 990-PF, PART I, LN 4	15,782.	0.		15,782.	
FORM 990-PF OT	THER INCOME			STATEMENT	3
DESCRIPTION	(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM	
OTHER PORTFOLIO INCOME - ACTIVE EQUITY OTHER PORTFOLIO INCOME - PASSIVE		-3. 43.	-3 43		0.
EQUITY OTHER PORTFOLIO INCOME - ALTERNATIVE ASSETS	1,0		1,053		0.
OTHER PORTFOLIO INCOME - PLAINS ALI AMERICAN PIPELINE OTHER PORTFOLIO INCOME - PENN	98	80.	980		0.
VIRGINIA		50.	150	_	
TOTAL TO FORM 990-PF, PART I, LINE	11 2,2	<u> </u>	2,223	-	0.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4			
DESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE		
<del></del>	5,200.	5,200.	0.	0.		
TO FORM 990-PF, PG 1, LN 16B	5,200.	5,200.	0.	0.		
FORM 990-PF	TAX	ES	STATEMENT 5			
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITABLE		
IRS FOREIGN TAXES PAID	876. 616.		0.	0.		
TO FORM 990-PF, PG 1, LN 18	1,492.	616.	0.	0.		
FORM 990-PF	OTHER E	XPENSES	PATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS			CHARITABLE		
BANK CHARGES FIXED INCOME EXPENSES ACTIVE EQUITY EXPENSES PASSIVE EQUITY EXPENSES ALTERNATIVE ASSETS EXPENSES BUSINESS LICENSE PENN VIRGINIA RESOURCE PARTNERS NONDEDUCTIBLE EXPENSES	93. 190. 2,819. 988. 12,577. 50.	190. 2,819. 988. 12,577. 50.	0. 0. 0. 0. 0.	0. 0. 0. 0. 0.		
TO FORM 990-PF, PG 1, LN 23	16,790.	- <del> </del>	0.	0.		
		= =====================================				

Form 9969 (Day 17	2040)					Page 2			
Form 8868 (Rev. 1-2	or an Additional (Not Automatic) 3-Month Ext	tonsion o	complete only Part II and check this	hox		Page 2			
•	•				868				
• •	te Part II if you have already been granted an a or an <b>Automatic 3-Month Extension, complet</b>			ied i dilli d	000.				
	ditional (Not Automatic) 3-Month Ex			al (no co	nies neede	d)			
Aut Aut	ditional (Not Automatic) o Month E			•		e instructions			
Toma on Name	of annual annual and an other files and instru	otions	Enter mer s			·			
L	Francis and David UID COU UED TONGO					number (Lily) or			
EOTDI	HOLDING THE								
· ·	.,					2867			
THIRTH JOTAN	your 2700 DELK DOXD NO 100					Social security number (SSN)			
—	wn or post office, state, and ZIP code For a fo	reign add	Iress see instructions						
	ETTA, GA 30067	reigi i add	ress, see mandenons.						
- PARTIE	31111, G11 30007			<del></del>					
Enter the Deturn or	ode for the return that this application is for (file	a conara	te application for each return)			0 4			
Enter the Return Co	ade for the return that this application is for the	a separa	tte application for each return)			بالت			
A		Return	Application			Return			
Application		Code	Is For			Code			
Is For	200 E7	01	13 1 01	\$ 5 7 7	·,	Oue			
Form 990 or Form 9	990-EZ	02	Form 1041-A		<u> </u>	08			
Form 990-BL	.on	03	Form 4720			09			
Form 4720 (individu	uai)	03	Form 5227		•	10			
	rm 990-PF 04 Form 5227 rm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11			
		05 Form 8870				12			
	st other than above) 06 Form 8870  complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8			d Form 8868					
STOP: DO HOLCON	DAVID HIRSCH	an autor	nade o-month extension on a pre-	,oudly inc	<u> </u>	•			
• The books are in	the care of   2700 DELK ROAD	SUIT	E 100 - MARIETTA.	GA 30	067				
Tolophone No.	770-257-0125		FAX No. ▶ 770-952-59	22					
	on does not have an office or place of busines	s in the H							
	oup Return, enter the organization's four digit			f this is for	the whole ar	oup, check this			
	is for part of the group, check this box	7	ach a list with the names and EINs o		=	*			
			BER 15, 2013	, an mome	St. D. L. C. D. K. C. I. K.	21011 10 1011			
	year 2012 , or other tax year beginning		, and endin	ıα					
	ir entered in line 5 is for less than 12 months, or	heck reas	<del></del>	Final r	eturn	<del></del>			
	e in accounting period	), 100 N 10 <b>u</b>			- 1				
-	ul why you need the extension								
ADDITI	ONAL INFORMATION IS NEED	DED T	O FILE A COMPLETE	AND A	CCURATE	TAX			
RETURN			<u> </u>	• • •					
	<u> </u>		-						
8a If this applica	ation is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less any		- "				
	ole credits. See instructions.		·	8a	\$	0.			
	1 T 200 T 200 T 4700 0000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid									
previously with Form 8868				8b	s	0.			
	e. Subtract line 8b from line 8a Include your p	avment w	ith this form, if required, by using						
	tronic Federal Tax Payment System). See insti		- · · · · · · · · · · · · · · · · · · ·	8c	\$	0.			
			st be completed for Part II		• ····				
Under penalties of pe	erjury, I declare that I have examined this form, included the complete, and that I am authorized to prepare this f	dina accom	•	-	of my knowledg	e and belief,			
Signature	Title -			Date	•				

Form 8868 (Rev. 1-2013)

Form 88	68 (Rev. 1·2013)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II and check this	box		X	
	nly complete Part II if you have already been granted an a				368.		
<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complet						
Part I	Additional (Not Automatic) 3-Month Ex	xtensio	of Time. Only file the original	al (no co	oies neede	ed).	
			Enter filer's	identifying	number, se	e instructions	
Type or Name of exempt organization or other filer, see instructions				Employer ı	imployer identification number (EIN) or		
print HENRY AND ETTA RAYE HIRSCH HERITAGE							
File by the	TO CONTRACT ON THE				90-0292867		
due date fo	date for Number, street, and room or suite no. If a P.O. box, see instructions.			Social sec	urity number	(SSN)	
ning your return See	ng your 12700 DELY BOXD NO. 100						
instruction	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
	MARIETTA, GA 30067						
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
	·						
Applica	tion	Return	Application		Return		
ls For		Code	is For			Code	
Form 99	90 or Form 990-EZ	01		1	*	/	
Form 99	90-BL	02	Form 1041-A			08	
Form 47	20 (ındıvıdual)	03	Form 4720			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11	
Form 990-T (trust other than above) 06 Form 8870					12		
STOP! I	Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	Form 8868	3	
•	DAVID HIRSCH						
• The	books are in the care of   2700 DELK ROAD	SUIT	E 100 - MARIETTA,	GA 300	167		
Tele	ohone No. ► 770 - 257 - 0125		FAX No. ► 770-952-59	22			
• If the	e organization does not have an office or place of busines					<b>▶</b>	
• If the	s is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	If this is for	the whole g	roup, check this	
box 🕨	. If it is for part of the group, check this box		ach a list with the names and EINs o	f all membe	ers the exten	sion is for	
4 1	request an additional 3-month extension of time until	NOVEM	BER 15, 2013				
5 F	or calendar year $2012$ , or other tax year beginning $\_$		, and endir			<u> </u>	
6 If	the tax year entered in line 5 is for less than 12 months, or	check reas	son: Lilinitial return L	Final re	eturn		
[	Change in accounting period						
<b>7</b> S	tate in detail why you need the extension				~~~~		
_	ADDITIONAL INFORMATION IS NEE	DED T	O FILE A COMPLETE	AND A	CCURATI	S TAX	
F	RETURN.						
					<del></del>		
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any		_	0	
	onrefundable credits. See instructions.			8a	\$	0.	
	this application is for Form 990-PF, 990-T, 4720, or 6069						
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid				,		0	
	previously with Form 8868.			8b_	\$	0.	
	Balance due. Subtract line 8b from line 8a. Include your p		th this form, if required, by using			0	
	FTPS (Electronic Federal Tax Payment System) See inst	ructions.	A har a small stand for Don't II	8c	\$	0.	
			st be completed for Part II		£	na amal bala-f	
Under p	enalties of perjury, I declare that I have examined this form, inclu , correct, and complete, and that I am authorized to prepare this t	aing accom	panying schedules and statements, and	IO THE DEST O	i my knowied(	je and beliet,	
				D-1-			
Signatu	re ▶ Title ▶	CPA		Date			