

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990-PF** Department of the easury Internal Flevenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

or ca	len	idar year 2013 or tax year begin	ining		, and ending		
Name	e of	foundation				A Employer identification	on number
MA	<u>'T'</u>	THEWS FAMILY FO	DUNDATION			27-704436	8
Numb	er a	nd street (or P O box number if mail is	not delivered to street	address)	Room/suite	<b>B</b> Telephone number	
16	0	0 KENVIEW DRIVI	<b>3</b>			770 422-7	520
-		own, state or province, country, a	- '	ostal code		C If exemption application is	pending, check here
		IETTA, GA 3000				_{	. —
Ch	eck		return		rmer public charity	D 1. Foreign organization	ns, check here
			return	Amended return		2 Foreign organizations richeck here and attach	neeting the 85% test,
Ch	ماده	The state of the s	ess change	Name change  kempt private foundation		7	
_		ction 4947(a)(1) nonexempt cha	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	tion	E If private foundation s under section 507(b)(	
		rket value of all assets at end of			Accrual	7	** *
		Part II, col. (c), line 16)	•   —	her (specify)	71001001	F If the foundation is in a under section 507(b)(	
<b>▶</b> \$				mn (d) must be on cash b	pasis.)	411401 50011011 501 (5)(	The production of the producti
Par	t I	Analysis of Revenue and Expe	enses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), necessarily equal the amounts in co	, (c), and (d) may not lumn (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
T	1	Contributions, gifts, grants, etc.	, received	1007346.		N/A	
	2	Check If the foundation is not re	equired to attach Sch. B				
	3	Interest on savings and temporary cash investments		210.	210		Statement 2
	4	Dividends and interest from sec	urities	14670.	14575	•	Statement 3
	5a	Gross rents					
	_	Net rental income or (loss)		2526			<u> </u>
9	6a	Net gain or (loss) from sale of assets r Gross sales price for all		3736.			Statement 1
Revenue	7	assets on line 6a  Capital gain net income (from Part IV,	<u>594411.</u>		526639	-	
ايھ	7 8	Net short-term capital gain	iine 2)		320033		
	a	Income modifications			RE	CEIVED	
	IJα	Gross sales less returns and allowances				S	
'		Less Cost of goods sold			S   W	1. 20 2030 10	
		Gross profit or (loss)			2		
1	1	Other income		579.	5-7:9	BEN IIT	Statement 4
1	2	Total Add lines 1 through 11		1026541.	579 542009	90510	
1	3	Compensation of officers, directors, to	rustees, etc	0.	0		0.
1	4	Other employee salaries and wa	ges				
		Pension plans, employee benefi					<del></del>
<u>ايو</u>		Legal fees	Stmt 5	267.	0		0.
Expenses		Accounting fees				+	-
		Other professional fees					
and Administrative		Interest Taxes	Stmt 6	18320.	144	<u> </u>	0.
<u>;   ŝ</u>		Depreciation and depletion	Deme 0	10320.	T 4 4	<u> </u>	1
Ē ' Ē 2		Occupancy					<del></del>
[ 전		Travel, conferences, and meetin	gs			<u> </u>	
		Printing and publications	•			1	
g 2		Other expenses	Stmt 7	295.	295		0.
.=		Total operating and administra	tive				
<u>a</u>		expenses. Add lines 13 through	1 23	18882.	439		0.
2 2		Contributions, gifts, grants paid		30000.			30000.
2		Total expenses and disbursem	ents.				
$\dashv$		Add lines 24 and 25		48882.	439		30000.
2		Subtract line 26 from line 12:		07765			
		Excess of revenue over expenses and		977659.	541564		-
		Net investment income (if negative			541504	N/A	<del></del>
	13	Adjusted net income (if negative,	eriter -u-)			1/4	Form <b>990-PF</b> (2013)

27-7044368

Form **990-PF** (2013)

MATTHEWS FAMILY FOUNDATION

Form 990-PF (2013)

	2012	3000.			• 010007
Ξ	2011	0.	126737.		.000000
	2010				
	2009		·		
_	2008				
2	Total of line 1, column (d)			2	.010667
3	Average distribution ratio for the 5-year b the foundation has been in existence if les	ase period - divide the total on line 2 by 5, or by the n is than 5 years	umber of years	3	.005334
4	Enter the net value of noncharitable-use a	ssets for 2013 from Part X, line 5		4	1882799.
5	Multiply line 4 by line 3			5	10043.
6	Enter 1% of net investment income (1% of	of Part I, line 27b)		6	<u>5416.</u>
7	Add lines 5 and 6			7	15459.
8	Enter qualifying distributions from Part X	I, line 4		8	30000.
	If line 8 is equal to or greater than line 7, o	check the box in Part VI, line 1b, and complete that pa	irt using a 1% tax rate.		

See the Part VI instructions.

_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -				Page 4
_		see ir	iSTFL	JCTIO	118)
18	a Exempt operating foundations described in section 4940(d)(2), check here   L and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			- 4	
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here			54	16.
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				•
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			F 4	<u> 0.</u>
	Add lines 1 and 2			54	16.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			- A	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-		54	16.
	Credits/Payments:				
	2013 estimated tax payments and 2012 overpayment credited to 2013  6a 6000.				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d				•
	Total credits and payments. Add lines 6a through 6d			60	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				<u>37.</u>
	Tax due. If the total of lines 5 and 8 is, more than line 7, enter amount owed				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			5	<u>47.</u>
	Enter the amount of line 10 to be: Credited to 2014 estimated tax				0.
	art VII-A Statements Regarding Activities	Т		V	Ma
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-		Yes	
	any political campaign?	-	<u>1a</u>		X
D	Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)?	-	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	-			
	distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?	-	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	ł			
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.	ľ			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	.	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	_5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T	į			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?	ŀ	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	-	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				ı
	GA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		8b	x	
_	of each state as required by General Instruction G? If "No," attach explanation				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	<u>, ,   </u>	9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses Stmt	$11 \mid$	10	X	

	990-PF (2013) MATTHEWS FAMILY FOUNDATION	<u> 27-7044</u>	<u> 1368</u>	1	Page 5
Par	t VII-A Statements Regarding Activities (continued)		,		
11 .	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			-	
:	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory	privileges?			
	If "Yes," attach statement (see instructions)		12		X
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	<u>X</u>	
	Website address ► N/A				
		.▶ <u>770 42</u>		<u>520</u>	
1	Located at ► 1600 KENVIEW DRIVE, MARIETTA, GA	ZIP+4 <b>►3</b> (	<u> 060</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				Ш
	and enter the amount of tax-exempt interest received or accrued during the year	15		<u>/A</u>	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		,	Yes	No
;	securities, or other financial account in a foreign country?		16		_X_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign				
	country		<u> </u>		
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			T	
I	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a i	During the year did the foundation (either directly or indirectly):			ļ	
1	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		ĺ	
(	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			į	
		Yes 🔀 No		1	
(		Yes X No			
(	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No		ľ	
(	(5) Transfer any income or assets to a disqualified person (or make any of either available			ı	
	for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception Check "No"		1 1	- [	
	if the foundation agreed to make a grant to or to employ the official for a period after		1 1	İ	
	termination of government service, if terminating within 90 days.)	Yes X No		ŀ	
ы	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
;	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	ightharpoons			
c l	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			}	
	before the first day of the tax year beginning in 2013?		1c	ŀ	Х
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1			
	defined in section 4942(j)(3) or 4942(j)(5));				
a /	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn	ing	i i		
		res X No			
	If "Yes," list the years >,,,,,		, 1		
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorre	ct			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attac				
	statement - see instructions.)	N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	,			
3a (	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
		res X No			
	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons a				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	Form 4720, to determine if the foundation had excess business holdings in 2013)	N/A	3ь		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	/	4a		X
	Did the foundation invest during the year any amount in a mariner that would populate its charitable purposes.  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that	"		
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?		4b		х
	me not the notion in any popular and mot any of the tax year beginning in to to.	For	rm <b>990</b>	-PF	
		1.0	550	1	-010)

Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required (continued)  1.5 During the year did he foundation pay or nour any amount to:  1.5 Carry on prospagands, or otherwee attempt to affluence legislation (section 4945(s))?  1.6 Carry on prospagands, or otherwee attempt to affluence legislation (section 4945(s))?  1.6 Provide a grant to an organization other than a charitable, etc., organization described in section 509(s)(1), (2), or (3), or section 4945(s)(s)?  1.7 Provide a grant to an organization other than a charitable, etc., organization described in section 509(s)(1), (2), or (3), or section 4945(s)(s)?  1.7 Provide any purpose other than reliquist, charitable, scentile, literary, or educational purposes, or for the prevention of curely to children or ammists?  1.8 It any serves "X's 105(s)(1)(s) dut any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or an current notice regarding disaster assistance thanks the continuence of the prevention of curesty or the prevention of the curesty or the prevention of curesty or the prevention of th	Form 990-PF (2013) MATTHEWS FAMILY FOUNDAT			<u> 27-70443</u>	<u> 168</u>	Page 6
(1) Carry on propagatada, or otherwas attempt to influence legislation (section 4945(e))?  (2) 'Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an organization of the than a chariabile, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  (4) Provide a grant to an organization of the than a chariabile, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, chariable, scientific, literary, or educational purposes, or for the prevention of cruelty to hidrer or animals?  b If any answer is "set to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A yes No  If "ses," aftach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, preview any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "ses" to 6b, file Form 8870  7a All any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Yes X No  1 If "Yes" to 6b, file Form 8870  7a All any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  Yes X No  1 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  One District Address of each employee paid more than \$50,000  One District Address of each employee paid more than \$50,000  One District Address of each employee paid		Form 4720 May Be I	Required (contin	ued)		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  bit any answer is ver's to 501-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A yes No  If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)  Ba Did the foundation, during the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)  Ba Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes is to 65, the Form 8870  7a At any time during the tax year, was the foundation an aparty to a prohibited as sheller transaction?  N/A to be a state of the foundation of the properties of the foundation of the foundation managers and their compensation.  (a) Name and address  TRUSTEE  1. 1. 0.0	<b>5a</b> During the year did the foundation pay or incur any amount to:					
any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purposes other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  If "Yes" of 56, the Form 8870  7a At any time during the year, was the foundation a party to a prohibited tax shelter transaction?  A in "Yes" of the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average holds for price the statements of the statement required by the state of the statement required by the state of the statement required by the state of the statement required by the s	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e)) <b>?</b>	Y	es 🗶 No 📗		
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 508(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Yes" to \$61(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$5.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "Yes" to guestion 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," tatch the statement required by Regulations section \$3.4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  (b) Title, and average (c) Compensation  (a) Name and address  (b) Title, and average (c) Compensation  (c) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (e) Expense  account, other  compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average (c) Compensation  (d) Compensation  (e) Expense  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoled to position  (b) Title, and average hours per week devoled to position  (c) Compensation  (d) Compensation  (e) Expense average and address of each employee (other th	(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir				
(4) Prowde a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than relipious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(c)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 66, file Form 8870  A tan time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 66, file Form 8870  A tan organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  TRUSTEE  10.36 OLD MOUNTAIN RD.  MARTETTA, GA 30064  1.00  0.0.  0.0.  0.0.  (b) Title, and average hours previous descriptions of the previous previous descriptions of the previous previous previous descriptions and address of each employee paid more than \$50,000  (b) Title, and average hours previous	any voter registration drive?					
Solicity	(3) Provide a grant to an individual for travel, study, or other similar purposes	5?	Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  If any answer is 'Yes' to Salf 1/5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is 'Yes' to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If 'Yes, 'attach the statement required by Regulations section 53 4945-5(d)  Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes, 'attach the statement required by Regulations section 53 4945-5(d)  Ba Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?  If 'Yes, 'do the foundation, during the year, receive any proceeds or have any net income attributable to the transaction?  Yes X No  If 'Yes and the 'good of the 'good of the 'good of the 'good of the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (If not paid, enter 'good of the 'good of	(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A  Organizations relying on a current notice regarding disaster assistance (see there  of If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" to 8b, the statement required by Regulations section 53.4945-5(d)  Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 8b, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  A li "Yes" to 8b, the Form 8870  Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 8b, the Form 8870  Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 8b, the Form 8870  Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 8b, the Form 8870  Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 8b, the Form 8870  Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 8b, the Form 8870  Tax At any time during the tax year, was the foundation transaction of the foundation during the tax year, was the foundation foundation during the tax year, was the foundation foundation during the tax year, was the foundation foundation during the foundation foundation foundati	509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation aparty to a prohibited tax sheller transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  TRUSTEE  (b) Title, and average hours proceeds of the paid, of the paid of the paid, of the p	(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or	for			
section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A Yes No  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, the Form 8870  If Yes" to 6b, the Form 8870  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation  (a) Name and address  (b) Title, and average hours per week devoted to position  TRUSTEE  1 036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	the prevention of cruelty to children or animals?		Y	es 🗓 No		ŀ
Organizations relying on a current notice regarding disaster assistance check here  c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation (d) Compens	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A Yes No  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Teves to 6b, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devolved to position on the paid, enter -8-)  TRUSTEE  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.  1.00  0.0.  1.00  0.0.  1.00  0.0.  1.00  0.0.  0.0.  1.00  0.0.	section 53.4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A	5b	
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," to 6b, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted (or position or positio	Organizations relying on a current notice regarding disaster assistance check	here		▶□		
# "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  # Yes	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to	from the tax because it mainta	uned			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  TRUSTEE  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.0.0.  TRUSTEE  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	expenditure responsibility for the grant?	N	1/A 🔲 Y	es 🔲 No		
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  TRUSTEE  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.0.0.  DIANNE S. MATTHEWS  TRUSTEE  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	If "Yes," attach the statement required by Regulations section 53 494	5-5(d)				
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  TRUSTEE  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.0.0.  DIANNE S. MATTHEWS  TRUSTEE  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		• •				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to specify the party of the properties of		•	Y	es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  b if Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (lin or paid, enter -0-) (enter -0-) (	<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	x
Part VIII						
Part VIII	7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No		
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.    Compensation				_	7b	
Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-)  ROBERT E. MATTHEWS TRUSTEE  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064 1.00 0.0.0.0.0.0.0.0.0.0  DIANNE S. MATTHEWS TRUSTEE  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			nagers, Highl			·····
(a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if not paid, ent	Paid Employees, and Contractors	•				
ROBERT E. MATTHEWS  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  TRUSTEE  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.0.  MARIETTA, GA 30064  1.00  0.0.0.0.   Compensation of five highest-paid employees (other than those included on line 1). 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) Combibutions to employee benefit plans and deteries account, other allowances	1 List all officers, directors, trustees, foundation managers and their	compensation.				
ROBERT E. MATTHEWS  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  TRUSTEE  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.0.  MARIETTA, GA 30064  1.00  0.0.0.0.   Compensation of five highest-paid employees (other than those included on line 1). 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) Combibutions to employee benefit plans and deteries account, other allowances	A Nisasa and addings	(b) Title, and average		(d) Contributions to employee benefit plans	(e) E	xpense
1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  DIANNE S. MATTHEWS  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.0.0.  0.0.0.0.  Compensation of five highest-paid employees (other than those included on line 1). 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 to employee benefit plans and defence compensation and defence account, other allowances	(a) Name and adoress		enter -0-)	and deterred compensation	allo	wances
MARIETTA, GA 30064  DIANNE S. MATTHEWS  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.0.  0.0.0.  O.0.0.  Compensation of five highest-paid employees (other than those included on line 1). 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 to employee benefit plans and deterred account, other allowances	ROBERT E. MATTHEWS	TRUSTEE				
DIANNE S. MATTHEWS  1036 OLD MOUNTAIN RD.  MARIETTA, GA 30064  1.00  0.0.0.  Compensation of five highest-paid employees (other than those included on line 1). 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 to employee benefit plans and detarted compensation and detarted compensation entry week allowances	1036 OLD MOUNTAIN RD.				1	
1.00 0. 0.  MARIETTA, GA 30064 1.00 0. 0. 0.  Compensation of five highest-paid employees (other than those included on line 1). 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 to employee benefit plans account, other allowances	MARIETTA, GA 30064	1.00	0.	0.		0.
MARIETTA, GA 30064  2 Compensation of five highest-paid employees (other than those included on line 1). 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 to employee benefit plans and deterred compensation account, other allowances	DIANNE S. MATTHEWS	TRUSTEE				
MARIETTA, GA 30064  2 Compensation of five highest-paid employees (other than those included on line 1). 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 to employee benefit plans and deterred compensation account, other allowances	1036 OLD MOUNTAIN RD.	1				
(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 to employee benefit plans and deterred account, other allowances	MARIETTA, GA 30064	1.00	0.	0.		0.
(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 to employee benefit plans and deterred account, other allowances						
(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 to employee benefit plans account, other allowances						
(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 to employee benefit plans account, other allowances						
(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 to employee benefit plans account, other allowances						
(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 to employee benefit plans and deterred account, other allowances						
(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 to employee benefit plans and deterred account, other allowances					L	
(a) Name and address of each employee paid more than \$50,000 nours per week devoted to position (c) Compensation employee benefit plans account, other allowances	2 Compensation of five highest-paid employees (other than those inc	T	enter "NONE."	(d) Contributions to	/a\ <sup>E</sup>	vnanco
devoted to position compensation allowances	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	accou	nt, other
NONE		devoted to position	1	compensation	allov	wances
	NONE					
	· · · · · · · · · · · · · · · · · · ·					
		-				
						· · · · · · · · · · · · · · · · · · ·
		1		•		
			<del> </del>			
		1				
			<del> </del>			
		1				
Total number of other employees paid over \$50,000	Total number of other employees paid over \$50,000			<b></b>		0

Form 990-PF (2013) MATTHEWS FAMILY FOUNDATION		7044368 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant static number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the duced, etc.	Expenses
1N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1N/A		
	··· <u></u>	
All other program-related investments. See instructions.		
Federal Additions of the south O		

Form **990-PF** (2013)

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

Form **990-PF** (2013)

30000.

5416. 24584.

3b

4

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years.

Adjusted qualifying distributions. Subtract line 5 from line 4

income. Enter 1% of Part I, line 27b

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

Page 9

Part XIII	Undistributed Income (s	see instructions)

,	(a) Corpus	(b) Years prior to 2012	( <b>c)</b> 2012	( <b>d)</b> 2013
1 Distributable amount for 2013 from Part XI,				
line 7				88724.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			5286.	
<b>b</b> Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008				
<b>b</b> From 2009	Į			
<b>c</b> From 2010	_			
<b>d</b> From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$30000 .				
a Applied to 2012, but not more than line 2a			5286.	
<b>b</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 2013 distributable amount				24714.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed				
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions  e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract		. —		
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				64010.
7 Amounts treated as distributions out of				010101
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.	-			
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2009				
b Excess from 2010	]			
c Excess from 2011	]			
d Excess from 2012				
e Excess from 2013				
	<del>-</del>	<del></del>		Form QQ0-PF (2012)

	S FAMILY FO				44368 Page 10
Part XIV Private Operating F	<u>`</u>		·A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	•	▶ └	<del>-</del>	
<b>b</b> Check box to indicate whether the found		ng foundation described in		4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	<b>(b)</b> 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					1
each year listed					
<b>b</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					
e 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:		İ			
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,		ļ			
dividends, rents, payments on	l				
securities loans (section 512(a)(5)), or royalties)	ı				
(2) Support from general public	<u>.                                    </u>				
and 5 or more exempt	l				
organizations as provided in section 4942(j)(3)(B)(iii)	-				
(3) Largest amount of support from	ı				
an exempt organization				-	
(4) Gross investment income  Part XV   Supplementary Info		da Abia martambui	f the formulation	had \$5 000 as ma	re in essets
at any time during the			i the loundation	i nau \$5,000 or me	ne in assets
	<del>-</del>	ructions.j			
1 Information Regarding Foundation	•			f d. t b . f th b	
a List any managers of the foundation who year (but only if they have contributed m			ibutions received by the	e toundation before the clos	se of any tax
See Statement 12	<u> </u>				
b List any managers of the foundation who			or an equally large porti	ion of the ownership of a pa	artnership or
other entity) of which the foundation has	a 10% or greater interes	st.			
None					
2 Information Regarding Contribution					
Check here <b>X</b> if the foundation of the foundation makes gifts, grants, etc. (					
a The name, address, and telephone numb	· · · · · · · · · · · · · · · · · · ·				· • · · · · · · · · · · · · · · · · · ·
a The hame, address, and telephone numb	iei or e-man address or i	ine person to whom applic	ations should be addre	sseu.	
<b>b</b> The form in which applications should be	e submitted and informa	tion and materials they sh	ould include;		
c Any submission deadlines:			·		
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields. I	kinds of institutions, or	other factors:	<del></del>
		,			

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year MIDWAY PRESBYTERIAN CHURCH Public Support All grant purposes are 4635 Dallas Hwy Charity religious POWDER SPRINGS, GA 30127 7000. CHRIST COMMUNITY CHURCH Public Support All grant purposes are 3459 ACWORTH DUE WEST RD religious Charity ACWORTH GA 30101 5000. CHRIST THE REDEEMER CHURCH Public Support All grant purposes are 436 WALLACE RD Charity religious MARIETTA, GA 30062 10000. COBB PREGNANCY SERVICES Public Support All grant purposes are 47 GRAMBLING ST Charity religious MARIETTA GA 30008 6000. LIGONIER MINISTRIES Public Support All grant purposes are **421 LIGONIER COURT** Charity religious SANFORD FL 32771 1000. See continuation sheet(s) **▶** 3a Total 30000. b Approved for future payment None Total **▶** 3b

#### Part XVI-A Analysis of Income-Producing Activities

Fator and a second a second and	Unrelated	business income	Evaluded b	y section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		Code		
a b			<del>  </del>		
c		<del></del>	1		· · · · · · · · · · · · · · · · · · ·
d			_		
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	210.	
4 Dividends and interest from securities			14	14670.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property				_	
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	579.	
8 Gain or (loss) from sales of assets other			10	2726	
than inventory			18	3736.	
9 Net income or (loss) from special events	-		<del></del>		
<ul><li>10 Gross profit or (loss) from sales of inventory</li><li>11 Other revenue;</li></ul>			+		
ab	1 1		+		
c	l l				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		19195.	0.
13 Total Add line 12, columns (b), (d), and (e)					19195.
(See worksheet in line 13 instructions to verify calculated	ations.)				
Part XVI-B Relationship of Activ	vities to the Acco	mplishment of E	xempt Pu	ırposes	
Line No. Explain below how each activity for withe foundation's exempt purposes (or			A contributed	importantly to the accomp	olishment of
		=-			<del>.</del> .
					· · -··
				•	
		<del></del>			
		<del></del>			

-orr	m 990-PF (2013) MATTHEWS FAMILY FOUNDATION 27-7044	<u>. 308</u>	<u>Pa</u>	ige 13				
Pi	Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable							
Exempt Organizations								
1	Did'the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No				
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							
a	Transfers from the reporting foundation to a noncharitable exempt organization of:							
			1 '	1				

	bio mo organization and only or mandely organization of the following man any other organization occurred in occurred in the following man any other occurred in o		 
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
3	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	Х
	(2) Other assets	1a(2)	Х
)	Other transactions;		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	 X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
;	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in

column (	d) the value of the goods,	other assets, or services received.				
(a) Line no	(b) Amount involved	(c) Name of noncharitable	(d) Description	of transfers, transactions	s, and sharing arrangements	
		N/A				
						- <u>-</u> -
				]		
						•
						<del>-</del>
				-		• • •
ın section	501(c) of the Code (other omplete the following scho		ion 527?			Yes X No
	(a) Name of org	anization	(b) Type of organization		c) Description of rela	tionship
	N/A					
		1				
Sign Here		that I have examined this return, includin nplete. Decidation of preparer (other than			has any knowledge	May the IRS discuss this return with the preparer shown below (see instr.)?  X Yes No
	Print/Type preparer's na			Date	Check If P	PTIN
Paid	DEAN A WAR	///	Col. Il	5/07/14	self- employed	P00448373
Preparer		SCO INCORPORATE		, <u>, , , , , , , , , , , , , , , , , , </u>	Firm's EIN ▶ 58	
Use Only	Time States PIAI	DCC INCOMI OMID	_			
	Firm's address ► 1.6	00 KENIVEW DR.				
		RIETTA, GA 3006	0-1086		Phone no 770	422-7520
	ı MA	WIELIA, GW 3000	0 1000		Trione no. 770	<del>4</del> 44 1340

# 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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization

Employer identification number

]	MATTHEWS FAMILY FOUNDATION	27-7044368
Organization type (chec	k one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501  General Rule	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule See instructions
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (	
<del></del>	nplete Parts I and II	
Special Rules		
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	· ·
total contributio	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one consists of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III	· · · · · · · · · · · · · · · · · · ·
contributions for If this box is che purpose Do not	P1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corruse exclusively for religious, charitable, etc., purposes, but these contributions did not ecked, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the <b>General Rule</b> applies to this organization becausely, contributions of \$5,000 or more during the year	ot total to more than \$1,000 usively religious, charitable, etc.,
Caution An organization	a that is not covered by the General Rule and/or the Special Rules does not file Sched	ule B (Form 990, 990,F7, or 990,PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

## MATTHEWS FAMILY FOUNDATION

27-7044368

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed
Part I	<b>CONTRIBUTORS</b> (see instructions). Use duplicate copies of Part I it additional space is need

	——————————————————————————————————————		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT E. & DIANNE S. MATTHEWS  1036 OLD MOUNTAIN RD  MARIETTA, GA 30064	s261778.	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT E. & DIANNE S. MATTHEWS  1036 OLD MOUNTAIN RD  MARIETTA, GA 30064	\$ <u>245568.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROBERT E. & DIANNE S. MATTHEWS  1036 OLD MOUNTAIN RD  MARIETTA, GA 30064	\$500000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions )

Name of organization

Employer identification number

## MATTHEWS FAMILY FOUNDATION

27-7044368

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	4,653 SHARES OF VULCAN MATERIALS (VMC)		
1		\$\$	11/07/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	4,260 SHARES OF VULCAN MATERIALS (VMC)		
		\$\$	12/20/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)  **TERIALS (VMC)  ***  **TERIALS (VMC)  ***  ***  ***  ***  **  **  **  **	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
		er.	
		<b>a</b>	
(a) No. from Part I	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received

Name of organization Employer identification number MATTHEWS FAMILY FOUNDATION 27-7044368 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of aift (c) Use of aift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

27-7044368

MATTHEWS FAMILY FOUNDATION

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
AMERICAN VISION			All grant purposes are	
P.O BOX 611		Charity	religious	
BRASELTON, GA 30517				1000.
		-		
		-		
	•			
		ļ		
	****	<b>+</b>		
		}		
		1		
Total from continuation sheets	<del></del>			1000.

MATTHEWS FAMILY FOUNDATION	<u> 27-7044368</u>
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
ame of Recipient - MIDWAY PRESBYTERIAN CHURCH	
All grant purposes are religious	
All grant purposes are religious	
	···
<del></del>	
	<del></del>
· · · · · · · · · · · · · · · · · · ·	

Form 99	0-PF	Gain or (Loss) i	from Sale	of .	Assets	S	tatement 1
Descrip	(a) tion of Propert	Y			Manner cquired	Date Acquire	d Date Sold
4,260 S	H VULCAN MATERI	ALS (VMC)		D	onated	05/01/9	8 12/20/13
	(b)	(c)	(d)	. <b>.</b>	(e)		(f)
	Gross Sales Price	Value at Time of Acq.	Expense Sale	OI	Depre	c. Ga	in or Loss
	245672.	245568.		0.		0.	104.
Descrip	(a) tion of Propert	у			Manner cquired	Date Acquire	d Date Sold
1,600 S	H VULCAN MATERI	ALS (VMC)		D	onated	05/01/9	8 05/17/13
	(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e)		(f) in or Loss
-	87518.	83272.		0.		0. Ga	4246.
Descrip	(a) tion of Propert	У			Manner cquired	Date Acquire	d Date Sold
4,653 S	H VULCAN MATERI	— ALS (VMC)		D	onated	05/01/9	8 11/07/13
	(b) Gross	(c) Value at	(d) Expense	of	(e)		(f)
	Sales Price		Sale	OI	Depre	c. Ga	in or Loss
-	261144.	261778.		0.	·····	0.	-634.

(a) Description of Pr	operty			Man Acqu	ner ired	Dat Acqu:		Date S	old
SPDR GOLD TRUST				Purch	ased	sed Vari		lous 12/17	
(b) Gross Sales Pr	(c Cost ice Other	or	(d) Expense Sale		(e) Depre		Gair	(f) n or Los	g
	50.	57.	Dair	0.	Берге	0.			<del>-7.</del>
Capital Gains Div						- -			27.
Form 990-PF Inte	rest on Savin	gs and Te	emporary	/ Cash I	nvest	ments	Sta	itement	
Source		Rev	(a) Jenue Books	Net I	(b) nvest ncome			(c) Adjusted et Incom	
MERRILL LYNCH			210.	,		210.			
Total to Part I,	line 3		210.			210.			
Form 990-PF	Dividends	and Inte	erest fr	om Secu	ritie	s	Sta	tement	3
Source	Gross Amount	Capita Gains Divider	s F	(a) Revenue er Books		(b) Inves		(c) Adjust Net Inc	
EAGLE FAMILY OF FUNDS MERRILL LYNCH RAYMOND JAMES	68. 9909. <b>4</b> 720.		27. 0. 0.	41 9909 4720	•	986 467			
To Part I, line 4	14697.		27.	14670	•	1457	75.		

Form 990-PF	Other I	ncome		Statement 4
Description		(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
CONTRACT FEE		579.	579.	
Total to Form 990-PF, Part I	, line 11	579.	579.	
Form 990-PF	Legal	Fees		Statement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
LEGAL EXPENSE	267.	0	•	0.
To Fm 990-PF, Pg 1, ln 16a	267.	0	•	0.
Form 990-PF	Tax	es		Statement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
INCOME TAX FOREIGN TAX	18176. 144.			0.
To Form 990-PF, Pg 1, ln 18	18320.	144	•	0.
Form 990-PF	Other E	xpenses		Statement 7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ANNUAL BROKERAGE FEE	295.	295	•	0.
To Form 990-PF, Pg 1, ln 23	295.	295	•	0.

Form 990-PF U.S. and State/	City Gov	rernment	Obligations	Statement
Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value
DALTON GA DEV AUTH REV DEKALB CNTY GA WTR & SEW REV NUVEEN GA DIV ADV MUN FD		X X X	65460. 53198. 20181.	64288 53111 20060
Total U.S. Government Obligations		_		
Total State and Municipal Governme	nt Oblig	ations	138839.	137459
Total to Form 990-PF, Part II, lin	138839.	137459		
Form 990-PF Co	rporate	Stock		Statement
Description			Book Value	Fair Market Value
ISHARES RUSSELL 1000		_		
ISHARES CORE S&P 500 ETF VULCAN MATERIALS CO GUGGENHEIM S&P 500 EQUAL WEIGHT ET POWERSHARES QQQ TRUST UNIT SERIES			217683. 145369. 0. 104224. 42760.	275040 185650 0 106875 43980
ISHARES CORE S&P 500 ETF VULCAN MATERIALS CO GUGGENHEIM S&P 500 EQUAL WEIGHT ET POWERSHARES QQQ TRUST UNIT SERIES CENTURYLINK INCORPORATED GOLDMAN SACHS GROUP INC DEP SH NON HCP INCORPORATED REIT ISHARES CORE S&P SMALL CAP ETF ISHARES INTL SELECT DIVIDEND JP MORGAN ALERIAN MLP POWERSHARES EXCHANGE TRADED FD TR	1 CUM PFD		145369. 0. 104224. 42760. 15386. 46837. 37272. 231589. 140590. 45750. 37528.	185650 0 106875 43980 15925 45000 36320 272825 144172 46350 37320
ISHARES CORE S&P 500 ETF VULCAN MATERIALS CO GUGGENHEIM S&P 500 EQUAL WEIGHT ET	1 CUM PFD		145369. 0. 104224. 42760. 15386. 46837. 37272. 231589. 140590. 45750.	185650 0 106875 43980 15925 45000 36320 272825 144172 46350

Form 990-PF	Other Assets		Statement	10
Description	Beginning of Yr Book Value	End of Year Book Value	Fair Marke Value	t
LIFE INS - ING LIFE INS - JOHN HANCOCK	207085. 171460.	207085. 171460.	2238 1777	
To Form 990-PF, Part II, line 15	378545.	378545.	4015	61.
	ostantial Contrib VII-A, Line 10 Address	outors	Statement	11
ROBERT E. MATTHEWS	1036 OLD MOUN MARIETTA, GA			
DIANNE S. MATTHEWS	1036 OLD MOUN MARIETTA, GA			
Form 990-PF Part	XV - Line 1a		Statement	12

Name of Manager

ROBERT E. MATTHEWS DIANNE S. MATTHEWS