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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or th	ne 201	3 calendar year, or tax year begir	nning	, 2013	, and endir	ng		,	20	
			C Name of organization				1	D Employer ide	entification n	umber	
_ c	heck nta; —	pplicable	CHICK-FIL-A FOUNDATIO	N, INC.			[26-234	3206		
	Addr		Doing Business As								
	Name	e change	Number and street (or P O box if mail is	not delivered to street addre	ess)	Room/suite		E Telephone n	umber		
	India	l return	5200 BUFFINGTON ROAD					(404) 76	5-8000		
	Term	unated	City or town, state or province, country, a	and ZIP or foreign postal co	de						
	Amer		ATLANTA, GA 30349				- 1	G Gross receipt	ts \$	3,422	,054.
Г		cation	F Name and address of principal officer	DAN T. CATHY	<u> </u>		1	l(a) Is this a grou		Yes	X No
			5200 BUFFINGTON ROAD	ATLANTA, GA 3	0349],	subordinates (b) Are all subord	II.	Yes	No
ī	Tax-ex	empt st	atus X 501(c)(3) 501(c) () (insert no)	4947(a)(1)	or 52	7	If "No," attac	∟ halıst (see ıns:	tructions)	
J	Webs	ite: 🕨	WWW.CHICK-FIL-AFOUNDATI					H(c) Group exemp	otion number	•	
ĸ	Form	of orgar	nization X Corporation Trust	Association Other	>	L Year o	f formatio	n 2008 M	State of legal	domicile	GA
Pa	art I	Su	mmary			t		· · · · ·			
='	1	Briefly	y describe the organization's mission of	r most significant activiti	es THE M	ISSION C	F THE	E CHICK-E	FIL-A FO	DUNDAT	CION
(0):		IS	TO SERVE OUR COMMUNITY	BY DEVELOPING	, EDUCAT	ING AND	INSP	IRING YOU	JTH		
an		TO	BUILD A POSITIVE LEGACY	AND BECOME A	LL THEY	WERE CRE	EATED	TO BE.			
/err	2	Check	k this box 🕨 🔛 if the organization d	scontinued its operation	ons or dispose	ed of more tha	an 25% d	of its net assets	 3		
Governan¢ė	3		per of voting members of the governing						3		4.
(a)	4		per of independent voting members of t						4		4.
.ĕ	5		number of individuals employed in cale						5		0
ctivities &	6		number of volunteers (estimate if necess						6		342.
A	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a		0
۲-	ь		nrelated business taxable income from						7b		
ζ,						**************************************	T	Prior Year	С	urrent Ye	ear
(, <u>`</u>	8	Contri	ibutions and grants (Part VIII, line 1h)					540,44	5.	3,422	,054.
ž	9		am service revenue (Part VIII, line 2g)						0		0
evenue	10		tment income (Part VIII, column (A), line						0		
Œ	11		revenue (Part VIII, column (A), lines 5,						0		
	12		revenue - add lines 8 through 11 (must					540,44	5.	3,422,	,054.
	13		s and similar amounts paid (Part IX, colu					135,34	0.	2,216,	,111.
	14		its paid to or for members (Part IX, colui						0		
Ø	15		es, other compensation, employee bene					240,42	4.		0
xbeuses	16a		ssional fundraising fees (Part IX, column						0		
É			fundraising expenses (Part IX, column (I			<u> </u>					
ŵ			expenses (Part IX, column (A), lines 11.		P			177,11	8.	912	,850.
	18	Total	expenses Add lines 13-17 (must equal	Part IX. column (A), line	25)	CENTE	5	552,88	2.	3,128,	,961.
	19		nue less expenses Subtract line 18 from			OF IAC		, -12,43	7.	293	,093.
5 e					2 4101	1		ng of Current Y		nd of Yea	r
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)		8 NO/	25 20	4	303,95	7.	770,	,641.
Ass	21	Total I	liabilities (Part X, line 26)				lõ	69,44	4.	243,	,035.
Fee	22	Net as	ssets or fund balances Subtract line 21	from line 20	l. AGI	DENI!	150	234,51	3.	527,	,606.
Pa	rt II	Sig	gnature Block	l			I I	J			
Und	der pe	nalties c	of perjury, I declare that I have examined this	s return, including accom	panying schedi	ules and staten	nents, an	d to the best of	my knowled	ge and be	lief, it is
true	, corre	ect, and	complete Declaration of preparer (other than	officer) is based on all into	ormation of whi	cn preparer na	s any kno	_ 			
٠.			Jam Me Ure					//-	13-1	14_	
Sig			Signature of officer	-				Date		_	
Hei	re		JAMES B. MCCABE		SEC/TR	EASURER			_		
			Type or print name and title			•					
		Print/	Type preparer's name	Preparer's signature		Date		Check	If PTIN		
Paid								self-employe	ed		
	oarer Only	Firm's	s name 🕨					im's EIN 🕨			
	J.119		address >				F	Phone no			
May	the I	RS dis	cuss this return with the preparer shown	n above? (see instruction	ns)					Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.					F	om 99 0	(2013)

For	rm 990 (2013) Page 2
	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE CHICK-FIL-A FOUNDATION IS TO SERVE OUR COMMUNITY
	BY DEVELOPING, EDUCATING AND INSPIRING YOUTH TO BUILD A POSITIVE LEGACY AND BECOME ALL THEY WERE CREATED TO BE.
	BEGACT AND DECOME ALL THEI WERE CREATED TO BE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$1,010,357. including grants of \$996,179.) (Revenue \$)
	IN KEEPING WITH ITS' FOCUS ON PROVIDING OPPORTUNITIES FOR
	LESS-PRIVILEGED YOUTH FROM THE INNER CITY, THE CHICK-FIL-A FOUNDATION PARTNERED WITH THE FELLOWSHIP OF CHRISTIAN ATHLETES TO
	PROVIDE 3 ONE-WEEK SPORTS CAMPS FOR THESE YOUTH IN ATLANTA. THE
	FOUNDATION ALSO PARTNERED WITH FCA TO SUPPORT OTHER CAMPS AND
	STAFFING FOR INNERCITY YOUTH PROGRAMS.
4b	(Code) (Expenses \$
	THE CHICK-FIL-A FOUNDATION PARTNERED WITH JUNIOR ACHIEVEMENT TO
	OPEN JUNIOR ACHIEVEMENT'S CHICK-FIL-A FOUNDATION DISCOVERY CENTER IN ATLANTA. THE DISCOVERY CENTER PROVIDES A DYNAMIC LEARNING
	EXPERIENCE DESIGNED TO ENCHANCE METRO ATLANTA STUDENTS' FINANCIAL
	LITERACY AND BUILD SKILLS FOR PERSONAL AND PROFESSIONAL
	DEVELOPMENT. OVER 30,000 STUDENTS WILL PASS THROUGH THE DISOVERY
	CENTER EACH YEAR. THE FOUNDATION ALSO PROVIDED FUNDS FOR JA
	EDUCATIONAL MATERIALS.
4C	(Code:) (Expenses \$1,239,527. including grants of \$1,030,756.) (Revenue \$) THE CHICK-FIL-A FOUNDATION PARTNERED WITH OTHER LOCAL
	ORGANIZATIONS TO MOTIVATE YOUNG PEOPLE TO GROW INTO LEADERS,
	SUPPORT EDUCATION AND IMPROVE THE STABILITY OF LOCAL, CLOSE-KNIT
	NEIGHBORHOODS.
4d	Other program services (Describe in Schedule O.)
A -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,598,565.
46	TOTAL DIOUTAIN SERVICE EXDENSES ► 4, J70, 303.

Par	t IV Checklist of Required Schedules			Page 3
	and defication		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			х
6	Part III	5_		
_	"Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			x
11	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	,,		х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	If "Yes," complete Schedule G, Part III	19		_ _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	

3E1021 1 000

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	· · · · · · · · · · · · · · · · · · ·	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	-		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O			Х
			000	(0010)

Par				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ļ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	i	l	i
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		Х
h	account)?	70		
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 ^	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
		5b		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	$\overline{}$		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ŀ	х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		 -
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
C	required to file Form 8282?	7c		х
a	If "Yes," indicate the number of Forms 8282 filed during the year	70		 -
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization receive any runds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>x</u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
		7 <u>9</u> 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/11		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u>x</u>
	Section 501(c)(7) organizations. Enter:	30	-	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter.		ſ	
	Gross income from members or shareholders		ł	
	Gross income from other sources (Do not net amounts due or paid to other sources	i		1
-	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		İ	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	. 54	 	
h	Enter the amount of reserves the organization is required to maintain by the states in which		1	
D	the organization is licensed to issue qualified health plans	'		
_	Enter the amount of reserves on hand	- 1	- 1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-+	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	, and See in	for a	"No" tions.				
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sect	ion A. Governing Body and Management		_					
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a_		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following.		.,	}				
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v				
Cook	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	٠,	X				
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue								
			Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X					
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		х					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ.					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406	Х					
	rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		x					
	describe in Schedule O how this was done	12c	Х	x				
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		-				
15	Did the process for determining compensation of the following persons include a review and approval by							
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a						
a	The organization's CEO, Executive Director, or top management official	15b	х					
b	Other officers or key employees of the organization	130						
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
IDa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x				
h	with a taxable entity during the year?	IVa						
U	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
Sect	ion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed GA,							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/6		Only				
	available for public inspection. Indicate how you made these available. Check all that apply.	50110	,,(0,3	Jiny)				
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest i	anliev	and				
	financial statements available to the public during the tax year	551	y	,				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e						
	organization: ▶JAMES B MCCABE 5200 BUFFINGTON ROAD ATLANTA, GA 30349 404-765-8000							
ISA								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII................

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

X Check this box if neither the organization nor	any related	orga	nıza	tion	ı co	mpen	sate	ed any current offic	er, director, or trus	stee.	_
(A) Name and Title	(B) Average hours per week (list any hours for related						an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	1 14 15 1	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)	(W-2/1033-WIGC)	organization and related organizations	_
_(1)DAN T. CATHY PRESIDENT/DIRECTOR	1.00	x		х				0	0		0
(2)DON M. CATHY	1.00										_
VICE PRESIDENT/DIRECTOR (3)JAMES B. MCCABE	5.00	Х		Х			<u> </u>	0	0		_0
SECRETARY-TREASURER/DIRECTOR	† 	x		Х				o	О		0
(4)ANDREW T. CATHY DIRECTOR	1.00	х						0	0		_ 0
(5)											_
<u>(6)</u>											_
											_
											_
<u>(9)</u>											_
(10)											_
(11)											_
(12)											
(13)											_
(14)					·						_

R ang

c Total from continuation sheets to Part VII, Section A	Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligi	hest Compensat	ed Employ	yees (c	ontınue	ed)	Page C
1b Sub-total C Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total quade fines 1b and 1c) Total quade fines 1b and 1c) D Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q		Average hours per week (list any hours for	Position (do not check more than o box, unless person is both officer and a director/trust				ıs both or/trust	an ee)	Reportable compensation from the	(E) Reportable compensation fro related organizations	on from d tions	from amount other		of ition
c Total from continuation sheets to Part VII, Section A		below dotted	Indual trustee director	trtutional trustee	icer	y employee)hest compensated ployee	rmer	1	(** = 7 + 000		an	d relate	ed
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A			-											
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A												•	-	
c Total from continuation sheets to Part VII, Section A											-			
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0 Yes No. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual is ted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	c Total from continuation sheets to Part VII, So	ection A .						* * *	0 0					(
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but not	limited to ti	hose	liste				re	ceived more than	\$100,000	of		_	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former offic	er, directo	or, or	tru	iste	e, I	key e	mp	loyee, or highest	compens	ated		Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4 For any individual listed on line 1a, is the sorganization and related organizations gre	sum of rep eater than	ortab \$15	le c	om 00?	pen <i>If</i>	sation <i>"Yes</i> ,	ar ," (nd other compens	sation from le J for s	the such			x
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation ATTACHMENT 1	5 Did any person listed on line 1a receive or	accrue coi	mpen	satio	on f	rom	any	unr	related organization	n or indivi	dual			X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address ATTACHMENT 1 (B) Compensation Compensation		2, complet	10 001	,,,,,,,	10 0	101	ouen j	<i></i>		· · · · · · · ·				
Name and business address Description of services Compensation	compensation from the organization. Report c													
	Name and business add	ress								rvices	Co		ation	
	ATTACHMENT 1					_								
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1					utec		_	e lis	sted above) who	received				

Form	990 (2	CHICK-FIL-F	26-2343	206 Page 9			
Pai	t VII						
		Check if Schedule O contains a respon	nse or note to ar	y line in this Part	VIII		<u> </u>
		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	3,422,054.	3,422,054.			
ne			Business Code				
Program Service Revenue	2a b c d						
o g	f	All other program service revenue		-			ļ
_	_ g_	Total. Add lines 2a-2f		0		· · · · · · · · · · · · · · · · · · ·	
	3 4 5	Investment income (including dividends, intered other similar amounts)	roceeds ►	0 0 0			
	6a b c d	Gross rents		0			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(II) Other				
	d	Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a					
the		Less direct expenses b					-
0	9a	Net income or (loss) from fundraising events . Gross income from gaming activities See Part IV, line 19		0			
	b c	Less direct expenses		0			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less cost of goods sold	▶ Business Code	0			
		Misochanous (Tevenue	Daniess Code		······································	 	
	11a					 	
	b						
	C	All other revenue		-			
	d	All other revenue		0	 		
	е 10	Total. Add lines 11a-11d	· · · · · · · • • • • • • • • • • • • •	3 400 054		 	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
Chack if Sabadula O contains a reconsisse or note to anything in this Bott IV										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21 .	2,216,111.	2,216,111.							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	o								
	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members	0								
	Compensation of current officers, directors, trustees, and key employees	0								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	!							
7	Other salaries and wages	0								
	Pension plan accruals and contributions (include section									
	401(k) and 403(b) employer contributions)	<u> </u>								
9	Other employee benefits	0								
10	<i>'</i>	<u> </u>		-						
11		٨								
	Management	11,918.		11,918.						
	Legal	0	-	11/310.						
	Lobbying	o								
	Professional fundraising services See Part IV, line 17.	0								
	Investment management fees	0								
	Other (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O)	o								
12	Advertising and promotion	528,125.	55,121.	473,004.						
13	Office expenses	17,411.		17,411.						
14	Information technology	0								
	Royalties	0								
16	Occupancy	15 000	0.760	7 120						
	Travel	15,892.	8,762.	7,130.						
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings									
20	Interest	<u> </u>								
21	Payments to affiliates	238.		238.						
	· · · · · · · · · · · · · · · · · · ·	12,724.		12,724.						
	Other expenses Itemize expenses not covered	20,7011	*	12//211	<u>.</u>					
24	above (List miscellaneous expenses in line 24e If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O)									
a	GAS	65.	65.							
b	PROGRAM EXPENSES	318,506.	318,506.							
	MISCELLANEOUS EXPENSE [5,717.		5,717.						
ď	BANK CHARGES	9.		9.						
e	All other expenses	2,245.		2,245.						
	Total functional expenses. Add lines 1 through 24e	3,128,961.	2,598,565.	530,396.						
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)	0								

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	rt X	<u> </u>	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	302,885.	1	519,807
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	(
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	5 6	(
st 7			7	(
Assets 8	Inventories for sale or use	d	8	
9	Inventories for sale or use Prepaid expenses and deferred charges ATCH 2		9	250,000
I -	a Land, buildings, and equipment: cost or			
1.0	other basis. Complete Part VI of Schedule D 1, 191.			
1 1	Less accumulated depreciation	1,072.	10c	834.
111	Investments - publicly traded securities		11	(
12	Investments - other securities. See Part IV, line 11		12	(
13	Investments - program-related. See Part IV, line 11		13	(
14	Intangible assets		14	(
15	Other assets. See Part IV, line 11	q	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	303,957.	16	770,641.
17	Accounts payable and accrued expenses	44,054.		243,035.
18	Grants payable	25,390.	18	(
19	Deferred revenue	Q	19	(
20	Tax-exempt bond liabilities	q	20	(
ဖ္မွ 21	Escrow or custodial account liability Complete Part IV of Schedule D	q	21	
Liabilities 25	Loans and other payables to current and former officers, directors,			
g	trustees, key employees, highest compensated employees, and			
-	disqualified persons. Complete Part II of Schedule L	<u> </u>	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	q	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	4		,
	of Schedule D		25	042.025
26	Total liabilities. Add lines 17 through 25	69,444.	26	243,035.
Ses	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
<u>R</u> 28	Temporarily restricted net assets		28	
[29	Permanently restricted net assets		29	
Net Assets or Fund Balances 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
थ्र 30	Capital stock or trust principal, or current funds	d	30	O
g 31	Paid-in or capital surplus, or land, building, or equipment fund	d	31	0
¥ 32	Retained earnings, endowment, accumulated income, or other funds	234,513.	32	527,606.
<u>월</u> 33	Total net assets or fund balances	234,513.	33	527,606.
34	Total liabilities and net assets/fund balances	303,957.	34	770,641.

Form **990** (2013)

Form 9	90 (2013)			Pá	ge 12		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revènue (must equal Part VIII, column (A), line 12)	1	3,	422,	054.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			961.		
3	Revenue less expenses Subtract line 2 from line 1	3			093. 513.		
4							
5	Net unrealized gains (losses) on investments	5			0		
6	Donated services and use of facilities	6			0		
7	Investment expenses	7			0		
8	Prior period adjustments	8			0		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		527,	606.		
<u>Part</u>					_		
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	· · · · ·		$\perp \perp$		
				Yes	No		
1							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.	nedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	ļ	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled of	r				
	reviewed on a separate basis, consolidated basis, or both:		ļ				
	Separate basis Consolidated basis Both consolidated and separate basis			1			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<u> </u>	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		ł				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ıght					
	of the audit, review, or compilation of its financial statements and selection of an independent accour	tant?	2c	ļ			
	If the organization changed either its oversight process or selection process during the tax year, e	φlaın ır	1				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1				
	the Single Audit Act and OMB Circular A-133?		. 3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	lits.	3b				

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ww.irs.gov/form990. Inspection
Employer identification number

<u>CHICK</u>	-FIL-A FOUNDAT	TION, INC.							26	-2343	206	
Part !	Reason for Pub	lic Charity Statu	s (All organizations mu	st cor	nplete	this pa	art.) Se	e instr	uctions	; <u> </u>		
The org	anization is not a pri	vate foundation be	cause it is: (For lines 1 th	rough	11, ch	eck only	one bo	x.)				
1	A church, convent	ion of churches, or	association of churches	describ	ed in s	section	170(b)((1)(A)(i)				
2	A school described	d in section 170(b)	(1)(A)(ii). (Attach Schedul	le E.)								
3	A hospital or a cod	perative hospital:	service organization descr	ibed in	sectio	n 170(t)(1)(A)	(iii).				
4	A medical researd	ch organization op	perated in conjunction wi	ith a h	nospita	l descr	ıbed ın	sectio	n 170(l	o)(1)(A)	(iii <mark>)</mark> . En	ter the
<u>, </u>	hospital's name, ci											
5	An organization o	perated for the be	nefit of a college or univ	ersity	owned	or ope	erated I	oy a go	vernme	ntal uni	t descr	ıbed ın
	section 170(b)(1)(
6			t or governmental unit des									
7			es a substantial part of it	s supp	ort fro	om a go	vernme	ental ur	ut or fro	om the	general	public
	7		. (Complete Part II.)									
8	· ·		i on 170(b)(1)(A)(vi) . (Com	-								
9 X	-	-	es [.] (1) more than 331/3%							•		-
			s exempt functions - subj									
			ome and unrelated busi				•		n 511	tax) fro	m busi	nesses
			ne 30, 1975 See section	-		-		-				
10	_	•	ated exclusively to test for	•	•				•			
11			rated exclusively for the			-					-	
		-	upported organizations de					-			-	ection
			bes the type of supporting	_			·			-		
•	, – ′′		c Type III-Function	-	_					unctiona		
e			e organization is not con									
	or section 509(a)(2	-	other than one or more	publici	y supp	ortea o	ryaniza	ilions u	escribe	u iii sec	ilion 50	9(a)(1)
f		•	en determination from th	, IDS	that it	ıca Tı	vno I 7	Typo II	or Two	o III ou	nnortine	
•			· · · · · · · · · · · · · · · · · · ·				ype i, i	ype II,	от тур	e ili suj	Jporting	' m
g	Since August 17	2006 has the orga	nization accepted any gift	or co	otributi	on from	· · · ·	the				ш
9	following persons?	_	inzation accepted any gin	01 00	ittibut		i arry or	uic				
	- -		ctly controls, either alone	or tog	ether v	with nei	sons d	escribei	d in (ii)	and	Y	s No
			f the supported organizati								11g(i)	1
			scribed in (i) above?								11g(II)	+-
	(iii) A 35% control	lled entity of a pers	son described in (i) or (ii) a	bove?							1g(iii)	
h			out the supported organization									
1 (i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the	(v) Did y	ou notify	(vi) l	s the	(vii) Am	ount of m	onetary
	organization		(described on lines 1-9 above or IRC section		zation in Iisted in		anization) of your		ation in		support	-
			(see instructions))	your a	overning ment?		ort?		US?			
				Yes	No	Yes	No	Yes	No			
(A)			·									
												
(B)					Ì	İ]				
(C)												
					ļ			_				
(D)												
•	_ .			 -								
(E)												
		-		-	ļ	ļ <u> </u>						
Total						,						
. Jidi		1	1	I	ı		1	1		1		

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

Schedule A (Form 990 or 990-EZ) 2013

.		•
-ao	е	-

Pai	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if	the organizatio	n failed to qua)(vi) alify under
Sec	tion A. Public Support	io to qualify a		notou botou,	produce compre	to r art iii.)	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				<u> </u>	 	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u></u>				
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	· · · · · · · ·		nd, third, fourth	, or fifth tax ye	ar as a section	501(c)(3) ▶
<u>Sec</u>	tion C. Computation of Public Sup						
14	Public support percentage for 2013 (li	ne 6, column (f) divided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2012						%_
16a	33 1/3 % support test - 2013. If the o	-					
	this box and stop here. The organization			_			
b	33 1/3 % support test - 2012. If the c	-					r – 1
47-	check this box and stop here. The organization	•					
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part IV how the organization meets t						
	organization						
h	10%-facts-and-circumstances test - 2						
•	15 is 10% or more, and if the orga		•			•	
	Explain in Part IV how the organization						•
	supported organization				•	•	
18	Private foundation. If the organization instructions	did not check	a box on line 13	, 16a, 16b, 17a	a, or 17b, check	this box and see	• _
				• • • • • • • •			990 or 990-EZ) 2013

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees				-		
	received (Do not include any "unusual grants ")	253,116.	c	500,000.	540,445.	3,422,054.	4,715,615.
2	Gross receipts from admissions, merchandise					-7.1327.00	
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
7					•		
	to or expended on its behalf			 			_
5							0
J	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge		·				0
6	Total. Add lines 1 through 5	253,116.		500,000.	540,445.	3,422,054.	4,715,615.
/a	Amounts included on lines 1, 2, and 3				ATCH 1	ATCH 2	
h	received from disqualified persons				539,295.	3,344,054.	3,883,349.
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b				539,295.	3,344,054.	3,883,349.
8	Public support (Subtract line 7c from						
0	line 6)						832,266.
	tion B. Total Support		41.0040	() 0044	(0.0040	()22/2	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	253,116.		500,000.	540,445.	3,422,054.	4,715,615.
IUa	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
_	sources						
Ь	Unrelated business taxable income (less			İ			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	ļ					
	and 12)	253,116.		500,000.	540,445.	3,422,054.	4,715,615.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.				<u> </u>		▶
Sect	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,					15	17.65%
16	Public support percentage from 2012 Sche				<u></u>	16	58.08%
Sect	tion D. Computation of Investmen				· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 2013 (lin					17	%_
18	Investment income percentage from 2012 S	Schedule A, Part I	II, line 17		l	18	<u>%_</u>
19 a	33 1/3 % support tests - 2013. If the org					than 331/3%, ar	nd line
	17 is not more than 331/3 %, check this	s box and stop	here. The orga	anization qualifies	as a publicly s	supported organiza	ation 🕨 🔙
b	331/3% support tests - 2012. If the organ	nization did not d	check a box on I	ine 14 or line 19	a, and line 16 is	more than 331/3	
	line 18 is not more than 331/3 %, check	this box and sto	op here. The org	ganization qualifie	s as a publicly :	supported organiza	ation ► X
20_	Private foundation. If the organization of						

Schedule A (Form 990 or 990-EZ) 2013	Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line and Part III, line 12. Also complete this part for any additional information. (See instructions).	17a or 17b;
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
ATTACHMENT	' 1
SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS - 2012	=
DISQUALIFIED PERSON	AMOUNT
CHICK-FIL-A, INC.	539,295.
TOTAL =	539,295.
ATTACHMENT	1 2
SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS - 2013	=
DISQUALIFIED PERSON	AMOUNT
CFA PROPERTIES	3,000,000.
CHICK-FIL-A, INC.	344,054.
TOTAL	3,344,054.

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization		Employer identification number
CHI	CK-FIL-A FOUNDATION, INC.		26-2343206
Par	Organizations Maintaining Donor Advis Complete if the organization answered "	sed Funds or Other Similar Funds or Yes" to Form 990, Part IV, line 6.	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held i	n donor advised
•	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grant fu	nds can be used
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if t		orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e g , recr	reation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easement		1 1
C	Number of conservation easements on a certified	historic structure included in (a)	
d	Number of conservation easements included in (c		
	historic structure listed in the National Register		_ 2d
3	Number of conservation easements modified, tran		
	tax year ▶	, , ,	, ,
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy regard		
	violations, and enforcement of the conservation ea	- · ·	- 1 1 1
6	Staff and volunteer hours devoted to monitoring, ii		
	>	, 3.	5 ,
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easem	ents during the vear
	▶\$	g, g	,
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of s	section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		·
	organization's accounting for conservation easeme	-	
Par	Organizations Maintaining Collections Complete if the organization answered		er Similar Assets.
4.			
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the fi	ar assets held for public exhibition, ed	lucation, or research in furtherance of
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts relat	ar assets held for public exhibition, ed	
	(i) Revenues included in Form 990, Part VIII, line		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
-	following amounts required to be reported under S		• ,
а	Revenues included in Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		

_		•
⊃aa	Θ	_

Par	Organizations Maintaining Col	ections of Art, Hist	orical Treasure	es, e	or Oth	er Similar Asse	ts (con	tinue	<u>:d)</u>
3	Using the organization's acquisition, acceditection items (check all that apply):	ession, and other recor	ds, check any of	f the	follow	ng that are a sig	nıficant ı	ise o	fits
а	Public exhibition	d [Loan or excha	inge	program	ıs			
b	Scholarly research	e	Other						
С	Preservation for future generations	_							
4	Provide a description of the organization	's collections and expla	ain how they furt	ther	the org	anızation's exemp	t purpos	e in	Part
	XIII		_						
5	During the year, did the organization solici	t or receive donations o	f art, historical tre	easu	res, or o	ther similar			
	assets to be sold to raise funds rather than						Yes		No
Par	Escrow and Custodial Arranger or reported an amount on Form	nents. Complete if the 990, Part X, line 21.	ne organization	ansv	wered "	Yes" to Form 99	0, Part I	V, lır	ie 9,
	Is the organization an agent, trustee, custo included on Form 990, Part X?						Yes] No
	•	·	آ			Amount		-	
С	Beginning balance	<i></i>	[1c					
d	Additions during the year		<u> </u>	_					
е	Distributions during the year		<u> </u>						
f	Ending balance		<u> </u>	$\overline{}$					
2a	Did the organization include an amount on	Form 990, Part X, line	21?		_		Yes		No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	olanation has bee	en pr	ovided in	Part XIII			1
Par									
		Current year (b) Prio				(d) Three years back	(e) Four	years I	back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,			-					
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities				_				
	and programs								
f	Administrative expenses								
g	End of year balance	-			-				
2	Provide the estimated percentage of the cu	urrent vear end balance	(line 1g. column	(a))	held as:				
а	Board designated or quasi-endowment	%	(g,	(-//					
b	Permanent endowment ▶ %								
	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shi	ould equal 100%.							
За	Are there endowment funds not in the pos		tion that are held	d and	dadminis	stered for the			
	organization by.	· ·					[·	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
ь	If "Yes" to 3a(II), are the related organization	ns listed as required on	Schedule R?	• •			3b		
4	Describe in Part XIII the intended uses of the	·		• •			LL		
Par	Land, Buildings, and Equipment Complete if the organization an			ne 1	1a. Se	 e Form 990, Par	t X, line	10.	
	Description of property	(a) Cost or other basis	(b) Cost or other bas		(c) Accu	mulated (d	1) Book val		
1a	Land	(investment)	(other)	+	depred	JailOfi		_	
ıa b	Buildings	 							
	3								
٦ د	Leasehold improvements		1,19	11		456.			35.
d	Equipment		1,19	' - •		400			55.
	Other		V		(-))				2 -
otal	. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part	x, column (B), line	e 10(<i>c).)</i>	▶			35.

Part VII	Investments - Other Securities.	"Voo" to Form 000	, Part IV, line 11b. See Form 990, Part X, line 12.
			<u></u>
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	al derivatives		
	-held equity interests		-
<u>(A)</u>			<u> </u>
(D)			
(0)			
<u>\C)</u>			
<u>\</u> \ <u>-</u> \			
<u>-\</u> '-/ (G)			
7≅,		 -	
	n (b) must equal Form 990, Part X, col (B) line 12)		
	Investments - Program Related.		_
- u		l "Yes" to Form 990.	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			Cook of the cryotal market value
(2)			
(3)			
(4)			
(5)			
(6)		<u> </u>	
(7)		. = .	
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets. Complete if the organization answered	"Yes" to Form 990,	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a)	Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)	····		
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col (B) li	ne 15.)	
Part X	Other Liabilities. Complete if the organization answered		, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.	- 	
1. (1) Fodor	(a) Description of liability al income taxes	(b) Book value	<u>e </u>
(2)	al lilcome taxes		
(3)			
(4)	· · · · · · · · · · · · · · · · · · ·		
(5)	 		
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col (B) line 25)	>	
		ext of the footnote to the	e organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

JSA

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2013

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Employer identification number 26-2343206

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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Assistance	
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Grants	
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General Information on Grants and Assi	
General	
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CHICK-FIL-A FOUNDATION, INC.

Department of the Treasury Internal Revenue Service Name of the organization

å X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE ATLANTA MUSIC PROJECT							
1280 PEACHTREE STREET NE ATLANTA, GA 30309	80-0557088		20,000.				GENERAL FUNDING
(2) COVENANT HOUSE							
AVE. SW ATLANTA, GA 3031	13-3523561		18,980.				GENERAL FUNDING
(3) RAISING EXPECTATIONS							
ANTA, GA 30317	58-2395581		25,000.				PROJECT DREAM & STEM
(4) PHOENIX BOYS ASSOCIATION							
LVD	58-2087289		25,000.				GENERAL FUNDING
(5) UNITED NEGRO COLLEGE FUND							
229 PEACHTREE STREET, NE ATLANTA, GA 30303	13-1624241		16,750.				GENERAL FUNDING
(6) FELLOWSHIP OF CHRISTIAN ATHLETES							
64129	44-0610626		866, 179.				SPORTS CAMP INNERCIT
(7) BIG BROTHERS BIG SISTERS OF METRO ATLANTA							
1382 PEACHTREE STREET, NE ATLANTA, GA 30309	58-0861895		.000,000				GENERAL FUNDING
(8) ATLANTA MISSION							
P.O. BOX 1807 ATLANTA, GA 30301-1807	58-0572430		57,500.				GENERAL FUNDING
(9) ATLANTA SPEECH SCHOOL							
	58-0566198		10,000.				GENERAL FUNDING
(10) CITY OF REFUGE							
BOONE BOULEVARD	58-2194642		43,979.				GENERAL FUNDING
(11) EAST LAKE FOUNDATION							
2606 ALSTON DRIVE SE ATLANTA, GA 30317	58-2204306		330,000.				CHARTER SCHOOL CAPIT
(12) PRIENDS OF NEWTON COUNTY MIRACLE NETWORK							
6185 TURNER LAKE ROAD COVINGTON, GA 30014	80-0677646		20,000.				FUNDS FOR PLAYGROUND
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment or	ganizations liste	ed in the line 1 table	a)		•	

Enter total funition of section of (c)(s) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table . . For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047 2013

Open to Public Inspection

▶ Information

Employer identification number 26-2343206

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	General Information on Grants and Assistance	
	rants and	
	ion on G	
	Informat	
	General	
	Part I	

CHICK-FIL-A FOUNDATION, INC.

Department of the Treasury Internal Revenue Service Name of the organization

- Š X Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HANDS ON ATLANTA	58-1861026		20 EC				ONTOWN TROOMS
ì	0201001		.0.0.67				
460 ABERNATHY ROAD, NE	58-0598050		289, 176.				GENERAL FUNDING AND
4385 LOWER ROSWELL ROAD MARIETTA, GA 30068	28-2482924		10,000.				CAMP HOPE
(4) LATIN AMERICA ASSOCIATION							
2750 BUFORD HIGHWAY, NE ATLANTA, GA 30324	58-1237316		6,000.			***************************************	GENERAL FUNDING
(5) MOREHOUSE SCHOOL OF MEDICINE							
	58-1438873		26,500.				GENERAL FUNDING
(6) NATIONAL CENTER FOR YOUTH ISSUES			i				
	62-1132218		10,000.				EDUCATION WORKS LEAD
(7) TEENS AT WORK							
NUE EAST POINT, GA 303	58-2040743		37,500.				GENERAL FUNDING
(8) VISION ATLANTA, INC.						:	
77 E CROSSVILLE ROAD ROSWELL, GA 30075-5815	02-0652284		10,000.				GENERAL FUNDING
(9) WELLSPRING LIVING							<u></u>
140 HOWELL ROAD SUITE C-2 TYRONE, GA 30296	58-2614182		15,000.				GENERAL FUNDING
(10) WOODRUFF ARTS CENTER							
1280 PEACHTREE STREET ATLANTA, GA 30309	58-0633971		25,000.				GENERAL FUNDING
(11) URBAN LEAGUE OF GREATER ATLANTA							ļ.
100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0593386		5, 500.				GENERAL FUNDING
(12) FELLOWSHIP OF CHRISTIAN ATHLETES							
	44-0610626		30,000.				RISING SENIORS EDUCA

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

PAGE 27

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

Employer identification number

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26-2343206 CHICK-FIL-A FOUNDATION, INC.

Part I General Information on Grants and Assistance		
Part General Information on Grants and	Assistance	
Part I General Information on	Grants and	
Part General Info	rmation on	
art I Ge	neral Info	
	art I Ge	
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- X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization	(p) EIN	(c) RC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(9) Description of	(h) Purpose of grant
		מלילים וו		Casii assistance	other)	101-cast assistance	Or assistance
270 SCIENTIFIC DRIVE NW, SUITE 10	43-3172985		.000,000.				GENERAL FUNDING
(2) TEENS AT WORK, INC.	ı						
30364	58-2040473		12,500.				GENERAL FUNDING
(3) PUBLIC BROADCASTING ATLANTA							
740 BISMARK ROAD, NE ATLANTA, GA 30324	58-2126423		20,000.				HOMEWORK HOTLINE FUN
-(4)							
(5)						:	
(6)							
(7)							
(8)							
(6)	1						
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Jovernment or	 ganizations liste	ed in the line 1 table			A	27.
3 Enter total number of other organizations listed in the line 1	ed in the line	table				A	

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

:	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
8						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional	is part to prov	vide the informat	ion required in	Part I, line 2, Part III,	column (b), and any other additional

information.

ALL GRANTS MUST BE ALIGNED WITH OUR MISSION OF SUPPORTING YOUTH,

EDUCATION AND COMMUNITY. ALL GRANT APPLICANTS MUST PROVIDE A COPY OF

THEIR 501C3 LETTER AND THE EXECUTIVE DIRECTOR REVIEWS AND APPROVES THE

PROPOSED USE OF THE FUNDS.

PAGE 29

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CHICK-FIL-A FOUNDATION, INC.

Employer identification number 26-2343206

PART VI LINE 19

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART VI SECTION A LINE 2

CERTAIN OF THE OFFICERS AND DIRECTORS HAVE BOTH FAMILY AND BUSINESS
RELATIONSHIPS. DAN T. CATHY AND DONALD M. CATHY ARE BROTHERS AND ARE EACH
EMPLOYED FULL-TIME BY CHICK-FIL-A, INC. JAMES B. MCCABE IS EMPLOYED
FULL-TIME BY CHICK-FI-A, INC. ANDREW T. CATHY IS THE SON OF DAN T. CATHY
AND IS ALSO EMPLOYED FULL-TIME BY CHICK-FIL-A, INC.

PART VI SECTION B LINE 11

AFTER THE FORM 990 IS PREPARED IT IS REVIEWED BY THE SECREATARY/TREASURER WITH THE APPROPRIATE ACCOUNTING AND TAX STAFF. A COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS BEFORE THE FORM IS FILED WITH THE IRS.

PART VI SECTION B LINE 12C

ALL BOARD MEMBERS AND THE EXECUTIVE DIRECTOR REVIEW THE CONFLICT OF

INTEREST POLICY ANNUALLY AND CERTIFY THAT THERE HAVE BEEN NO TRANSACTIONS

THAT VIOLATE THE POLICY.

ATTACHMENT

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

JACKSON SPALDING, INC 1100 PEACHTREE STREET, SUITE 900 223,786.

Name of the organization
CHICK-FIL-A FOUNDATION, INC.

Employer identification number 26-2343206

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

ATLANTA, GA 30309

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

ENDING BOOK VALUE

PREPAID EXPENSES

250,000.

TOTALS

250,000.

2013

Accompanies Continues Co	Column C	Column C		CHICK-FIL-A FOUNDATION, INC.					2010								26-2343206
Column C	DOM	Designation Designation	Description of Property														
See Secretion Date	Part	Page Page	DEPRECIATION														
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