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

OMB No 1545-0052

Open to Public Inspection

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	calenc	dar year 2014 or tax year beginning , a	and ending				
Na	me of fou	undation			A Emplo	oyer Identification number	
T	HE	BEARD-PAYNE FAMILY FOUNDATION	1		26	-1441249	
		street (or P O box number if mail is not delivered to street address)		om/suite	B Telep	hone number (see instructions	s)
		EAST BROOKHAVEN DRIVE, N.E.			40	4-261-9496	
		s, state or province, country, and ZIP or foreign postal code			C If exer	nption application is pending,	check here
	TLA		<del></del>			, , , , , , , , , , , , , , , , , , ,	
G (	Check a		rn of a former public ch	arity	<b>D</b> 1 Fo	reign organizations, check he	re 🕨
		Final return Amended				reign organizations meeting t	
		X Address change Name cha			85	% test, check here and attach	computation •
<u>H</u> (	Check t	type of organization 🏻 Section 501(c)(3) exempt private	foundation		-	ate foundation status was tern	ninated under
	Section		e private foundation		sectio	n 507(b)(1)(A), check here	<b>&gt;</b> _
l F	aır mar	ket value of all assets at J Accounting method	X Cash Accr	rual		foundation is in a 60-month te	L 1
	•	ear (from Part II, col_(c), Other (specify)			under	section 507(b)(1)(B), check h	ere
	ne 16)		be on cash basis)				
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions) )	books	incom	9	≀ncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	134,873	···			
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments	1		1	1	
	4	Dividends and interest from securities	1,223		1,223	1,223	
	5a	Gross rents					
a	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	43,648				
Š	b	Gross sales price for all assets on line 6a 208,814					
Re	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	•
	9	Income modifications		•••••			
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold		<u>.</u>			
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	179,745	_	1,224	1,224	
S	13	Compensation of officers, directors, trustees, etc	0				
enses	14	Other employee salaries and wages					
Ò	15	Pension plans, employee benefits					
Ж	16a	Accounting fees (attach-schedule) Stmt 2	2,100		950		
Ve.	b	Other professional fees (attach schedig)	2,100			-,	
ati	17	Interest MAV I S 2015	1	<u> </u>	1		
str	18	Taxes (attach schedule) (see instructions) Stmt 3	52		22		
Ξ.	19	Depreciation (attach schedule) and depletion					
ᄩ	20	Occupancy SUEN, UT					
Ă	21	Travel, conferences, and meetings					
and Administrative Exp	22	Printing and publications					
g B	23	Other expenses (att sch) Stmt 4	212		212		
Operating	24	Total operating and administrative expenses.					
, a		Add lines 13 through 23	2,365		1,185	0	0
ğ	25	Contributions, gifts, grants paid	200,635				200,635
_	26	Total expenses and disbursements. Add lines 24 and 25	203,000		1,185	0	200,635
	27	Subtract line 26 from line 12	-				
	a	Excess of revenue over expenses and disbursements	-23,255	·			
	b	Net investment income (if negative, enter -0-)			39		
	c	Adjusted net income (if negative, enter -0-)				1,224	

	Fatt it! Analysis of Changes in Net Assets of Fund Balances		
1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	102,249
2	Enter amount from Part I, line 27a	2	-23,255
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	78,994
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	78,994

Analysis of Changes in Not Access on Friend Delances

Part IV Capital Gains a	nd Losses for Tax on Investm	ent Income				
(a) List and desc	ribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P = Purchase D = Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr )
1a N/A						
b						
С						
d						
e		· · · · · · · · · · · · · · · · · · ·				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	r other basis ense of sale		(h) Gain (e) plus (f)	
a						·
b	<u></u>					
С						
d	<u> </u>				<del></del>	
е		L				
Complete only for assets showing	g gain in column (h) and owned by the fo	undation on 12/31/6	9			(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	ss of col (i) I (j), if any	col (	(k), but not I Losses (fro	ess than -0-) or om col (h))
а			,			
b						
С						
е	<u>_</u>	L				
, , ,	apital loss)  If gain, also enter in If (loss), enter -0- in ss) as defined in sections 1222(5) and (6 column (c) (see instructions) If (loss), e	Part I, line 7		2		
Part I, line 8				3		
Control of the Contro	nder Section 4940(e) for Reduc	red Tax on Net	Investment Inco	<del></del>		<del></del>
	nis part blank tion 4942 tax on the distributable amount lify under section 4940(e). Do not comple	• •	ase period?			Yes X No
1 Enter the appropriate amount in	each column for each year, see the instru	uctions before makin	g any entries			
(a)  Base period years  Calendar year (or tax year beginning in	(b)		(c) e of noncharitable-use asse	ts		(d) ribution ratio divided by col. (c))
2013		,388	538,	421	(60) (6) 6	0.914504
2012		,995	549,			0.316765
2011		,833	<u> </u>			0.020,00
2010		,590				
2009		,270	685,	509		0.258596
2 Total of line 1, column (d)				2		1.489865
	5-year base period – divide the total on li	ne 2 by 5, or by the				
_	has been in existence if less than 5 years			3	<del>                                     </del>	0.496622
4 Enter the net value of noncharita	ble-use assets for 2014 from Part X, line	5		4	<u> </u>	136,781
5 Multiply line 4 by line 3				5		67,928
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6_		
7 Add lines 5 and 6				7	<u> </u>	67,928
8 Enter qualifying distributions from				8		200,635
If line 8 is equal to or greater that Part VI instructions	n line 7, check the box in Part VI, line 1b,	and complete that p	eart using a 1% tax ra	te See the		

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)	<del>-1</del>	_,_		
1a					
	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 ▶ X and enter 1% of Part I, line 27b				
С	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-)				0
3	Add lines 1 and 2				0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				- 0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	<u> </u>			
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014  6a				
b	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)  6c				
d -	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_			
10		<del></del>			
11 Do		<u>!                                    </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	··	···········	Yes	No
1a	participate or intervene in any political campaign?		1a	163	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		- ' -		
U	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		-10		
	published or distributed by the foundation in connection with the activities				
С	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		.,		
u	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
·	on foundation managers > \$				
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				
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
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	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?		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)				
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) of each state as required by General Instruction G? If "No," attach explanation		8b		X
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 2014 or the taxable year beginning in 2014 (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," attach a schedule listing their	_			
	names and addresses	N/A	10		
		F	orm <b>9</b> 9	0-PF	(2014)

<ul> <li>Part VII-B Statements Regarding Activities for Which Form</li> <li>During the year did the foundation pay or incur any amount to</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li> <li>(2) Influence the outcome of any specific public election (see section 4955), or directly or indirectly, any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes</li> </ul>	n 4945(e))?				
<ul> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li> <li>(2) Influence the outcome of any specific public election (see section 4955), of directly or indirectly, any voter registration drive?</li> </ul>					1
(2) Influence the outcome of any specific public election (see section 4955), of directly or indirectly, any voter registration drive?		1			1
directly or indirectly, any voter registration drive?	or to carry on,		res X No		
			(==)		
(3) Provide a grant to an individual for travel, study, or other similar purposes		<del>ہے</del>	∕es X No		
• • • • • • • • • • • • • • • • • • • •		[ ] \	res 🗓 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in	_	<del></del>		
section 4945(d)(4)(A)? (see instructions)		\ \\	res X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational		G-3		
purposes, or for the prevention of cruelty to children or animals?			res X No		
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify ur	•	scribed in	4-		
Regulations section 53 4945 or in a current notice regarding disaster assistan			N/A	5b	
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?		N/A 📗	res No		
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?		\	res X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contra	ct?		6b	X
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?	<u> </u>	res X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Part VIII Information About Officers, Directors, Trustees,	Foundation Mana	agers, Highly	Paid Employ	ees,	
and Contractors					
1 List all officers, directors, trustees, foundation managers and their compe	ensation (see instruc	tions).			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
MARTHA B. PAYNE ATLANTA	PRESIDENT		<u> </u>	-	
4130 EAST BROOKHAVEN DRIVE, N.E. GA 30319	0.00	o	o		(
WILLIAM P. PAYNE ATLANTA	SECRETARY			<b></b>	·
4130 EAST BROOKHAVEN DRIVE, N.E. GA 30305	0.00	o	o		
TISO EAST BROOMINGER DRIVE, N.E. GA 30303	0.00				
<del></del>					
Compensation of five highest-paid employees (other than those include "NONE."	ed on line 1 – see ins	tructions). If non	e, enter		
(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 deferred compensation		ense account, allowances
NONE					
		-			
otal number of other employees paid over \$50,000			L	<u> </u>	

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Part VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 Five high	est-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	f others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A	Summary of Direct Charitable Activities		
	i's four largest direct charitable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A			
2			
3			
J			
4			
Part IX-B	Summary of Program-Related Investments (see inst	tructions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program-	related investments. See instructions		
3			
Total. Add lines	s 1 through 3	<b></b>	

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

Amounts set aside for specific charitable projects that satisfy the
 Suitability test (prior IRS approval required)
 Cash distribution test (attach the required schedule)
 Qualifying distributions, Add lines 1a through 3b. Enter here and on Part V. line 8, and Part XIII. line

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4
 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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200,

200,635

2

За

3b

4

ra	rt XIII Undistributed income (see instructions	) 		· · · · · · · · · · · · · · · · · · ·	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
_	line 7				6,839
2	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only				
	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2014				
	From 2009 143,053	t i			
	From 2010 157, 637	<del>1</del> }			
	From 2011 146,885	1 1			
	From 2012 146, 631				
	From 2013 465,511	1,059,717			
	Total of lines 3a through e	1,039,717			
4	Qualifying distributions for 2014 from Part XII,				
_	Ine 4 ▶ \$ 200,635				
	Applied to 2013, but not more than line 2a				
D	Applied to undistributed income of prior years				
_	(Election required – see instructions)				
Ç	Treated as distributions out of corpus (Election				
_	required – see instructions)				6 020
	Applied to 2014 distributable amount	193,796			6,839
	Remaining amount distributed out of corpus  Excess distributions carryover applied to 2014	193,196			
5	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
U	indicated below:				
9	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,253,513			
	Prior years' undistributed income Subtract	1,233,313			
	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable		<del></del>		
_	amount – see instructions				
е	Undistributed income for 2013 Subtract line				
•	4a from line 2a Taxable amount – see				
	Instructions				
f	Undistributed income for 2014 Subtract lines			***************************************	
	4d and 5 from line 1. This amount must be				
	distributed in 2015				o
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)	143,053		,	
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	1,110,460			
0	Analysis of line 9				
а	Excess from 2010 157, 637				
b	Excess from 2011 146,885				
С	Excess from 2012 146,631				
d	Excess from 2013 465,511				
е	Excess from 2014 193,796				
					OOO DE

26-1441249

Form 990-PF (2014) THE BEARD-PAYNE FAMILY FOUNDATION

3 Grants and Contributions Paid During the	e Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
See Statement 6				
				200 62
				200,63
			1	
			1	
			1	
			1	
				222 62
Total b Approved for future payment	<u> </u>		<b>&gt;</b> 3a	200,63
N/A				
<b>/</b>				
Total	L		<b>A</b> 21:	<del></del>
Total			<b>▶</b> 3b	000 DE

1	art XVI-A	Analysis of Income-Producing Act	tivities				
En	ter gross amo	unts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	1-1
		•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program ser	vice revenue					(See instructions )
	a						
	b						
	c						
	d						
					ļ		
	f				<b>.</b>		
	g Fees an	d contracts from government agencies			ļ		
		dues and assessments	<del></del>	<u> </u>	ļ		
3		avings and temporary cash investments			<u> </u>		1
4		nd interest from securities			-		1,223
5		come or (loss) from real estate					
		anced property			1	· · · · · · · · · · · · · · · · · · ·	
_		-financed property			-		
		come or (loss) from personal property			-	\	
	Other invest		<del> </del>				
		from sales of assets other than inventory					43,648
		or (loss) from special events			-		
		or (loss) from sales of inventory					
11		ue a	-				·····
					<del> </del>	-	
12	e	d columns (b), (d), and (e)		C	,	0	44,872
		ne 12, columns (b), (d), and (e)	<u> </u>	<u></u>	<u>′I</u>	13	44,872
		in line 13 instructions to verify calculations)				13	44,672
	Part XVI-B	Relationship of Activities to the Ac	ccomplishm	ent of Exempt P	urnose	<u> </u>	<del></del>
_	Line No.	Explain below how each activity for which income					
	▼	accomplishment of the foundation's exempt purpo					ns)
	N/A						
		·					
_							
_							
_							
			-,				
_							
_					· · · · · · · · · · · · · · · · · · ·		
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						<del></del>	
						· · · · · · · · · · · · · · · · · · ·	
						<u>.</u>	
_							

Part )	(VII	Information Regardante		ansfers To a	and Transaction	ons and Relationships Wi	th Noncharitable	<del>,</del>	<u> </u>	, ,
1 Dic	the orga	ınızatıon directly or indi	rectly engag	e in any of the f	following with any o	other organization described			Yes	No
	section 50 janization		r than sectio	n 501(c)(3) org	anizations) or in se	ction 527, relating to political				
_		om the reporting found	ation to a no	ncharitable exe	mnt organization o	f				
	Cash	om the reporting round		nonantable exc	mpt organization o	•		a(1)	1	X
	Other a	ssets						a(2)		X
	ner transa						ļ <del>.</del>	<del>-/-/ </del>		
		f assets to a noncharita	able exempt	organization			1	b(1)	1	X
		ses of assets from a no		=	ation		_	b(2)		$\overline{\mathbf{x}}$
		of facilities, equipment,						b(3)		X
		rsement arrangements						b(4)		x
		r loan guarantees					_	b(5)		X
(6)	Perform	ance of services or me	embership or	fundraising sol	ıcıtatıons		1	b(6)		X
c Sh	aring of f	acılıtıes, equipment, ma	ailing lists, ot	her assets, or p	aid employees			1c		X
d If th	ne answe	er to any of the above is	s "Yes," comp	olete the following	ng schedule Colur	nn (b) should always show the fai	r market			
val	ue of the	goods, other assets, o	r services giv	ven by the repo	rting foundation If	the foundation received less than	fair market			
val	ue in any	transaction or sharing	arrangemen	t, show in colur	nn (d) the value of	the goods, other assets, or service	es received			
	ne no	(b) Amount involved	(c) Name	of noncharitable ex	empt organization	(d) Description of transfers, tr	ansactions, and sharing arrar	ngemen	nts	
I/A					<del>.</del>		<u> </u>			
	<del></del>						<del></del>			
			ļ	······································		<del> </del>				
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		ation directly or indirects section 501(c) of the 0	•	•	•	, •			s X	NI-
		nplete the following sch	•	nan sedion su	· (O/(O/) OF HESECTIO	n var :	L	_] Ye	9 <u>41</u>	No
		a) Name of organization	104410	(b) Type	of organization	(c) Descrip	ption of relationship			
N/		-					·			
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						dules and statements, and to the best of my thich preparer has any knowledge	knowledge and belief, it is to	ue,		
		To domption a domain of p	oparor (outor un	a		mar proparat has any mismeage	May the IRS discuss			
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	_	MUMAC		Jugi		<del>/ - / /</del>	IDENT			
	Ţ <u>*</u>	ature of officer or trustee			Dat	Title	<del></del>	<del></del>		
	Print/Ty	pe preparer's name			Preparer's signati	ire	Date	ا/	Check	
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se Only	Firm's r		Windwa		Suite 12	<u> </u>	PTIN P009			
	Firm's a		windwa retta,	_	Suite 12. 005-8860	4	Firm's EIN ▶ 46-4  Phone no 404-			
		vrbiic	<u></u>	<u> </u>	<del>555</del> 566		Phone no 404-	23	, -5	

### 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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

THE BEARD-PAYNE FAMILY FOUNDATION

Employer identification number

26-1441249

Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, •	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
-	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a abutions.					
Special Rules						
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II					
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributor, during the y contributions totaled me during the year for an e General Rule applies t	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, t 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 ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

Name of organization

THE BEARD-PAYNE FAMILY FOUNDATION

Employer identification number 26-1441249

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed						
(a)	, (b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1	William P. Payne Martha B. Payne 4130 East Brookhaven Drive, N.E. Atlanta GA 30319	\$ 37,500	Person X Payroll Noncash (Complete Part II for				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions )  (d)  Type of contribution				
2	William P. Payne Martha B. Payne 4130 East Brookhaven Drive, N.E. Atlanta GA 30319	\$ 97,373	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person Payroli Noncash (Complete Part II for noncash contributions)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions)				

THE BEARD-PAYNE FAMILY FOUNDATION

Employer identification number 26-1441249

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions) Use duplicate	copies	of Part II if additional spa	ce is needed.
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
2	Vanguard Div Apprciation-230 Shs			
		\$	18,223	11/05/14
a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
2	JPMorgan Chase & Co-1310 Shares			
		\$	79,150	11/13/14
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
		\$		

## Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

Des	Description		How Received				•
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
MainStay Marketfield	Fd Cl I 12/04/13	2/05/14 \$	Purchase 3 \$	<i></i> 87		S	\$
General Electric Co	8/07/08	5/05/14	Purchase	34.007			19, 181
MainStay Marketfield	Fd Cl I		Purchase	0 0 0 0			001 0
Vanguard Large Cap. VV		7/02/14	20,408 Purchase	74,360			7, 108
Vangbard Large Cap. VV	9/30/13 V	3/18/14	301 Pirchase	283			18
	10/14/08	3/18/14	4, 687 Durchass	2,466			2,221
valiguatu natge cap. v	4/01/14	4/10/14	106	109			£-
Beck Mack and Oliver Partners Various		Fd. 4/25/14	Purchase 1,793	1,700			66
Vanguard Large Cap. V	$-\infty$	4/10/14	Purchase 1,413	757			656
Beck Mack and Oliver Partners 1/30/13	Partners I 1/30/13	Fd. 4/25/14	Purchase 8,207	7,423			784
Vanguard Large Cap. VV	7/01/14	10/03/14	Purchase 223	223			
Vanguard Large Cap. VV Vanguard Div Annociati	14/08	10/03/14	furchase 4,809	2,422			2,387
valiguatu biv Appiciation 6/	6/30/14	11/05/14	2, 564	2,472			92
BeckMack and Oliver Partners	artners 1/30/13	11/04/14	Purchase 19,036	17,952			1,084
Vanguard Large Cap. VV	V 10/14/08	11/04/14	Purchase 20,360	9,973			10,387
Vanguard Div Apprciation Var	ious	11/05/14	Purchase 5,670	4,379			1,291
officigaii ciiase a co	5/20/09 11/28/14	11/28/14	59, 986	56,637			3,349

## Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets (continued)

	,	Net	Gain / Loss	43,648
			Depreciation	0
			Expense	\$ 0
		ı	Cost	165,166 \$
How	Received	Sale	Price	208,814 \$
		ate	Sold	ν, 
			ı	
	Description	Date	Acquired	
		Whom	Sold	Total

## Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	φ.	\$	
Adjusted Net		0	
	৵	w.	
Net Investment	950	950	
Inve	\$	S.	
Total	2,100	2,100	
ļ	တ	φ.	
Description	ACCOUNTING	Total	

## Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	\$	\$
Adjusted Net	\$	\$
Net Investment	22	22
=	ᡐ	w.
Total	52	52
	φ	w.
Description		Total

## Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	<i>ა</i>	\$
Adjusted Net	vs	\$
Net Investment	\$ 212	\$ 212
Total	\$ 212	\$ 212
Description	Expenses INVESTMENT ADVISORY FEES	Total

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1 990-PF, Part II,
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Fair Market Value	\$ 19,963	\$ 30,189
Basis of Valuation	Cost Cost Cost Cost	Cost
End of Year	19,274	9,983
'	٠ V	'ഗം"
eginning of Year	14,323 30,450 27,075 24,363	96,211
ш <sup>-</sup>	<sub>የ</sub>	w
Description	VANGUARD LARGE CAP COMMON STOCK-GENERAL ELECTRIC CORP BECK MACK & OLIVER PARTNERS FD MAINSTAY MARKETFIELD FUND	VANGUARD DIV APPRCIATION Total

# Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name Address	Relationship	Address Status	Purpose	Amount
Holy Innocents' Parents Assn. Atlanta GA 30327		Vernon Hwy. NW		2,500
American Heart Assn. Marietta GA 30067	1101 North	1101 Northchase Pkwy. SE		
Georgia English Bulldog Rescue Winder GA 30680	P.O. Box 1097	797		200
Grady Health Foundation Atlanta GA 30303	191 Peachtree St.	ree St. NE		
The Schenck School Atlanta GA 30327	282 Mt. Pa	Paran Rd. NW		
Peachtree Presbyterian Church Atlanta GA 30305	3434 Roswell Rd.	11 Rd. NW		
Georgia Health Sciences Augusta GA 30912	1120 15th	th St. Fl-1000		
Mt. Paran Church Atlanta GA 30327	2055 Mt. P	Paran Rd. NW		
Friends of Sulgrave Manor Albany GA 31707	608 N. Ing	Ingleside Dr.		25
IAM, Inc Moultrie GA 31776-2122	P.O. Box 2	2122		
Foundation of Wesley Woods Atlanta GA 30329	1817 Clift	ifton Rd. NE		

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# Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address		
Address	Relationship Status	Purpose	Amount
Alpharetta 1st United Methodist	Ch 69 N. Main St.		
	69 N. Main St.		000
Nat'l Society of Colonial Dames Savannah GA 31401	329 Abercorn St.		185
Grand Teton Nat'l Park Foundat. Moose WY 83012	P.O. Box 249		100
Women's Resource Center Decatur GA 30031	P.O. Box 171		) )
Columbia Theological Seminary Decatur GA 30031	P.O. Box 520		005
Marist School Atlanta GA 30319	3790 Ashford Dunwoody Rd.	Rd.	6.100
Teach for America Atlanta GA 30309	10 Peachtree Place, 7	7th F	
Peachtree Presbyterian Church Atlanta GA 30305	3434 Roswell Rd. NW		
Ovarian Cancer Institute	960 Johnson Ferry Rd.		
Peachtree Christian Hospice Duluth GA 30096	3430 Duluth Park Lane		
Emory University Atlanta GA 30322	1762 Clifton Rd.		005 6
Shepherd Center Foundation Atlanta GA 30309	2020 Peachtree Rd. NW	72	300.
Presbyterian Homes of Ga Quitman GA 31643	P.O. Box 926		
Univ of Texas at Austin Austin TX 78713	P.O. Box 7458		
Peachtree Presbyterian Church Atlanta GA 30305	3434 Roswell Rd. NW		125.000
Vinings Historic Preservation Soc Atlanta GA 30339	3010 Paces Mill Rd.		
	282 Mt. Paran Rd. NW		1,750

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# Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address		•
Address	Relationship Status	Purpose	Amount
PATH Foundation	P.O. Box 14327		
Atlanta GA 30324			200
The Ga Historical Society	501 Whitaker St.		(
Savannah GA 31401	7 0 0		2,500
Community file. 101 NE Georgia Duluth GA 30097	ooud sugarical PKWy.		
IAM, Inc.	P.O. Box 2122		
Moultrie GA 31776			250
Women's Resource Center	P.O. Box 171		L (
Decatur GA 30031			175
Thornwell Home for children Clinton SC 29325	302 S. Broad St.		
Salvation Army	1000 Center Place		
Norcross GA 30093			
Cancer Support Community	5775 Peachtree Dunwoody R		
Grady Health Foundation	191 Peachtree St. NF		
Atlanta GA 30303			
Darlington School	1014 Cave Spring Rd.		
Rome GA 30161			200
National Alliance on Mental Illness	3 Central Plaza, Box 317		-
Kome GA 30161			001
Mercer University Press Macon GA 31207	1400 Coleman Ave		
Fernbank Museum	767 Clifton Road, N. E.		
			250
Cathedral of Saint Phillip	2774 Peachtree Street		
Atlanta GA 30305			200
First Presbyterian Church Atlanta GA 31768	501 First Street		1.000
Arthritis Foundation of Alabama	2700 Highway		
Mtn. Brook AL 35223			200
University of Ga. Athletic Assoc. Athens GA 30603	P. O. Box 1472		8,000
Get Your Guts in Gear, Inc.	1000 N. Division Street		
10			2,000

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# Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Ac	Address		•
Address	Relationship	Status	Purpose	Amount
Ga. Regents University-J. Beard Sch 1120 15th Street	Sch 1120 15th S	treet		
Augusta GA 30912				72,000
A Blessing to the Nations	118 Timberlost Trail	ost Trail	,	
Suwanee GA 30024				250
Skyland Trail	North Druid	North Druid Hills Road		
Atlanta GA 30303				100
King's Ridge Christian School	2765 Bethany Road	y Road		
Alpharetta GA 30005				15,000
Anne's Bikes for Children Foundatio Main Str	atio Main Street			
Moultrie GA 31768				200
Special Olympics of Ga.				
Atlanta GA				100
Extra Special People				
Atlanta GA				300
Total				200, 635