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#### **Return of Private Foundation**

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

OMB No 1545-0052

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-PF and its separate instructions is at www.irs.gov/form990pf.

For c	aten	dar year 2013 or tax year beginning		, and ending		
J	• 1	foundation WILLIAM & ELIZABETH S.	ROBINSON		A Employer identification	
F	OU:	NDATION, INC.			58-1708251	
		nd street (or P O box number if mail is not delivered to stre	et address)	Room/suite	<b>B</b> Telephone number	
_3	<u>53</u>	5 PIEDMONT ROAD		P88	404-816-52	205
		own, state or province, country, and ZIP or foreign ANTA, GA 30305	postal code		C If exemption application is p	pending, check here
G C	heck	all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization:	s, check here $ ightharpoonup$
		Final return	Amended return			
		X Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, pmputation
H C	heck	type of organization X Section 501(c)(3)	exempt private foundation		E If private foundation sta	tus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundate	tion	under section 507(b)(1	
I Fa	ır ma		ting method	Accrual	F If the foundation is in a	60-month termination
(fr	om F		Other (specify) MODIFIE		under section 507(b)(1	
<u></u>	•	4,457,599. (Part I, co.	umn (d) must be on cash b	asis.)		
Pa	<u>irt E</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	241,757.		N/A	· · · · · · · · · · · · · · · · · · ·
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	411.	411.		STATEMENT 1
	4	Dividends and interest from securities	96,460.	96,460.		STATEMENT 2
	5a	Gross rents		·		
		Net rental income or (loss)				
	i _	Net gain or (loss) from sale of assets not on line 10	132,917.	·'··········	**************************************	<b>*</b>
une	b	Gross sales price for all assets on line 6a 1,487,191.		······································		
Revenue		Capital gain net income (from Part IV, line 2)	H	132,917.	· · · · · · · · · · · · · · · · · · ·	
æ		Net short-term capital gain		•		
	9	Income modifications		<del>!-[-                                </del>		Hillian
	10a	Gross sales less returns and allowances				
		Less Cost of goods sold	~   1	······································		
		Gross profit or (loss)				
	11	Other income	-3,462.	-3,462.	,	STATEMENT 3
	12	Total Add lines_1-through 11	468,083.	226,326.		
	13-	Compensation to the original directors, trustees, etc.	0.	0.		0
	収	Other employee salariestand wages				
ح. ا	-15-	Pension plans employee penefits			_	
\ঐ\	16a	Pension plans employee genefits  Accounting fees STMT 4				
\ <u>&amp;</u>	þ	Accounting fees STMT 4	5,025.	0.		5,025
\ <u>x</u>	L6	Other protessional rees STMT 5	43,220.	31,171.	,	12,049
<b>.</b>	17	Interest	18.	18.		0
Administrative Expen	18	Taxes STMT 6	2,527.	920.		0
nist	19	Depreciation and depletion				
Ë	20	Occupancy	4,407.	0.		4,407
Ψ	21	Travel, conferences, and meetings		··········	ļ	
and	22	Printing and publications				
g	23	Other expenses		<del></del>	ļ <u> </u>	
rati	24	Total operating and administrative		20 100		01 401
Operating		expenses. Add lines 13 through 23	55,197.	32,109.		21,481 150,250
J	I	Contributions, gifts, grants paid	150,250.			150,250
	26	Total expenses and disbursements.	005 445	20 100		171 771
		Add lines 24 and 25	205,447.	32,109.	<u> </u>	171,731
	27	Subtract line 26 from line 12	262 635			
	l	Excess of revenue over expenses and disbursements	262,636.	104 017		<u> </u>
	l	Net investment income (if negative, enter -0-)		194,217.		
2225		Adjusted net income (if negative, enter -0-)			N/A	<u> </u>

58-1708251

Page 2

100	- A A	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1.	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	225,861.	326,609.	326,609.
	3	Accounts receivable			······································
		Less allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts			
	5	Grants receivable			· · · ·
	6	Receivables due from officers, directors, trustees, and other			<del></del>
	İ	disqualified persons			
	7	Other notes and loans receivable			
	-	Less allowance for doubtful accounts	Í		
s	R	Inventories for sale or use			·. ·
Assets	٥	Prepaid expenses and deferred charges			
As	100	Investments - U S and state government obligations STMT 8	98,782.	0.	0.
	1	o 1	2,366,486.	2,791,334.	3,639,674.
	1	aa h	152,561.	6,928.	7,113.
	1		132,301.	0,920.	1,113.
	' '	Investments - land, buildings, and equipment basis			
	40	Less accumulated depreciation			
	12	Investments - mortgage loans Investments - other STMT 11	445,338.	439,732.	465,170.
	13		440,330.	439,/32.	403,170.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation	20 645	10 022	10 022
	15	Other assets (describe ► PREPAID TAX )	20,645.	19,033.	19,033.
	16	Total assets (to be completed by all filers - see the	2 200 672	2 502 626	4 457 500
_		instructions Also, see page 1, item 1)	3,309,673.	3,583,636.	4,457,599.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ва	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Net Assets or Fund Balan	27	Capital stock, trust principal, or current funds	0.	0.	
iets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
ASS	29	Retained earnings, accumulated income, endowment, or other funds	3,309,673.	3,583,636.	
<u>e</u>	30	Total net assets or fund balances	3,309,673.	3,583,636.	
Z	33	. 5-25. 200000 01 10110 201011000	2,303,013	2,333,330.	
	31	Total liabilities and net assets/fund balances	3,309,673.	3,583,636.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_	Tota	I not accord or fund halanges at hearinging of year - Part II, column (a) line	20		
ı		I net assets or fund balances at beginning of year - Part II, column (a), line	JU .		3 300 672
_	•	st agree with end-of-year figure reported on prior year's return)		1	3,309,673. 262,636.
_		r amount from Part I, line 27a	CDD COX	memenim 7	
3		r increases not included in line 2 (itemize)	SEE STA		11,327.
		lines 1, 2, and 3		4	3,583,636.
		reases not included in line 2 (itemize)		5	2 592 626
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), line 30	6	3,583,636.
					Form <b>990-PF</b> (2013)

Part IV Capital Gains a	and Losses for Tax on In	nvestmen	t Income						<u> </u>
	ribe the kind(s) of property sold (e g rehouse, or common stock, 200 shs		-	(b) +	(b) How acquired (P - Purchase D - Donation (			acquired lay, yr )	(d) Date sold (mo , day, yr )
1a SHORT-TERM CAP					_	P	VARI	OUS	12/31/13
b CAPITAL GAIN D						P			
LONG-TERM CAPI							VARI		12/31/13
d 4,472 SHARES-	ENDOWMENT FUND T	EI FUN	D, LP			P	04/0	1/08	VARIOUS
е	<u> </u>			<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					iain or (loss s (f) minus (	
a 710,135.			675,12	6.					35,009.
b 3,780.									3,780.
<u>t 524,209.</u>			418,87						105,331.
d 249,067.			260,27	<u>.</u>					-11,203.
Complete only for secrets above	a ania in polyma (b) and owned by	the ferredetice	10/01/00						
Complete only for assets showin	g gain in column (h) and owned by t							Col (h) gain not less thai	
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (J), If any				Losses	(from col (	h))
<u>a</u>									35,009.
<u>b</u>									3,780.
C									105,331.
<u>d</u>									-11,203.
6				_					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter -0-	r in Part I, line - in Part I, line	7 7	}	2				132,917.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) an	nd (6)		$\langle \cdot  $					
If gain, also enter in Part I, line 8,	column (c)	. ,		<b>.</b>				/-	
Part V Qualification U	nder Section 4940(e) for	Dadward	Tau an Nat		3			N/A	
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation does not quality.	ion 4942 tax on the distributable am fy under section 4940(e). Do not co	mplete this pa	<u>rt</u>						Yes X No
	ach column for each year, see the in	nstructions be	fore making any er	ntries					7-1
(a) Base period years Calendar year (or tax year beginnir			Net value of nor					(col (b) div	(d) ution ratio ided by col (c))
2012		7,273.		3,	,50	9,116	•		.041969
2011		6,054.				9,483			.045817
2010		3,013.				2,226			.041668
2009		6,628.				6,264			.064134
2008	18	6,373.	<u>.</u>	۷,	, 93	9,098	•		.063412
2 Total of line 1, column (d)							2		.257000
3 Average distribution ratio for the 5 the foundation has been in existen		on line 2 by 5,	or by the number	of yea	ırs		3		.051400
4 Enter the net value of noncharitable	le-use assets for 2013 from Part X	line 5					4		3,805,470.
	10 430 4330t3 101 23 13 11 0111 1 41t A,								
5 Multiply line 4 by line 3							5		195,601.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6		1,942.
7 Add lines 5 and 6							7_		197,543.
8 Enter qualifying distributions from	8 Enter qualifying distributions from Part XII, line 4			8		171,731.			
If line O is social to as avestar than	rait Aii, iiile 4						<u> </u>	·	
See the Part VI instructions	line 7, check the box in Part VI, line	1b, and comp	elete that part using	g a 1%	6 tax ı	rate			

	990-PF (2013) FOUNDATION, INC.		<u>-170825</u>			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ins	truc	tion	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%	1		3	, 88	84.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				<u>0.</u>
	Add lines 1 and 2	3		3	<u>, 88</u>	84.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ	3	, 88	84.
6	Credits/Payments					
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 19,033	•				
	Exempt foreign organizations - tax withheld at source	_				
	Tax paid with application for extension of time to file (Form 8868)  6c	4				
d	Backup withholding erroneously withheld 6d 6d	4				
	Total credits and payments Add lines 6a through 6d	7	ļ	<u> 19</u>	<b>,</b> 0.	<u>33.</u>
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached	8	ļ			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		15	<u>, 14</u>	<u>49.</u>
	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 15,149. Refunded ▶	11				0.
	rt VII-A Statements Regarding Activities				, 1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	e in			es	No
	any political campaign?		_	a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition		1	b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ned or				
	distributed by the foundation in connection with the activities					v
	Did the foundation file Form 1120-POL for this year?		<u> </u>	C		<u>X</u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation $\triangleright$ \$ 0 . (2) On foundation managers $\triangleright$ \$ 0	<u>•</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers > \$ 0.		١,		1	Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	-	<del></del>
-	If "Yes," attach a detailed description of the activities.				-	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	UI			1	X
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			a la		$\frac{\mathbf{x}}{\mathbf{x}}$
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?	ĸ	_ ,	b	-	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1,		5	-+	
J	If "Yes," attach the statement required by General Instruction T.			-		<del></del>
£	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				]	
U	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state.</li> </ul>	te law				
	remain in the governing instrument?			6	x İ	
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 >	v			X	
•	and the foundation have at least \$6,000 in accordance in the fact in 100,000 in accordance in the fact	•				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
Ju	GA					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				- 1	
~	of each state as required by General Instruction G? If "No," attach explanation		[ 8	3b	x	
g	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	lendar		$\top$		
-	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "yes," ettach a schedule listing their names and addresses		1	0		<u>X</u>

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Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► ROBINSON FOUNDATION, INC.  Telephone no ► (404)	816	-52	05
	Located at ► 3535 PIEDMONT ROAD, SUITE P88, ATLANTA, GA ZIP+4 ►30	305		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	· 🗀
	and enter the amount of tax-exempt interest received or accrued during the year	N	<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			L
Pē	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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)?	1b	,	
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1		
	before the first day of the tax year beginning in 2013?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2013?			
	If "Yes," list the years -,,,			
b	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 incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		
C	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			
	during the year?  Yes X No			
D	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.)  N/A	0		
	·	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1960) that could inconstruct to charitable purpose that	4a		
U	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		Х
	nee not even territory north populary policies the met day of the tax year beginning in 2010.	1 40		

orm 990-PF (2013) FOUNDATION, INC.			<u>58-17082</u>	51 P	age <b>6</b>
Part VII-B Statements Regarding Activities for Whic	h Form 4720 May Be	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					*********
(1) Carry on propaganda, or otherwise attempt to influence legislation (see	ction 4945(e))?		es X No		
(2) Influence the outcome of any specific public election (see section 4955	• • •				
any voter registration drive?		Y(	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpo	ses?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organiz					
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, liter	ary or educational nurnoses or		30 1223 110		
the prevention of cruelty to children or animals?	ary, or observational purposes, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the excentions described		73		
section 53 4945 or in a current notice regarding disaster assistance (see in	•	iii riogalations	N/A	5b 1	
Organizations relying on a current notice regarding disaster assistance che	•			-	······
c If the answer is "Yes" to question 5a(4), does the foundation claim exemptic		hani			
expenditure responsibility for the grant?		N/A 🔲 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4		•(	3		
6a Did the foundation, during the year, receive any funds, directly or indirectly,					
a personal benefit contract?	to pay premiums on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a naraanal hanafit aantroot?	L 18		e	Х
If "Yes" to 6b. file Form 8870	a personal benefit contract?			6b	<u></u>
	ov oboltos tronocationO		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited to		16	·· — . · · · —		
b If "Yes," did the foundation receive any proceeds or have any net income att Part VIII Information About Officers, Directors, Tru				7b	
Part VIII Information About Officers, Directors, True Paid Employees, and Contractors	istees, Foundation Ma	anagers, Higniy	<b>/</b>		
List all officers, directors, trustees, foundation managers and the	eir compensation				
	on compensation:				
	(b) Title and average	(c) Compensation	(d) Contributions to	(a) Evna	nea
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expe account,	nse other
	hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account, allowan	nse other ces
ELIZABETH S. ROBINSON	hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account, allowan	nse other ces
ELIZABETH S. ROBINSON 8535 PIEDMONT ROAD, SUITE P88	hours per week devoted to position  CHAIRMAN	(If not paid, enter -0-)	compensation	(e) Expe account, allowan	ces_
ELIZABETH S. ROBINSON B535 PIEDMONT ROAD, SUITE P88 ATLANTA, GA 30305	chairs per week devoted to position  CHAIRMAN  0.00	(If not paid.	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account, allowan	other ces
ELIZABETH S. ROBINSON B535 PIEDMONT ROAD, SUITE P88 ATLANTA, GA 30305 MARGARET R. BUKER	hours per week devoted to position  CHAIRMAN	(If not paid, enter -0-)	compensation	(e) Expe account, allowan	ces_
ELIZABETH S. ROBINSON 3535 PIEDMONT ROAD, SUITE P88 ATLANTA, GA 30305 MARGARET R. BUKER 3535 PIEDMONT ROAD, SUITE P88	CHAIRMAN  0.00  SECRETARY	(If not paid, enter -0-)	Compensation 0 .	(e) Expe account, allowan	O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305	CHAIRMAN  0.00  SECRETARY  0.00	(If not paid, enter -0-)	compensation	(e) Expe account, allowan	ces_
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON	CHAIRMAN  0.00  SECRETARY	(If not paid, enter -0-)	Compensation O .	(e) Expe account, allowan	O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT	(If not paid, enter -0-)	O .	(e) Expe account, allowan	0 . 0 .
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON	CHAIRMAN  0.00  SECRETARY  0.00	(If not paid, enter -0-)	Compensation O .	(e) Expe account, allowan	O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT	(If not paid, enter -0-)	O .	(e) Expe account, allowan	0 . 0 .
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT	(If not paid, enter -0-)	O .	(e) Expe account, allowan	0 . 0 .
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00	(If not paid, enter -0-)  O .	O .	(e) Expe account, allowan	0 . 0 .
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none,	(If not paid, enter -0-)  O .	O .	allowan	0 . 0 .
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  ATLANTA, GA 30305	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none,  (b) Title, and average	(If not paid, enter -0-)  O .  O .	O .	allowan	0 . 0 .
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  ATLANTA, GA 30305  C Compensation of five highest-paid employees (other than those  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none,	(If not paid, enter -0-)  O .	O .	(e) Expe account, allowan	O. O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  ATLANTA, GA 30305	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	O .  O .  (d) Contributions to employee benefit plans and deterred.	(e) Expe	O. O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  ATLANTA, GA 30305  C Compensation of five highest-paid employees (other than those  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	O .  O .  (d) Contributions to employee benefit plans and deterred.	(e) Expe	O. O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  ATLANTA, GA 30305  C Compensation of five highest-paid employees (other than those  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	O .  O .  (d) Contributions to employee benefit plans and deterred.	(e) Expe	O. O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  ATLANTA, GA 30305  C Compensation of five highest-paid employees (other than those  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	O .  O .  (d) Contributions to employee benefit plans and deterred.	(e) Expe	O. O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  ATLANTA, GA 30305  C Compensation of five highest-paid employees (other than those  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	O .  O .  (d) Contributions to employee benefit plans and deterred.	(e) Expe	O. O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  ATLANTA, GA 30305  C Compensation of five highest-paid employees (other than those  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	O .  O .  (d) Contributions to employee benefit plans and deterred.	(e) Expe	O. O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  ATLANTA, GA 30305  C Compensation of five highest-paid employees (other than those  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	O .  O .  (d) Contributions to employee benefit plans and deterred.	(e) Expe	O. O.
ELIZABETH S. ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  MARGARET R. BUKER  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  R. LEE ROBINSON  3535 PIEDMONT ROAD, SUITE P88  ATLANTA, GA 30305  ATLANTA, GA 30305  C Compensation of five highest-paid employees (other than those  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  CHAIRMAN  0.00  SECRETARY  0.00  PRESIDENT  0.00  included on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	O .  O .  (d) Contributions to employee benefit plans and deterred.	(e) Expe	O. O.

Total number of other employees paid over \$50,000

FOUNDATION, INC. Form 990-PF (2013) 58-1708251 Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service NONE 0 Total number of others receiving over \$50,000 for professional services Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A All other program-related investments. See instructions

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0.

Total. Add lines 1 through 3

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FOUNDATION, INC.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 3,792,437. a Average monthly fair market value of securities 1a 70,984. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 3,863,421. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 2 3,863,421. 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 3,805,470. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 190,274. Minimum Investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part ) Minimum investment return from Part X, line 6 190,274. 1 3,884. Tax on investment income for 2013 from Part VI, line 5 2a 2b Income tax for 2013 (This does not include the tax from Part VI) 2c C Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Δ Recoveries of amounts treated as qualifying distributions 4 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 186 390. 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 171,731. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 16 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the 3a a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 3b 171,731. 4 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 5 income Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2012	(c) 2012	( <b>d</b> ) 2013
	Distributable amount for 2013 from Part XI, line 7				186,390.
	Undistributed income, if any, as of the end of 2013		**************************************		100,390.
	• • •			149,380.	
	Enter amount for 2012 only Total for prior years	<del>'</del>		149,300.	·····
u	Total for prior years		0.		
2	Excess distributions carryover, if any, to 2013		U •	***************************************	***************************************
	From 2008				
	From 2009				
	From 2010				
	·				
	From 2011				
	From 2012	0.			
	Total of lines 3a through e	0.			
	Qualifying distributions for 2013 from				
	Part XII, line 4 ► \$ 171,731.			140 200	
	Applied to 2012, but not more than line 2a			149,380.	**************************************
	Applied to undistributed income of prior		_		
	years (Election required - see instructions)		0.		<del></del>
C	Treated as distributions out of corpus				
	(Election required - see instructions)	0.	<del></del>	<del>   -    -    -      -                </del>	
d	Applied to 2013 distributable amount				22,351.
е	Remaining amount distributed out of corpus	0.	••••••••••••••••••••••••••••••••••••••		
	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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
	Prior years' undistributed income Subtract				
	line 4b from line 2b		0.		
	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		0.		
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				164,039.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3)	0.			
	Excess distributions carryover from 2008				
	not applied on line 5 or line 7	0.			
	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9				······································
	Excess from 2009				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				

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Part XIV   Private Operating Fo				N/A	
1 a If the foundation has received a ruling or	determination letter tha	t it is a private operating			
foundation, and the ruling is effective for	•	•	▶		
<b>b</b> Check box to indicate whether the found	ation is a private operati	ng foundation described	I in section	4942(j)(3) or49	942(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) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					
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  Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	•				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					T
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor			if the foundation	n had \$5,000 or m	ore in assets
at any time during the		ructions.)			<b></b>
1 Information Regarding Foundation	•				
a List any managers of the foundation who year (but only if they have contributed m	ore than \$5,000) (See s		itributions received by th	e foundation before the clo	se of any tax
ELIZABETH S. ROBINSON					
b List any managers of the foundation who other entity) of which the foundation has			i (or an equally large port	ion of the ownership of a p	artnership or
• •	a 10 % of greater interes	31			
NONE	00.0.1	0.1.11	· · · · · · · · · · · · · · · · · · ·	<del></del>	
2 Information Regarding Contribution Check here ► if the foundation or the foundation makes gifts, grants, etc. (	nly makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone numb MARGARET R. BUKER ROI				essed	
3535 PIEDMONT ROAD,					
b The form in which applications should be IN LETTER FORM, STAT				ND TAXPAYER	ID NUMBER.
c Any submission deadlines					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable field:	s, kinds of institutions, or	other factors	

Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year ALL SAINTS' EPISCOPAL CHURCH NONE CHURCH FOR RELIGIOUS SUPPORT 634 W. PEACHTREE STREET, NW ATLANTA, GA 30308 31,750. BOY SCOUTS OF AMERICA, TROOP 175 NONE PUBLIC FOR THE PROMOTION OF 2553 SHETLAND DRIVE YOUTH DEVELOPMENT DECATUR, GA 30033 1,000. CHURCH ST. UNITED METHODIST CHURCH NONE CHURCH FOR RELIGIOUS SUPPORT 214 CHURCH STREET 5,000. SELMA, AL 36701 DARTMOUTH COLLEGE NONE UNIV. FOR THE PROMOTION OF EDUCATIONAL DARTMOUTH COLLEGE 2,000. DEVELOPMENT HANOVER, NH 03755 NONE CHURCH FOR THE SUPPORT OF EMMAUS HOUSE 1017 HANK AARON DRIVE HUMAN SERVICES ATLANTA, GA 30315 1,000. SEE CONTINUATION SHEET(S) ▶ 3a 150,250. Total b Approved for future payment NONE

**▶** 3b

Total

Unrelated business income

Enter gross amounts unless otherwise indicated

Excluded by section 512, 513, or 514

(e)

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

Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	_		+ +		
					<del></del>
d	·		+ +		
8			<del>    -   -   -   -   -   -   -   -   -  </del>		
f			<del>                                     </del>		
g Fees and contracts from government agencies	_			-	<del></del> · -
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	411.	
4 Dividends and interest from securities			14	411. 96,460.	
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			01	-3,462.	
8 Gain or (loss) from sales of assets other					
than inventory			18	132,917.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
C					
d					
e					•
12 Subtotal Add columns (b), (d), and (e)		0	• ,	226,326.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	226,326.
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No Explain below how each activity for which is	es to the Accorr	olumn (e) of Part XVI			lishment of
the foundation's exempt purposes (other ti	han by providing funds	for such purposes)			
		<del> </del>			· ·
	***				

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

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FOUNDATION, INC.

58-1708251

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		Exempt Organ	izations								
1	Did the o	rganization directly or indir	rectly engage in any	of the followin	g with a	iny other organization	on described in sec	ction 501(c) of		Yes	No
	the Code	(other than section 501(c)	)(3) organizations) c	or in section 52	7, relatı	ng to political organ	nizations?				
a	Transfers	s from the reporting founda	ation to a noncharita	able exempt orç	ganızatı	on of					1
	(1) Cast	h							1a(1)		X
	(2) Othe	er assets							1a(2)		X
þ	Other tra	nsactions									ĺ
	(1) Sale	s of assets to a noncharital	ble exempt organiza	ation					1b(1)		X
	(2) Puro	chases of assets from a nor	ncharitable exempt	organization					1b(2)		X
	(3) Rent	tal of facilities, equipment, (	or other assets						1b(3)		<u>X</u>
	(4) Rein	nbursement arrangements							16(4)		X
	( <b>5</b> ) Loar	ns or loan guarantees							1b(5)		Х
	(6) Perf	ormance of services or me	mbership or fundra	ısing solıcıtatıo	ns				1b(6)		X
	-	of facilities, equipment, mai	•		•				10		X
d	If the ans	swer to any of the above is '	"Yes," complete the	following sche	dule Co	olumn (b) should alv	ways show the fair	market value of the goods,	other ass	ets,	
					ed less t	than fair market valu	ie in any transactio	on or sharing arrangement,	show in		
	1	d) the value of the goods, d									
a)∟	ine no	(b) Amount involved	(c) Name o	f noncharitable	exemp	t organization	(d) Description	on of transfers, transactions, and	shanng ar	rangeme	nts
				N/A							
								<del> </del>			
								<del> </del>			
		- · - · · ·									
									<del>-</del> -		
		<del></del>					-				
						····					
2a		undation directly or indirect		•		. •	zations described	г			-
		n 501(c) of the Code (other	•	:)(3)) or in sect	ion 527	?		L	Yes	LX.	No
b	If "Yes," c	complete the following sche					γ				
		(a) Name of org	anization		( <b>0</b> ) 1y	pe of organization		(c) Description of relations	sпір 		
		N/A									
				·			<del> </del>		_		
	Linda	and a second second second second second second second second second second second second second second second	that I have everyland th	un mitum includen		nanuna nehadulaa and	otatements, and to th	no boot of my knowledge			
c:	اممطة	er penalties of perjury, I declare to belief, it is <b>true, correct</b> , and con						ror han any kaoviladaa	ay the IRS turn with th		
	gn and	$\cdot \setminus \angle \setminus A$	1/2/2	usn	1	السراعام	SECRE	sh	own below	(see ins	<u>tr</u> )?
110		anatura of officer or tructed	<del>2.,,,,,,</del>			0/13/2014	- 7	TARI	X Yes		J No
	Siy	nature of officer or trustee		Broparor's si		Date '	Title Date	Check If PTIN			<u> </u>
		Print/Type preparer's na	IIIIe	Preparer's si	iyilatulo	_	Date	self- employed			
D-	id	TABITHA L.	JONES	Hollith	$a \preceq$	DON COA	7129/2014		0757	363	
	nu eparer			VDY & J	ONE		TITALSOIA	Firm's EIN ► 46-0			
	eparer se Only		MING, DOM	א זעז א	ONE	טווו , ט		rirm s EIN F 40-0	1332	10	
US	e Orny	Firm's address ▶ 75	п наммомт	) DR ME	PT I	חם 1 פוודייי	F 200				—
			NDY SPRIN					Phone no 404-7	05-4	589	
		ı on		,					1		

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

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

J. WILLIAM & ELIZABETH S. ROBINSON

FOUNDATION, INC.

OMB No 1545-0047

**Employer identification number** 

58-1708251

2013

Organiz	ation type (check o	ne):
Filers o	f:	Section:
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X	For an organization contributor. Compl	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II
Special	Rules	
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections c)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% or (2) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively a, etc., contributions of \$5,000 or more during the year
but it m	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

J. WILLIAM & ELIZABETH S. ROBINSON

FOUNDATION, INC.

Employer identification number

<u>58-1</u>708251

Part I	Contributors (see instructions) Use duplicate c	opies of Part I if additional space is needed.
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EQ(1)	Contributors (see instructions) Ose duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELIZABETH S. ROBINSON 10-YEAR CLAT 7 PIEDMONT CENTER, SUITE 140 ATLANTA, GA 30305	\$ <u>241,757.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(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 Noncash (Complete Part II for noncash contributions.)
(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 Complete Part II for noncash contributions.)

Name of organization

J. WILLIAM & ELIZABETH S. ROBINSON

FOUNDATION, INC.

Employer identification number

58-1708251

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number J. WILLIAM & ELIZABETH S. ROBINSON FOUNDATION, 58-1708251 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the 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). Part III 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. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift 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

3 Grants and Contributions Paid During the Y				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
HISTORIC OAKLAND FOUNDATION	NONE	PUBLIC	FOR THE PROMOTION OF	
48 OAKLAND AVE SE			EDUCATIONAL	
ATLANTA, GA 30312			DEVELOPMENT	1,000
NEWBORN UNITED METHODIST CHURCH	NONE	CHURCH	FOR RELIGIOUS SUPPORT	
118 CHURCH STREET, PO BOX 53				
NEWBORN, GA 30056				10,000
NORTH GA. UNITED METHODIST FOUNDATION	NONE	CHURCH	FOR RELIGIOUS SUPPORT	
L5 TECHNOLOGY PARKWAY	NONE	CHOKCH	FOR RELIGIOUS SUFFORT	
NORCROSS, GA 30092				2,500
		į		
ODYSSEY	NONE	SCHOOL	FOR THE PROMOTION OF	
1424 WEST PACES FERRY ROAD ATLANTA, GA 30327			EDUCATIONAL DEVELOPMENT	1,000
ATIMITA, GA 30321			DEVELOPMENT	1,000
PEACHTREE ROAD UNITED METHODIST	NONE	сниксн	FOR RELIGIOUS SUPPORT	
CHURCH				
3180 PEACHTREE ROAD ATLANTA, GA 30305				23,000
REGIONAL COUNCIL OF CHURCHES	NOVE	auunau	EOD DEL TOTOUS SUPPORM	
2195 DEFOOR HILLS RD NW	NONE	CHURCH	FOR RELIGIOUS SUPPORT	
ATLANTA, GA 30318				1,000
SPRINGFIELD MISSIONARY BAPTIST CHURCH	NONE	CHURCH	FOR RELIGIOUS SUPPORT	
1730 HOLLYWOOD ROAD, N.W.				
ATLANTA, GA 30318				2,500
ST. MARY'S EPISCOPAL DAY SCHOOL	NONE	CHURCH	FOR RELIGIOUS SUPPORT	
2744 PEACHTREE ROAD NORTHWEST ATLANTA, GA 30305				2,500
				-1
THE WESTMINSTER SCHOOLS	NONE	school	FOR THE PROMOTION OF	
1424 WEST PACES FERRY ROAD			EDUCATIONAL	
ATLANTA, GA 30327			DEVELOPMENT	10,000
UNITED METHODIST HIGHER EDUCATION	NONE	PUBLIC	BISHOP WATSON	
FOUNDATION			SCHOLARSHIP FUND	
PO BOX 340005 NASHVILLE, TN 37203				5,000
Total from continuation sheets				109,500

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
' Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
VANDERBILT UNIVERSITY	NONE	UNIV.	FOR THE PROMOTION OF	
2201 WEST END AVENUE			EDUCATIONAL	
NASHVILLE, TN 37212			DEVELOPMENT	1,0
WASHINGTON UNIVERSITY	NONE	UNIV.	FOR THE PROMOTION OF	
1 BROOKINGS DRIVE			EDUCATIONAL	
ST. LOUIS, MO 63130			DEVELOPMENT	2,0
WOFFORD COLLEGE	NONE	UNIV.	FOR THE PROMOTION OF	
429 NORTH CHURCH STREET			EDUCATIONAL	
SPARTANBURG, SC 29303			DEVELOPMENT	2,0
YOUNG HARRIS COLLEGE	NONE	UNIV.	FOR THE PROMOTION OF	
1 COLLEGE STREET			EDUCATIONAL	10.0
YOUNG HARRIS, GA 30582			DEVELOPMENT	10,0
WESLEYAN SCHOOL	NONE	SCHOOL	FOR THE PROMOTION OF	
5405 SPALDING DRIVE			EDUCATIONAL	
PEACHTREE CORNERS, GA 30092			DEVELOPMENT	5,0
SANTA BARBARA MUSEUM OF NATURAL	NONE	PUBLIC	FOR THE PROMOTION OF	
HISTORY			EDUCATIONAL	
2559 PUESTA DEL SOL			DEVELOPMENT	E 0
SANTA BARBARA, CA 93105				5,0
CROSSROADS COMMUNITY MINISTRIES	NONE	сниксн	FOR RELIGIOUS SUPPORT	
435 PEACHTREE STREET ST NE ATLANTA, GA 30308				1,0
COVINGTON FIRST UNITED METHODIST	NONE	CHURCH	FOR RELIGIOUS SUPPORT	
CHURCH				
1113 CONYERS STREET NW				E 0
COVINGTON, GA 30014				5,0
CITZEN SCHOOLS	NONE	SCHOOL	FOR THE PROMOTION OF	
308 CONGRESS STREET, 5TH FLOOR			EDUCATIONAL DEVELOPMENT	F 2
BOSTON, MA 02210			DEVELOPMENT	5,0
CARE AND COUNSELING CENTER OF GEORGIA	NONE	PUBLIC	FOR THE PROMOTION OF	
1814 CLAIRMONT RD			EDUCATIONAL	
DECATUR, GA 30033  Total from continuation sheets			DEVELOPMENT	15,0

FORM 990-PF INTERES	ST ON SAVIN	GS AND TE	MPORA	RY CASH	INVESTMENTS	STATEMENT	1
SOURCE	REV	(A) REVENUE NE PER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTEI NET INCOI		
MERRILL LYNCH		<del></del>	41	1.	411.		
TOTAL TO PART I, LI	NE 3		411.		411.		
FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SEC	URITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOK			
DIVIDENDS	96,460.		0.	96,46	0. 96,40	60.	
TO PART I, LINE 4	96,460.		0.	96,46	96,40	60.	
FORM 990-PF		OTHER	INCOM	E		STATEMENT	3
DESCRIPTION			REV	A) ENUE BOOKS	(B) NET INVEST- MENT INCOM		
OTHER INCOME K1 PASSTHROUGH				-226. -3,236.			
TOTAL TO FORM 990-P	F, PART I,	LINE 11		-3,462.	-3,462	2.	
FORM 990-PF	· · · · · · · · · · · · · · · · · · ·	ACCOUNT	ING F	EES		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME			
PROFESSIONAL FEES		5,025		0	•	5,0	025.
TO FORM 990-PF, PG	1, LN 16B	5,025		0	•	5,0	025.

TOTAL TO FORM 990-PF, PART III, LINE 3

FORM 990-PF	OTHER PROFES	SIONAL FEES	S	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ADMINISTRATIVE FEES PORTFOLIO DEDUCTIONS INVESTMENT FEES	12,049. 1,438. 29,733.			12,049.		
TO FORM 990-PF, PG 1, LN 16C	43,220.	31,171.		12,049.		
FORM 990-PF	TAX	ES	£	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FOREIGN TAXES TAXES	920. 1,607.	920.		0.		
TO FORM 990-PF, PG 1, LN 18	2,527.	920.		0.		
FORM 990-PF OTHER INCREASE	S IN NET ASS	ETS OR FUND BA	LANCES S	STATEMENT 7		
DESCRIPTION				AMOUNT		
NONTAXABLE DIVIDENDS UNREALIZED INCOME/LOSS FROM	PASS-THRU		_	1,210. 10,117.		

11,327.

TOTAL TO FORM 990-PF, PART II, LINE 10C

FORM 990-PF U.S. AND STATE/CITY GOV	JERNMENT	OBLIGATIONS	STATEMENT 8
DESCRIPTION GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
VANGUARD GMA FUND INVESTORS	<u>x</u>	0.	0.
TOTAL U.S. GOVERNMENT OBLIGATIONS	-		, , , ,
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIC	GATIONS		
TOTAL TO FORM 990-PF, PART II, LINE 10A	•	0.	0.
	:		
FORM 990-PF CORPORATE	STOCK		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
VANGUARD 500 INDEX MERRILL LYNCH STOCKS MERRILL LYNCH MUTUAL FUNDS VANGUARD SHORT- TERM		342,167. 1,375,231. 813,662. 260,274.	661,382. 1,806,081. 913,145. 259,066.
TOTAL TO FORM 990-PF, PART II, LINE 10B		2,791,334.	3,639,674.
FORM 990-PF CORPORATE	BONDS		STATEMENT 10
DESCRIPTION	-	BOOK VALUE	FAIR MARKET VALUE
VANGUARD BONDS MERRILL LYNCH BONDS		0. 6,928.	7,113

6,928.

7,113.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH ALTERNATIVE	COST	439,732.	465,170.
TOTAL TO FORM 990-PF, PART II, LINE	13	439,732.	465,170.