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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

2012

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

BAA For Paperwork Reduction Act Notice, see instructions.

12/01 , 2012, and ending 11/30 2013 For calendar year 2012, or tax year beginning Employer identification number 58-2120930 ISAIAH 58 FOUNDATION, INC. Telephone number (see the instructions) 1971 MCCOLLUM PARKWAY, NW 770-442-5100 KENNESAW, GA 30144 If exemption application is pending, check here C G Check all that apply. Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, checker here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Ħ Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method X Accrual Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here **►** \$ (Part I, column (d) must be on cash basis) 302,127. Part I Analysis of Revenue and (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net Expenses (The total of amounts in expenses per books ıncome income for charitable columns (b), (c), and (d) may not necespurposes (cash sarily equal the amounts in column (a) basis only) (seé instructions)) Contributions, gifts, grants, etc, received (att sch) 70,000 if the foundn is not req to att Sch B Interest on savings and temporary 37 37. cash investments 31 31 4 Dividends and interest from securities 5 a Gross rents b Net rental income or (loss) 6 a Net gain/(loss) from sale of assets not on line 10 REVENU b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 70,068 68 Т3 Compensation of officers, directors, trustees, etc Other employee salaries and wages ෧෧ 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach sch) c Other prof fees (attach sch) SEE ST 1 560. 560 NISTRATIVE 17 Interest 18 Taxes (attach schedule)(see instrs) Depreciation (attach sch) and depletion 19 Occupancy Travel, conferences, and meetings 75 Printing and publications EXPENSES 23 Other expenses (attach schedule) 4,303. 4,303. SEE STATEMENT Total operating and administrative 560 4,303. expenses. Add lines 13 through 23 4,938 Contributions, gifts, grants paid PART XV 46,770. 46,770 Total expenses and disbursements. Add lines 24 and 25 560 0. 51,073. 51,708 Subtract line 26 from line 12 a Excess of revenue over expenses <u> 18,3</u>60. and disbursements 0 **b** Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-) Form 990-PF/(2012)

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Form 990-PF (2012) ISAIAH 58 FOUNDATION, INC. 58-2120930 Page 2 Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) End of year Beginning of year Part II Balance Sheets (c) Fair Market Value (a) Book Value (b) Book Value 6,162 2 6,162. Cash - non-interest-bearing 2 Savings and temporary cash investments 226,321 241,436 241,436. 3 Accounts receivable Less: allowance for doubtful accounts 285 285 Pledges receivable Less: allowance for doubtful accounts Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach sch) ASSETS Less: allowance for doubtful accounts ▶ Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments – U.S. and state government obligations (attach schedule) 95,119 95,075 54,244. **b** Investments - corporate stock (attach schedule) c Investments - corporate bonds (attach schedule) Investments - land, buildings, and equipment: basis 3,313. Less accumulated depreciation STMT 3 3,313. 12 Investments - mortgage loans 13 Investments - other (attach schedule) 14 Land, buildings, and equipment: basis Less accumulated depreciation (attach schedule) 15 Other assets (describe ▶ Total assets (to be completed by all filers see the instructions Also, see page 1, item I) 321,442 342,958 302,127. Accounts payable and accrued expenses 164 Grants payable 19 Deferred revenue Loans from officers, directors, trustees, & other disqualified persons Mortgages and other notes payable (attach schedule) Other liabilities (describe 23 Total liabilities (add lines 17 through 22) 0 164 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. N F E U T N 24 Unrestricted UND 25 Temporarily restricted 26 Permanently restricted ASSETS Foundations that do not follow SFAS 117, check here X В and complete lines 27 through 31. ALAN 27 Capital stock, trust principal, or current funds 321,442 342,794 28 Paid-in or capital surplus, or land, building, and equipment fund E Retained earnings, accumulated income, endowment, or other funds 29 0 R Total net assets or fund balances (see instructions) 321,442 342,794 Total liabilities and net assets/fund balances (see instructions) 321,442 342,958 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), line 30 (must agree with end-of-year figure reported on prior year's return) 1 321,442.

Enter amount from Part I, line 27a 2 18,360. 2 3 2,992. 3 Other increases not included in line 2 (itemize) 4 342,794. Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5)- Part II, column (b), line 30 6 6 342,794.

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

7

Add lines 5 and 6

Enter qualifying distributions from Part XII, line 4

Form 990-P I		-2120			_ Pa	age 4
PartW	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- se	e instru	ctions)			
1 a 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 instrs)					
b Domes	stic foundations that meet the section 4940(e) requirements in Part V,	1				0.
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, column (b)					
2 Tax ur	nder section 511 (domestic section 4947(a)(1) trusts and taxable	_				
	ations only. Others enter -0-)	2				<u>0.</u>
•	nes 1 and 2	3				0.
	e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	ased on investment incomeSubtract line 4 from line 3 If zero or less, enter -0-	5				0.
	s/Payments					
	Immated tax pmts and 2011 overpayment credited to 2012					
	ot foreign organizations – tax withheld at source 6 b	_				
	aid with application for extension of time to file (Form 8868) 6 c					
	p withholding erroneously withheld 6 d	7				
	credits and payments. Add lines 6a through 6d and payments. Add lines 6a through 6d and payment of estimated tax. Check here life Form 2220 is attached	8				0.
		▶ 9				0.
	e. If the total of lines 5 and 8 is more than line 7, enter amount owed	► 10				<u> </u>
• •	ment. If line 7 is more than the total of lines 5 and 8, enter theamount overpaid e amount of line 10 to be: Credited to 2013 estimated tax. Refunded	► 11				
	Statements Regarding Activities					
				,	res	No
	the tax year, did the foundation attempt to influence any national, state, or local legislation or did it pate or intervene in any political campaign?			1 a		X
	spend more than \$100 during the year (either directly or indirectly) for political purposes ne instructions for definition)?			1 b		Х
	answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials pributed by the foundation in connection with the activities	oublished	d			
c Did th	e foundation file Form 1120-POL for this year?			1 c		X
	the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
(1) Or	the foundation >\$ 0. (2) On foundation managers >\$	d an	0.		974	
	the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose ation managers ►\$ 0.	u on				
	e foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
-	attach a detailed description of the activities					
2 ⊔na +h	he foundation made any changes, not previously reported to the IRS, in its governing instrument, artic	loc	ì	ļ	į	
of inco	progration, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	163		3		X
4 a Did th	e foundation have unrelated business gross income of \$1,000 or more during the year?			4 a	ĺ	X
b If 'Yes	s,' has it filed a tax return on Form 990-T for this year?			4 b	N	/A
5 Was the	re a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	s,' attach the statement required by General Instruction T					
6 Are th	e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.					
● By I	anguage in the governing instrument, or					
● By s with	state legislation that effectively amends the governing instrument so that no mandatory directions that the state law remain in the governing instrument?	conflict		6	Х	
7 Did the	foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	X	
8 a Enter GA	the states to which the foundation reports or with which it is registered (see instructions)		_			
b If the a	nswer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General gnate) of each state as required by General Instruction G? If 'No,' attach explanation	_		8 b	X	
•		or 1010	(1)(5)			
9 Is the for ca	foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) lendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV) 3 f 'Yes,' comple	te Part)	X/\^) [9		Х
	ny persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their</i> addresses	names		10		х
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Rart VILB Statements Regarding Activiti		4/20 May Be Req	uired (continu	<u>ea)</u>	The state of the s
5 a During the year did the foundation pay or incu(1) Carry on propaganda, or otherwise attempt	=	n (section 4945(e))?	∏Yes	X No	
(2) Influence the outcome of any specific pub				_	
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,	ation drive?		Yes Yes	X No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or	ganization described	□ ☐ Yes	X No	
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific	. literary. or	Yes	X	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?			ions		5b N/A
Organizations relying on a current notice rega	rding disaster assistand	e check here	I	-	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	N	о 🥻
If 'Yes,' attach the statement required by Regi					
6 a Did the foundation, during the year, receive at on a personal benefit contract?b Did the foundation, during the year, pay prem			∐Yes	XN	o 6 b X
If 'Yes' to 6b, file Form 8870					
7 a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any proceed			<u> </u>	X N	
Rart VIII Information About Officers, Dire					** ' ''
and Contractors			,,		
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee ber plans and defe compensation	efit erred	e) Expense account, other allowances
SCOTT CRAFTON	PRESIDENT	0.	···	0.	0.
899 OLD MOUNTAIN ROAD	2.00				
MARIETTA, GA 30064	CECDEMADY /MD			$\frac{1}{2}$	0.
LINDA CRAFTON 899 OLD MOUNTAIN ROAD MARIETTA, GA 30064	SECRETARY/TR 2.00	0.		0.	0.
2 Compensation of five highest-paid employee	es (other than those inc	luded on line-1 see ins	tructions). If none	enter	'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions employee ber plans and defe compensation	efit rred	e) Expense account, other allowances
NONE					
	•				
	_			\dashv	
Total number of other employees paid over \$50,000)		l	•	0
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Per	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Enand Contractors (continued)	nployees,	
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) Com	pensation
NON	E		
			
			
	·		
		-	
Total	number of others receiving over \$50,000 for professional services	•	0
Pari	Summary of Direct Charitable Activities		
List the	e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc.	Exp	enses
1	N/A		
2			
3		- – –	
_			
4			
		· 	
Par	Summary of Program-Related Investments (see instructions)		.
Doco	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	- Ar	mount
1			7700777
'	N/A		
	N/A	· – –	
2		<u> </u>	
_			
All o	ther program-related investments. See instructions.		· · · · · · · · · · · ·
3		}	
			<u>. </u>
Total	. Add lines 1 through 3	<u> </u>	0.
BAA		Form 9	990-PF (2012)

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: 1 a 64,797. a Average monthly fair market value of securities **b** Average of monthly cash balances 1 b 267,057. 1 c c Fair market value of all other assets (see instructions) 1 d 331, 854. d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1 e 0. 2 0. Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 331,854. Cash deemed held for charitable activities. Enter 1-1/2% of line 3 4,978. (for greater amount, see instructions) 4 5 326,876. Net value of noncharitable-use assetsSubtract line 4 from line 3. Enter here and on Part V, line 4. 6 16,344. Minimum investment return Enter 5% of line 5 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.) Minimum investment return from Part X, line 6 1 16,344. 2 a Tax on investment income for 2012 from Part VI, line 5 2 a b Income tax for 2012. (This does not include the tax from Part VI) 2ь 2 c 3 16,344. 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 16,344. Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 7 16,344. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 PartXIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 51,073. 1 a 1 b **b** Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3 a 3 b **b** Cash distribution test (attach the required schedule) 4 51,073. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) 5 6 51,073. Adjusted qualifying distributions Subtract line 5 from line 4

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				16,344.
2 Undistributed income, if any, as of the end of 2012:		-		10,344.
a Enter amount for 2011 only			0.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007 25,103. b From 2008 9,997.				
c From 2009 51,084.				
d From 2010 51,773.				
e From 2011 63, 456.				
f Total of lines 3a through e	201,413.			
4 Qualifying distributions for 2012 from Part				
XII, line 4: ► \$51,073.		_		
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2012 distributable amount				16,344.
e Remaining amount distributed out of corpus	34,729.			
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount 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	226 142			
	236,142.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed 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 amount – see instructions.		0.		
		0.		
e Undistributed income for 2011 Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
A life distribute discourse for 2012. Cultimost lines				
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 section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	25,103.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	211,039.			
10 Analysis of line 9:				
a Excess from 2008 9,997.				
b Excess from 2009 51,084.	_			
c Excess from 2010 51,773.	_			
d Excess from 2011 63, 456.	1			
e Excess from 2012 34,729.	<u> </u>			Form 990 DE (2012)

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Part XIV Private Operating Founda	tions (see insti	ructions and Pa	rt VII-A, question	1 9)	N/A		
is effective for 2012, enter the date of the	1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling						
b Check box to indicate whether the foundation		erating foundation of		4942(j)(3) or	4942(j)(5)		
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2011	(c) 2010	(d) 2009	(e) Total		
investment return from Part X for each year listed	(a) 2012	(b) 2011	(6) 2010	(u) 2009	(e) Total		
b 85% of line 2a							
c Qualifying distributions from Part XII, line 4 for each year listed							
d Amounts included in line 2c not used directly for active conduct of exempt activities							
 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							
a 'Assets' alternative test – enter:							
(1) Value of all assets			-				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b 'Endowment' alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed		•					
c 'Support' alternative test – enter:							
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)							
(3) Largest amount of support from an exempt organization							
(4) Gross investment income							
Supplementary Information assets at any time during t	ı (Complete this he year — see i	s part only if the nstructions.)	e foundation had	l \$5,000 or more	in		
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have SEE STATEMENT 5	have contributed nore	e than \$5,000). (See	e section 507(d)(2))				
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE							
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs: Check here ► X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.							
a The name, address, and telephone numb	er or e-mail of the	person to whom ap	plications should be	addressed			
b The form in which applications should be submitted and information and materials they should include:							
c Any submission deadlines.							
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charit	able fields, kinds of	institutions, or other	factors:		

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
•	Recipient		Foundation status of recipient		Amount		
	me and address (home or business)	substantial contributor	recipient		<u> </u>		
	d during the year ATEMENT 6						
Tota	al .			▶ 3a	46,770.		
	proved for future payment				1 20,7,0.		
				-			
Tota	al			► 3b	I		

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Part XVII-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions.)
a	-				
b			- 		
c	+		 		
a			 		
e		 ,	 		
T Fore and contracts from any arranged and any	 	<u> </u>			
g Fees and contracts from government agencies			 		
2 Membership dues and assessments	 			37.	
Interest on savings and temporary cash investments Dividends and interest from securities	 		14		
			14	31.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property		<u></u>			
6 Net rental income or (loss) from personal property		- <u></u> -			
7 Other investment income			_		
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		<u></u>			
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		<u> </u>		68.	***************************************
13 Total. Add line 12, columns (b), (d), and (e)				13 _	68.
See worksheet in line 13 instructions to verify calculation	ons.)				

PartXVIIB Relationship of Activities to the Accomplishment of Exempt Purposes

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). (See instructions.)
N/A	

Part XXII	Information Regarding	Transfers T	o and Transactions and	Relationships With N	oncharitable
	Exempt Organizations	5			

							11
described relating t	d în section 501(c) o o political organizati	f the Code (of ons?	ngage in any of the following ther than section 501(c)(3) or	ganızations) o	r organization ir in section 527,	Yes	No
a Transfers	from the reporting	foundation to	a noncharitable exempt orga	nızatıon of:			
(1) Cash						1 a (1)	X
(2) Othe						1 a (2)	Х
b Other tra	nsactions:						
` '	s of assets to a none		• -			1 b (1)	X
• •			ible exempt organization			1 b (2)	Х
(3) Rent	al of facilities, equip	ment, or other	r assets			1 b (3)	X
• •	bursement arranger					1 b (4)	X
` '	s or Ioan guarantee:					1 b (5)	X
(6) Perfo	ormance of services	or membersh	ip or fundraising solicitations			1 b (6)	X
c Sharing i	of facilities, equipme	ent, mailing lis	sts, other assets, or paid emp	loyees		1 c	X
the good	s. other assets. or s	ervices given	complete the following sched by the reporting foundation. I how in column(d) the value of	If the foundation	on received less than fair m	iarket value in	
	(b) Amount involved		of noncharitable exempt organization		escription of transfers, transactions,		ts
I/A							
·/							
-							
					······································		
					· · ·		
			-				
		``					
describe	undation directly or i d in section 501(c) c complete the followi	of the Code (o	ated with, or related to, one of ther than section 501(c)(3)) of	or more tax-ex or in section 52	empt organizations 27?	∏Yes X	No
(a)	Name of organization	on _	(b) Type of organization	lion	(c) Description o	f relationship	
N/A							
					· - · · · · · · · · · · · · · · · · · ·		
Under pe	naities of perjury, I declare to	hat I have examined of preparer (other	d this return, including accompanying sche than taxpayer) is based on all informat	dules and statemen	its, and to the best of my knowledge and rer has any knowledge	d belief, it is true,	
Sign Here			10.15	.14	Pru, Am	May the IRS disc this return with the preparer shown I (see instructions)	he below
Signa	ure of officer or trustee Print/Type preparer's name		Preparer's signature	Title	Date Check	X Yes	No
	1		1 - 11	. 1	LA .C IV	J"	
Paid	C. DEV HAYS,			, J. C/4			
reparer	Firm's name				Firm's EIN ► 58	8-2251152	
Jse Only		O. BOX				770) 440 0000	2
	<u> </u>	LPHARETTA	A, GA 30009-1087		Phone no (770) 442-2828	
3AA						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	Employer identification number	
ISAIAH 58 FOUNDATION, I	58-2120930	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	nc
	4947(a)(1) nonexempt charitable trustnot	treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered	by the General Rule or a Special Rule	
		I Dula and a Special Bula. See instructions
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	·	
X For an organization filing Form 99	30, 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	ı II.)	
Special Rules		
- 509(a)(1) and 170(b)(1)(A)(vi) and	on filing Form 990 or 990-EZ that met the 33-1/3% suppid received from any one contributor, during the year, a c 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Compl	contribution of the greater of \$5,000 or
For a section 501(c)(7), (8), or (19)	0) organization filing Form 990 or 990-EZ that received fi	from any one contributor, during the year,
☐ total contributions of more than \$	1,000 for use <i>exclusively</i> for religious, charitable, scientifi en or animals Complete Parts I, II, and III.	ic, literary, or educational purposes, or
·	0) organization filing Form 990 or 990-EZ that received fi	from any one contributor, during the year
up contributions for use exclusively to	or religious, charitable, etc. purposes, but these contribu	itions did not total to more than \$1,000.
If this box is checked, enter here	the total contributions that were received during the yea the parts unless the General Rule applies to this organiza	ir for arexclusively religious, charitable, etc, ation because it received nonexclusively
	tions of \$5,000 or more during the year	► \$
-		000, 000 E7, or 000 PD, but it wastet
answer 'No' on Part IV, line 2, of its Form 99	the General Rule and/or the Special Rules does not file Schedule B (Form 10; 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 Scheo	dule B (Form 990, 990-EZ, or 990-PF)	
BAA For Paperwork Reduction Act I	Notice, see the Instructions for Form 990, 990EZ,	Schedule B (Form 990, 990-EZ, or 990-PF) (2012
or 990-PF.		

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2012)	Page	1 of 1 of Part 1
-	H 58 FOUNDATION, INC.	· · ·	120930
	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCOTT AND LINDA CRAFTON		Person X Payroll
	899 OLD MOUNTAIN ROAD	\$70 <u>,</u> 000.	Noncash
	MARIETTA, GA 30064		(Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is
(a)	(b)	(c)	a noncash contribution)
Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
		Sahadula B (Farm 0	(Complete Part II if there is a noncash contribution)

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to

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

of Part II

Name of organization

BAA

Employer identification number

58-2120930 ISAIAH 58 FOUNDATION, INC. Part II Noncash Property (see instructions), Use duplicate copies of Part II if additional space is needed (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (b) Description of noncash property given N/A (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) (see instructions) Part ! (b)
Description of noncash property given (d) Date received (a) No. (c) FMV (or estimate) (see instructions) from Part I (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) Part I (b)
Description of noncash property given (c) FMV (or estimate) (d) Date received (a) No. from Part I (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (b) Description of noncash property given from Part I

Name of organ	nization 58 FOUNDATION, INC.			Employer identification number 58-2120930
Part III	Exclusively religious, charitable, etc.	individual contributions to	section 5	01(c)(7), (8) or (10)
,	organizations that total more than	\$1,000 for the year. Comple	ete columns (a	i) through (e) and the following line entry.
	For organizations completing Part III, enter contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional	Enter this information once. Se space is needed.	e instructions	s.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
		(e)		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from	(b)	(c)		(d)
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held
		(e)		
	Transferee's name, addre	Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
			····	
	(h)	(6)		(4)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				
		(e) Transfer of gift		
	Transferee's name, addre	ss, and ZIP + 4	Rei	ationship of transferor to transferee
				· · · · · · · · · · · · · · · · · · ·
				. <u>.</u>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	•	(d) Description of how gift is held
				-
			· · · · · · · · · · · · · · · · · · ·	
		(e)		<u> </u>
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rel	ationship of transferor to transferee
				· · · · · · · · · · · · · · · · · · ·
			-	
RΔΔ			Saha	dule B (Form 990, 990-F7, or 990-PF) (2012)

1 to

of Part III

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

2012	FEDERAL STATEMENTS	PAGE 1
	ISAIAH 58 FOUNDATION, INC.	58-2120930
STATEMENT 1 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
CPA FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 560. \$ 560. \$ 0.	(D) CHARITABLE PURPOSES 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
GENESIS PROGRAM	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 4,303. \$ 0. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 4,303. \$ 4,303.
STATEMENT 3 FORM 990-PF, PART II, LINE 11 INVESTMENTS - LAND, BUILDING:	S, AND EQUIPMENT	
CATEGORY	ACCUM. BOOK BASIS DEPREC. VALUE	FAIR MARKET VALUE
MACHINERY AND EQUIPMENT TOT	AL $\frac{\$}{\$}$ 3,313. $\frac{\$}{\$}$ 3,313. $\frac{\$}{\$}$ 0. $\frac{\$}{\$}$	3 0. 3 0.
STATEMENT 4 FORM 990-PF, PART III, LINE 3 OTHER INCREASES FEDERAL TAX REFUND PRIOR YEAR BALANCE CORRECTI	\$ ON TOTAL <u>\$</u>	1,148. 1,844. 2,992.
STATEMENT 5 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% O SCOTT CRAFTON LINDA CRAFTON	R MORE CONTRIBUTORS	

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FEDERAL STATEMENTS

PAGE 2

ISAIAH 58 FOUNDATION, INC.

58-2120930

STATEMENT 6 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
BUILD YOUR HOUSE ON THE ROCK MINISTRIES PO BOX 12764 LAKE CHARLES, LA 70612	NONE	501 (C) (3)	TO SUPPORT CHRISTIAN ORPHANAGES	\$ 5,000.
DREAM QUEST EFP 1996 KILCREASE ROAD BETHLEHEM, GA 30620	NONE	501 (C) (3)	TO PROVIDE EQUINE EXPERIENCES TO INDIVIDUALS WITH COGNITIVE/BEHAVI ORAL IMPAIRMENTS	500.
EVANGELICAL INSTITUTE OF GREENVILLE, SC 700 N. PARKER ROAD GREENVILLE, SC 39609	NONE	501 (C) (3)	TO SUPPORT CHRISTIAN DISCIPLESHIP TRAINING	7,500.
LIFE SCHOOL INTERNATIONAL P.O. BOX 671063 MARIETTA, GA 30066	NONE	501 (C) (3)	TO PROVIDE CHRISTIAN LEADERSHIP TRAINING	3,400.
MEDICAL MISSIONS MIN/PERIMETER CHURCH 9500 MEDLOCK BRIDGE ROAD JOHNS CREEK, GA 30097	NONE	501 (C) (3)	TO SUPPORT CHRISTIAN MEDICAL MISSIONARIES	4,000.
NORTH COBB CHRISTIAN SCHOOL 4500 LAKEVIEW DRIVE KENNESAW, GA 30144	NONE	501 (C) (3)	TO SUPPORT CHRISTIAN EDUCATION	100.
RIVER OF LIFE CHURCH OF ACWORTH, INC. P.O. BOX 801576 ACWORTH, GA 30101	NONE	501 (C) (3)	TO SUPPORT THE GENERAL OPERATIONS OF THIS CHRISTIAN CHURCH	1,000.
THE EXTENSION 1507 CHURCH ST. EXT. MARIETTA, GA 30061	NONE	501 (C) (3)	TO SUPPORT COMMUNITY DRUG REHABILITATION PROGRAMS	1,000.
WORLDWIDE DISCIPLESHIP ASSOCIATION 110 CARNEGIE PLACE, SUITE 100 FAYETTEVILLE, GA 30214	NONE	501 (C) (3)	TO SUPPORT SPIRITUAL CHRISTIAN DISCIPLESHIP BUILDING	1,000.
WORLDVENTURE 1501 W. MINERAL AVE. LITTLETON, CO 80120	NONE	501 (C) (3)	TO SUPPORT MISSIONARY PROJECTS	1,000.

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FEDERAL STATEMENTS

PAGE 3

ISAIAH 58 FOUNDATION, INC.

58-2120930

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
CHRIST WORSHIP CENTER 3393 CANTON RD. MARIETTA, GA 30066	NONE	501(C)(3)	TO SUPPORT THE GENERAL OPERATIONS OF THIS CHRISTIAN CHURCH	\$ 600.
LIBERTY CHURCH 1285 NORTH COBB PARKWAY MARIETTA, GA 30062	NONE	501 (C) (3)	TO SUPPORT THE GENERAL OPERATIONS OF THIS CHRISTIAN CHURCH	13,000.
LITTLE RIVER ELEMENTARY SCHOOL 3170 TRICKUM ROAD WOODSTOCK, GA 30188	NONE	501 (C) (3)	TO SUPPORT DEVELOPMENT OF CHILDREN'S BASIC SKILLS AND RESPONSIBILITY	800.
WYCLIFFE BIBLE TRANSLATORS P.O. BOX 628211 ORLANDO, FL 32862	NONE	501 (C) (3)	TO SUPPORT BIBLE TRANSLATIONS	500.
ALZHEIMERS ASSOCIATION - GEORGIA 41 PERIMETER CENTER EAST ATLANTA, GA 30346	NONE	501 (C) (3)	TO SUPPORT ALZHEIMERS REASEARCH & EDUCATION	120.
FAITH IN SERVING HUMANITY 700 SOUTH MADISON AVENUE MONROE, GA 30655	NONE	501 (C) (3)	TO HELP NEEDY CHILDREN IN WALTON COUNTY, GA	250.
LIPSCOMB UNIVERSITY ONE UNIVERSITY PARK DRIVE NASHVILLE, TN 37204	NONE	501 (C) (3)	TO SUPPORT CHRISTIAN EDUCATION	1,950.
LOVE CRADLE INTERNATIONAL 276 WEST CHERRY LANE SOUDERTON, PA 18964	NONE	501 (C) (3)	TO SUPPORT FAMILY HOSTING PROGRAM	2,500.
NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN STREET LANDER, WY 82520	NONE	501 (C) (3)	TO SUPPORT REMOTE WILDERNESS EDUCATION EXPERIENCE	100.
ONE HOPE CHURCH 150 SAXON WOODS DRIVE ATHENS, GA 30607	NONE	501(C)(3)	TO SUPPORT A MISSION TRIP FOR HUNTER STINSON	100.

2012

FEDERAL STATEMENTS

PAGE 4

ISAIAH 58 FOUNDATION, INC.

58-2120930

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
WARREN BAPTIST CHURCH 3203 WASHINGTON ROAD AUGUSTA, GA 30907	NONE	501 (C) (3)	TO SUPPORT A SOUTH AFRICA MISSION TRIP	\$ 250.
WONDERFUL DAYS PRESCHOOL 161 CHURCH STREET MARIETTA, GA 30060	NONE	501 (C) (3)	TO SUPPORT PRESCHOOL EDUCATION FOR AT-RISK CHILDREN IN MARIETTA, GA	2,100.
			TOTAL	\$ 46,770.

(Rev January 201)

Application for Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part to page 2 of this form). Do not complete Part II unlessyou have already been granted an automatic 3-month extention on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visitwww irs gov/efile and click on e-file for Charities & Nonprofits Part | Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension- check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print 58-2120930 ISAIAH 58 FOUNDATION, INC. Social security number (SSN) Number, street, and room or suite number. If a P.O. box, see instructions File by the due date for 1971 MCCOLLUM PARKWAY, NW
City, town or post office, state, and ZIP code For a foreign address, see instructions filing your return See instructions KENNESAW, GA 30144 Enter the Return code for the return that this application is for (file a separate application for each return) 104 l Return **Application** Return Application Is For Code Code 01 Form 990-T (corporation) 07 Form 990 or Form 990-EZ 08 02 Form 1041-A Form 990-BL Form 4720 09 Form 4720 (individual) 03 10 04Form 5227 Form 990-PF 05 Form 6069 11 Form 990-T (section 401(a) or 408(a) trust) 12 06 Form 8870 Form 990-T (trust other than above) The books are in the care of ► SCOTT CRAFTON Telephone No. ► 678-784-0312 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, ▶ | . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members check this box. the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 $\underline{14}$, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 20 tax year beginning 12/01 , 20 12 , and ending 11/30 , 20 13 . Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3 a 0. nonrefundable credits. See instructions

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

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

3 b S

3 c |\$

0.

0.

EFTPS (Electronic Federal Tax Payment System). See instructions.

payments made. Include any prior year overpayment allowed as a credit

	3 (Rev 1-2013)				Page 2
If you a	are filing for an Additional (Not Automatic) 3-M	onth Extension	, complete only Part Land check this	box	► X
Note. Only	complete Part II if you have already been gra	nted an automa	tic 3-month extension on a previous	sly filed Form 8868	
If you a	are filing for an Automatic 3-Month Extension,	complete only I	Part (on page 1).		
Part II	Additional (Not Automatic) 3-Month			o copies needed).	
				identifying number, se	e instructions
	Name of exempt organization or other filer, see instructions	1	Litter mer 3	Employer identification numb	
	Name of exempt organization of other mer, see management	•			()
Type or					
print	ISAIAH 58 FOUNDATION, INC.			58-2120930 Social security number (SSN	
File by the	Number, street, and room or suite number. If a P.O. box, so	ee instructions		Social security flumber (SOI)	,
extended due date for	C. DEV HAYS, JR., CPA, PC P.O. BOX 1087				
filing your return See instructions	City, town or post office, state, and ZIP code For a foreign	address, see instructi	ons		
madactions	ALPHARETTA, GA 30009-1087				
 	TALFHAREITA, GA 30009-1007				
Enter the f	Return code for the return that this application	ıs for (file a sep	parate application for each return)	.	04
Applicatio Is For	on	Return Code	Application Is For	•	Return Code
Form 990	or Form 990-EZ	01			
Form 990-	BL	02	Form 1041-A	 	08
Form 4720) (ındıvıdual)	03	Form 4720		09
Form 990-	PF	04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than shove)	06	Form 8870		12
Form 990- STOP! Do	T (trust other than above) not complete Part II if you were not already cooks are in care of ► SCOTT CRAFTON			ously filed Form 8868.	
STOP! Do The bo Teleph If the co If this whole grou	not complete Part II if you were not already goods are in care of SCOTT CRAFTON none No. 678-784-0312 organization does not have an office or place is for a Group Return, enter the organization's	FAX No. ► of business in the	e-United-States, check this box		· ▶ [·]
• The both Teleph • If the control of the service o	not complete Part II if you were not already goods are in care of SCOTT CRAFTON mone No. 678-784-0312 organization does not have an office or place it is for a Group Return, enter the organization's up, check this box II. If it is for part of the extension is for. Juest an additional 3-month extension of time calendar year	FAX No. FAX No. FAX No. For of business in the four digit Group, the fitne group, check in the group in the	e-United States, check this box Exemption Number (GEN) ck this box I and attach a list wi	. If to the names and EIN: 11/30 , 20 Final return DITIONAL TIME X RETURN.	nis is for the s of all
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Form 990- STOP! Do Teleph If the control of this whole grown members if the Control of the Cont	not complete Part II if you were not already goods are in care of SCOTT CRAFTON none No. 678-784-0312 organization does not have an office or place it is for a Group Return, enter the organization's up, check this box II. If it is for part of the extension is for. Juest an additional 3-month extension of time calendar year, or other tax year begins that it is for less than 12 change in accounting period in accounting period in detail why you need the extension THER INFORMATION NECESSARY TO the production is for Form 990-BL, 990-PF, 990 are fundable credits. See instructions is application is for Form 990-PF, 990-T, 4720, as application is for Form 990-PF, 990-T, 4720, and the production is for Form 990-PF, 990-T, 4720, and the prod	FAX No. Por business in the four digit Group in the group, check the group, check in the group i	e-United States, check this box be Exemption Number (GEN) ck this box I and attach a list with this box I and attach a list with the case I and ending 1 eason I initial return SPECTFULLY REQUESTS AD MPLETE AND ACCURATE TA 9, enter the tentative tax, less any any refundable credits and estimate credit and any amount paid previous	If to the names and EIN: 11/30 , 20 Final return DITIONAL TIME X RETURN.	nis is for the s of all
Form 990- STOP! Do Teleph If the control of this whole grown members if the Control of the Cont	not complete Part II if you were not already goods are in care of SCOTT CRAFTON none No. 678-784-0312 organization does not have an office or place it is for a Group Return, enter the organization's up, check this box II. If it is for part of the extension is for. Juest an additional 3-month extension of time calendar year or other tax year begins are tax year entered in line 5 is for less than 12 Change in accounting period e in detail why you need the extension THER INFORMATION NECESSARY TO see a sapplication is for Form 990-BL, 990-PF, 990 refundable credits. See instructions is application is for Form 990-PF, 990-T, 4720 ments made. Include any prior year overpayments.	FAX No. Por business in the four digit Group in the group, check the group, check in the group i	e-United States, check this box be Exemption Number (GEN) ck this box I and attach a list with this box I and attach a list with the case I and ending 1 eason I initial return SPECTFULLY REQUESTS AD MPLETE AND ACCURATE TA 9, enter the tentative tax, less any any refundable credits and estimate credit and any amount paid previous	. If the names and EIN: 11/30 , 20 Final return DITIONAL TIME X RETURN. 8 a \$	nis is for the s of all 13 TO 0.
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