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Department of the Treasury

Internal Revenue Service

#### DLN: 93491207006166

OMB No 1545-0052

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at  $\underline{www.irs.gov/form990pf}$ .

Open to Public

							<b>-</b>
For	cale	ndar year 2015, or tax y	ear beginning 01-0	1-2015	, and ending	12-31-2015	
	e of four	ndation MB FAMILY FOUNDATION INC			A Employer i	identification numbe	er
31	INCITCO	IND FAMILY FOUNDATION INC			20-4003704		
		street (or P O box number if mail is	not delivered to street address)	Room/suite	<b>B</b> Telephone n	umber (see instruction	5)
38	17 SWEE	ET BOTTOM DRIVE			(678) 551-43	42	
Cıty	or town,	state or province, country, and ZIP o	r foreign postal code		C If exemption	on application is pendin	g, check here 🕨 🦵
DUL	JTH, GA	300963159					
G CI	neck al	that apply Initial return	Initial return of a fo	ormer public charity	<b>D 1.</b> Foreian	organizations, check he	ere ▶ □
		Final return Address chang	A mended return  Je Name change		<u> </u>	organizations meeting	•
H C h	neck tv	pe of organization Section	•	foundation		eck here and attach co foundation status was t	
		1947(a)(1) nonexempt charital	ole trust 「Other taxable	e private foundation		on 507(b)(1)(A), chec	k here 🕨
		et value of all assets at end	JAccounting method Other (specify)	✓ Cash Accrual	F II the loui	dation is in a 60-month	
		rom Part II, col. (c), \$ 2,875,329	(Part I, column (d) must	be on cash basıs.)	under sect	юп 507(b)(1)(B), chec	k liele F j
Pa	rt I	Analysis of Revenue a	ind Expenses	Revenue and	<u> </u>		Disbursements
		(The total of amounts in columns ( necessarily equal the amounts in c		expenses per	Net investment (b) income	Adjusted net (c) income	for charitable purposes
		ınstructions) )	. , ,	(a) books		, ,	(d) (cash basis only)
	1	Contributions, gifts, grants, e					
	_	schedule)		68,000			
	2	Check ► ☐ If the foundation Sch B	is <b>not</b> required to attach				
	3	Interest on savings and temp	orary cash investments	17,966	17,96	17,966	
	4	Dividends and interest from s	•	47,265	47,26	<u> </u>	
	5a	Gross rents		,	,	,	
	ь	Net rental income or (loss) _					
Φ	6a	Net gain or (loss) from sale o	fassets not on line 10	81,895			
Revenue	ь	Gross sales price for all asse	ts on line 6a				
	7	620,554 Capital gain net income (from	n Part IV. line 2)		81,89	95	
	8	Net short-term capital gain .			,	394	
	9	Income modifications					
	10a	Gross sales less returns and					
		allowances					
	b	Less Cost of goods sold.					
	C	Gross profit or (loss) (attach					
	11	Other income (attach schedu	<i>'</i>	215,126	147,12	65,625	
	12	<b>Total.</b> Add lines 1 through 11 Compensation of officers, dire		215,126	147,12	05,025	
	14	Other employee salaries and					
ø	15	Pension plans, employee ben				+	
3.e	16a	Legal fees (attach schedule).					
Expenses	ь	Accounting fees (attach sche	edule)	5,830	2,91	.5	2,915
	c	Other professional fees (atta	ch schedule)	20,073	20,07	'3	
Administrative	17	Interest					
in in	18	Taxes (attach schedule) (see	e instructions)	6,108	53	36	
Ē	19	Depreciation (attach schedul	e) and depletion				
틛	20	Occupancy					
ο Α	21	Travel, conferences, and mee	etings				
and	22	Printing and publications					
Ē	23	Other expenses (attach sche					
y at	24	Total operating and administ	-				
Operating		Add lines 13 through 23		32,011	23,52	4	2,915
_	25	Contributions, gifts, grants p		123,820			123,820
	26	<b>Total expenses and disbursen</b> 25	nents.Add lines 24 and	155,831	23,52	4	126,735
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expen		59,295			
	b	Net investment income (if ne			123,60		
	l c	Adjusted net income(if negat	ive, enter -0-)			65,625	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	·
	1	Cash—non-interest-bearing	(a) Book Value 161,031	<b>(b)</b> Book Value 146,652	(c) Fair Market Value 146,652
	2	Savings and temporary cash investments	101,001	1.0,032	1.0,032
	3	Accounts receivable			
	3	Less allowance for doubtful accounts			
	4	Pledges receivable			
	4	Less allowance for doubtful accounts -			
	_	Grants receivable			
	5	<u>-</u>			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	_	Less allowance for doubtful accounts -			
۲	8	Inventories for sale or use		2.424	
Assets	9	Prepaid expenses and deferred charges	447.040	2,124	270 444
∢	10a	Investments—U S and state government obligations (attach schedule)	447,943	274,411	
	b	Investments—corporate stock (attach schedule)	1,642,794		
	C	Investments—corporate bonds (attach schedule)	328,076	217,093	220,928
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule)			
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	2,579,844	2,641,799	2,875,329
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Liat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here 🕨 🔽			
Fund Balances		and complete lines 24 through 26 and lines 30 and 31.			
añ	24	Unrestricted	2,579,844	2,641,799	
<u>8</u>	25	Temporarily restricted			
됟	26	Permanently restricted			
臣		Foundations that do not follow SFAS 117, check here 🕨 🦵			
9		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
ď	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	2,579,844	2,641,799	
_	31	Total liabilities and net assets/fund balances(see instructions)	2,579,844	2,641,799	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	•		
1		Total net assets or fund balances at beginning of year—Part II, column (	a), line 30 (must ag	ree	
		with end-of-year figure reported on prior year's return)			2,579,844
2		Enter amount from Part I, line 27a		<u> </u>	59,295
3		Other increases not included in line 2 (itemize)			2,660
4		Add lines 1, 2, and 3		4	2,641,799
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)—Pa		ne 30 . <b>6</b>	2,641,799

Form 9	90-PF (2015)					Page <b>3</b>
Part	IV Capital Gains and Lo	osses for Tax on Investn	nent Income	:		
		nd(s) of property sold (e g , real e , or common stock, 200 shs ML		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	SEE ATTACHED MORGAN	STANLEY 121742		Р	2015-01-01	2015-12-31
ь	SEE ATTACHED MORGAN	STANLEY 121742		Р	2014-01-01	2015-12-31
С	SEE ATTACHED MORGAN	STANLEY 121742		Р	2014-01-01	2015-12-31
d						
e						
(4	e) Gross sales price	Depreciation allowed (f) (or allowable)		t or other basıs expense of sale		n or (loss) (f) minus (g)
а	167,613			167,219		394
ь	34,096			33,786	5	310
С	343,592			337,654	1	5,938
d						
е						
Сс	omplete only for assets showing	g gaın ın column (h) and owned b	y the foundatior	n on 12/31/69	Gains (Col	(h) gaın mınus
(i)	FM V as of 12/31/69			cess of col (ı) r col (j), ıf any	col (k), but not less than -0-) or (I) Losses (from col (h))	
a						394
b						310
с						5,938
d						
е						
2	Capital gain net income or (r			in Part I, line 7   in Part I, line 7	2	81,895
3	Net short-term capital gain o	or (loss) as defined in sections 1	1222(5) and (6	)		
	If gaın, also enter ın Part I, l ın Part I, lıne 8	line 8 , column (c) (see instructio	ons) If(loss), e	nter -0 - }	3	394
Part	V Qualification Under	Section 4940(e) for Red	uced Tax on	Net Investme	nt Income	
	<del>-</del>	foundations subject to the section				
		on 4942 tax on the distributable ify under section 4940(e) Do no	,	, .	rıod?	┌ Yes ┌ No
			_			

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)		<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ratio (col (b) divided by col (c))
	2014	192,443	2,976,789		0 064648
	2013	103,347	2,878,099		0 035908
	2012	83,846	2,756,107		0 030422
	2011	131,276	2,702,748		0 048571
	2010	2010 117,861 2,129,217			
2	<b>Total</b> of line 1, colum	n (d)		2	0 234903
3	_	ratio for the 5-year base period—div the foundation has been in existence		3	0 046981
4	Enter the net value o	f noncharitable-use assets for 2015	5 from Part X, line 5	4	2,947,776
5	Multiply line 4 by line	e 3	[	5	138,489
6	Enter 1% of net inve	stment income (1% of Part I, line 2	7b)	6	1,236
7	Add lines 5 and 6.			7	139,725
8	Enter qualifying distr	ributions from Part XII, line 4	[	8	126,735
	If line 8 is equal to o the Part VI instruction	-	In Part VI, line 1b, and complete tha	t part	using a 1% tax rate See

	990-PF (2015)  † VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	4040(0)	0# 4049 0	20 22	10 of	the inst	atio		age <b>4</b>
			, UI 4940—S	ee page	5 10 OI	the inst	ructio	115)	
1a	Exempt operating foundations described in section $4940(d)(2)$ , check here and enter "N/A" on line 1	<b>P</b>		]					
	Date of ruling or determination letter			}					
b	(attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V	/, check	(		1			:	2,472
	here ► ☐ and enter 1% of Part I, line 27b	·		'					
c	All other domestic foundations enter 2% of line 27b Exempt foreign organiz Part I, line 12, col (b)	zations	enter 4% of						
2									
3	Add lines 1 and 2				3			7	2,472
4	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)								
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less,	enter - 0	o- <b></b> .		5			:	2,472
6	Credits/Payments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		4,596					
b	Exempt foreign organizations—tax withheld at source	6b							
c	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				4,596
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here $\ \ \ \ $ if Form				8				
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .				9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amou			•	10				2,124
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	2,124	Refunded		11				
	t VII-A Statements Regarding Activities				•				
1a	During the tax year, did the foundation attempt to influence any national, stat	te, or io	cai iegisiatio	on or ai	a		1-	Yes	No
L	It participate or intervene in any political campaign?			· ·			1a	$\vdash \vdash \vdash$	No
b	for definition)?	politica	ii puiposes	(See III	Structi	Olis	1b		
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activitie	es and co	oples of anv	materia	ı Is	-			
	published or distributed by the foundation in connection with the activities.		, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 5				
С	Did the foundation file <b>Form 1120-POL</b> for this year?						1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impo			r					
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers	s <b> -</b> \$ _							
e	Enter the reimbursement (if any) paid by the foundation during the year for po	olitical e	expenditure	tax ımp	osed				
	on foundation managers 🕨 \$								
2	Has the foundation engaged in any activities that have not previously been re	eported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in	_	_	•		5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a con						3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more	_					4a	$\sqcup$	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						4b	igwdown	<b></b>
5	Was there a liquidation, termination, dissolution, or substantial contraction de	uring th	e year?				5		No
_	If "Yes," attach the statement required by General Instruction T.	0.45\							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4.  • By language in the governing instrument, or	945)Sa	itisfied eitne	er					
	<ul> <li>By state legislation that effectively amends the governing instrument so t</li> </ul>	hat no r	mandatory d	ırectıo	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year					),			
=	10.114					·	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered	(see in:	structions)						
	►GA								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form ${\bf S}$	990-PF	to the Attor	ney					
	General (or designate) of each state as required by General Instruction G? If						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the		_						
	or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (	(see ins	tructions for	Part X	ΊV)?				
	If "Yes," complete Part XIV						9	$\longmapsto$	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes and addresses.</i>			_	tneir n	ames	10		No
	and addresses.						10	oxdot	.10

Par	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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►DANAE WERTHMAN CPA  Telephone no ►(404)	)661	-1455	
	Located at ▶5565 GLENRIDGE CONNECTOR SUITE 425 ATLANTA GA ZIP+4 ▶30342			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		▶ □	-
	and enter the amount of tax-exempt interest received or accrued during the year		- ,	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	ء ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			т
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes V No			
	(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 )			
ь	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			
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
•	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
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 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? <b>Yes</b> Vo			
	If "Yes," list the years ▶ 20, 20, 20			
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 <b>all</b> years listed, answer "No" and attach statement—see instructions )	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			
	▶ 20 <u>, 20</u> , 20 <u>, 20</u>			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after 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 2015.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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 2015?	4b		No

Pa	rt VII-B	Statements Rega	rdii	ng Activities fo	r Wh	nich Form 4720	May	y Be Required <i>(Cont</i>	inue	d)
5a	During the	year did the foundation	pay	or incur any amour	nt to					
	(1) Carry	on propaganda, or other	wise	attempt to influenc	e leg	ıslatıon (section 494	45(e	e))?	No	
	<b>(2)</b> Influe	nce the outcome of any	spec	ific public election	(see	section 4955), or to	car	ry		
	on, dır	ectly or indirectly, any	vote	r registration drive?				<b>┌</b> Yes <b>┌</b>	No	
	(3) Provid	le a grant to an individu	al for	travel, study, or ot	hers	ımılar purposes?		┌ Yes ┌	No	
	<b>(4)</b> Provid	le a grant to an organıza	tion	other than a charita	able,	etc , organization de:	scrib	bed		
	ın sec	tion 4945(d)(4)(A)? (se	e in	structions)				<b>T</b> Yes 🗸	No	
	(5) Provid	le for any purpose other	thar	religious, charitab	le, sc	ientific, literary, or				
	educa	tional purposes, or for t	he pr	revention of cruelty	to ch	ıldren or anımals?.		T Yes 🗸	No	
<b>b</b> If any answer is "Yes" to 5a(1)-			5), d	ıd <b>any</b> of the transac	tions	fail to qualify under	the	exceptions described in		
Regulations section 53 4945 or				urrent notice regard	ding d	disaster assistance (	(see	instructions)?		5b
	O rganızat	ions relying on a curren	t not	ice regarding disas	teras	ssistance check here	· .		-	
С	If the ans	werıs "Yes" to questıon	5a(	4), does the founda	tion c	laım exemption from	the	!		
	tax becau	se it maintained expend	liture	e responsibility for t	he gr	ant?		<b>T</b> Yes <b>T</b>	No	
	If "Yes," a	ttach the statement requ	red l	by Regulations section	on 53.	4945-5(d).				
6a	Did the fo	undation, during the yea	r, re	ceive any funds, dir	ectly	or indirectly, to pay	prei			
		l benefit contract?						·		
b	Did the fo	undation, during the yea	r, pa	y premiums, directl	y or i	ndirectly, on a perso	nal	benefit contract?		6b No
		6b, file Form 8870.								
7a	At any tin	ne during the tax year, w	as t	he foundation a part	y to a	a prohibited tax shelf	ter t	ransaction?   Yes	No	
ь								the transaction?		7b
Pa	3 - N V A		t Of	ficers, Director	s, T	rustees, Founda	tio	n Managers, Highly	Paic	l Employees,
		and Contractors icers, directors, trustees	- fo	undation managers	and t	hair compansation (	i	instructions)		
	LISC GII OI I	icers, unectors, trustees	, 10	_				(d)		
	(a) Nar	ne and address		Title, and average hours per week	(c	) Compensation(If not paid, enter		Contributions to		Expense account,
	(a) ital	ne and dadress	(b)	devoted to position	1	-0-)		employee benefit plans	(e)	other allowances
MATT	HREW D STIN	CHCOMB	DT	PRESIDENT	+	0	and	d deferred compensation 0		
		OTTOM DRIVE	5 0			0		Ŭ		`
	UTH,GA 3									
JENN	Y STINCHCOM	В	PT DIRECTOR			0		0		(
		OTTOM DRIVE	1 0	0						
	UTH,GA 3				-					
	THAN STINCH		PT   5 0	DIRECTOR		0		0		(
		STILL ROAD LE,GA 30045		O						
	ON STINCHED		рT	DIRECTOR	+	0		0		(
		STILL ROAD	1 0			0		Ü		•
		LE,GA 30045								
2	Compensat	ion of five highest-paid	emp	oloyees (other than	thos	e included on line 1—	see	instructions). If none, en	ter"	NONE."
		(a)		Title, and ave	rade			Contributions to		_
Naı		ress of each employee p	aıd	hours per we	ek	(c) Compensatio	n	employee benefit plans and deferred		Expense account, other allowances
	non	e than \$50,000		(b) devoted to pos	ition			(d) compensation		
NON	J E									
				]						
				1						
				1						
				1						
				1						
Tata	l number s	athar amplayees ==:-		± 5 0 0 0 0		<u>I</u>		<u> </u>		

Part VIII Information About Officers, Directors, Trust and Contractors (continued)	tees, Foundation Managers, Hi	ghly Paid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NON	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	A mount
<b>1</b> N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		▶

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<u>.,</u>	
	purposes		
а	A verage monthly fair market value of securities	1a	2,792,375
b	A verage of monthly cash balances	1b	200,291
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	2,992,666
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,992,666
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	44,890
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,947,776
6	Minimum investment return. Enter 5% of line 5	6	147,389
Pai	t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	taın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	147,389
2a	Tax on investment income for 2015 from Part VI, line 5   2a   2,472		
b	Income tax for 2015 (This does not include the tax from Part VI ) 2b		
С	Add lines 2a and 2b	2c	2,472
3	Distributable amount before adjustments Subtract line 2c from line 1	3	144,917
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	144,917
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	144,917
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		i
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	126,735
b	Program-related investments—total from Part IX-B	1b	
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	126,735
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	126,735
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

Р	art XIIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				144,917
	Undistributed income, if any, as of the end of 2015				
а					
b	Total for prior years 20				
	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
С	From 2012				
d	From 2013				
е	From 2014				
f	<b>Total</b> of lines 3a through e	8,548			
4	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$126,735				
а	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2015 distributable amount				126,735
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015	8,548			8,548
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
	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)				
a	tax has been previously assessed Subtract line 6c from line 6b Taxable amount				
u	—see instructions				
e	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				
	Instructions				
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				9,634
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 2010 not				
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				

	art XIV	Private Operating Foundat	<b>ions</b> (see ınstrı	uctions and Part	VII-A, questioi	า 9)			
1a		dation has received a ruling or detern , and the ruling is effective for 2015,			· ·				
b	Check box	neck box to indicate whether the organization is a private operating foundation described in section \( \begin{align*} 4942(j)(3) or \( \begin{align*} 4942(j)(5) \end{align*} \)							
2a		lesser of the adjusted net	Tax year Prior 3 years (e) Tot						
		m Part I or the minimum It return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012			
		1							
b	85% of line	2a							
C		distributions from Part XII,							
d		each year listed ncluded in line 2c not used							
-		r active conduct of exempt							
е		distributions made directly conduct of exempt activities							
		ine 2d from line 2c							
3		a, b, or c for the							
		e test relied upon							
а		alternative test—enter of all assets							
	• •	of assets qualifying							
	• •	section 4942(j)(3)(B)(i)							
b		nt" alternative test— enter 2/3							
		n investment return shown in e 6 for each year listed							
c		alternative test—enter							
		support other than gross							
		tment income (interest, inds, rents, payments							
		curities loans (section							
		a)(5)), or royalties)					_		
		ort from general public or more exempt							
	organ	ızatıons as provided in							
		on 4942(j)(3)(B)(III)							
		st amount of support in exempt organization							
		s investment income							
Pa		upplementary Information (C			e organizatio	n had \$5,000 c	or more in		
1		ssets at any time during the on Regarding Foundation Managers:	<u>year—see ins</u>	tructions.)					
		anagers of the foundation who have c	ontributed more th	nan 2% of the tota	l contributions re	ceived by the found	dation		
	before the	close of any tax year (but only if they	have contributed	more than \$5,000	O) (See section 5	07(d)(2))			
	10 N A T H A	AN STINCHCOMB							
—		anagers of the foundation who own 10	% or more of the	stock of a corpora	tion (or an equall	v large portion of th			
		of a partnership or other entity) of wh				, 9 - 1			
	Information	on Regarding Contribution, Grant, Gift	Loan Scholarshi	in etc. Programs:					
_		e ► If the foundation only makes co				nd does not accept			
	unsolicited	d requests for funds If the foundation	makes gifts, gran						
	other cond	litions, complete items 2a, b, c, and d							
	Th			<b>.</b>	. mmml.c=t				
а		, address, and telephone number or e N STINCHCOMB	-man address of t	ne person to whom	i applications sho	uia de addressed			
		EET BOTTOM DRIVE							
	DULUTH,	GA 30096							
	(678) 364					-			
b		n which applications should be submi							
	LETTER T ORGANIZ	O MR STINCHCOMBEXPLAINING	THE PURPOSE C	FIHE GRANT AN	NATURE OF T	HE APPLICANT'S			
c	Any subm	ission deadlines							
	N/A								
d	•	ctions or limitations on awards, such	as by geographic	al areas, charitable	e fields, kinds of i	nstitutions, or othe	er		
	factors								
	N/A								

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 123,820 **b** Approved for future payment

Form 990-PF (2015) Part XVI-A Analysis of Income-Produc	ing Activities	6			Page <b>1</b> 2
Enter gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
1 Program service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a b					
c					
e f					
<ul> <li>g Fees and contracts from government agencies</li> <li>2 Membership dues and assessments</li> <li>3 Interest on savings and temporary cash investments</li></ul>			14	17,966	
<ul><li>4 Dividends and interest from securities</li><li>5 Net rental income or (loss) from real estate</li></ul>			14	47,265	
<ul> <li>a Debt-financed property.</li> <li>b Not debt-financed property.</li> <li>6 Net rental income or (loss) from personal</li> </ul>					
property					
8 Gain or (loss) from sales of assets other than inventory			14	81,895	
<ul><li>9 Net income or (loss) from special events</li><li>.0 Gross profit or (loss) from sales of inventory</li></ul>					
1 Other revenue a b					
c d					
e				147,126	
3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify			1	3	
Part XVI-B Relationship of Activities to  Explain below how each activity for wh the accomplishment of the foundation's	ıch ıncome ıs rep	orted in column	(e) of Part XVI-A co	ntributed importa	
instructions )					
<del>-  </del>					

Part XVII	Information Re Noncharitable					sactions	and I	Relationship	s With			
	rganization directly or ii 01(c) of the Code (othe	ndırectly eı	ngage II	n any of t	he following wi						Yes	No
organızat	ions?											
<b>a</b> Transfers	from the reporting four	ndation to a	a nonch	arıtable e	exempt organız	atıon of						
<b>(1)</b> Cash	1									1a(1)		No
<b>(2)</b> Othe	erassets									1a(2)		No
<b>b</b> O ther tra	nsactions											
<b>(1)</b> Sale	s of assets to a noncha	rıtable exe	mpt org	anızatıor	1					1b(1)		No
<b>(2)</b> Purc	hases of assets from a	noncharita	ble exe	mpt orga	nızatıon					1b(2)		No
<b>(3)</b> Rent	al of facilities, equipme	nt, or other	rassets	S						1b(3)		No
<b>(4)</b> Reim	bursement arrangemen	ts								1b(4)		No
<b>(5)</b> Loan	s or loan guarantees.									1b(5)		No
<b>(6)</b> Perfor	mance of services or m	embership	or fund	raising s	olicitations					1b(6)		No
<b>c</b> Sharing o	f facılıtıes, equipment, i	maılıng lıst	s, other	rassets,	or paid employ	ees				1c		No
of the god in any tra	wer to any of the above ods, other assets, or se nsaction or sharing arr	rvices give angement,	en by the show in	e reportıı ı column	ng foundation lagger (d) the value o	If the found f the goods	dation r s, other	eceived less th rassets, or ser	nan fair mark Vices receiv	et value ed	!	
(a) Line No	(b) Amount involved	(c) Name o	of noncha	ritable exe	mpt organization	(d) De	scription	of transfers, trans	actions, and sh	arıng arra	ngemer	nts
described	indation directly or indir d in section 501(c) of th complete the following : (a) Name of organization	ne Code (ot schedule		n sectior		ın section			cnption of relat		es 🔽	No
Sign Here	ler penalties of perjury, best of my knowledge a rmation of which prepar *****	nd belief, i er has any	t is true	e, correct	2016-06-10	Declarati	on of p ****		than taxpaye May t returr	r) is bas the IRS di the prepa	sed on	all
	Signature of officer or t	rustee			Date	, ,	ıtle	_	(see	ınstr )?	Yes	No
	Print/Type preparer's DANAE WERTHMAI CPA	I .	Prepare	er's Sıgn	ature	Date 2016-0	07-01	Check if self- employed ►		006360	27	
Paid Preparer Use	Firm's name F KNIGHT WERTHMAN Firm's address F	& GALLIG	AN LLC					Fırm's EIN ▶	47-488162	2 4		
Only	5565 GLENRIDGE CO ATLANTA, GA 3034		R STE 4	125				Phone no (4	04)968-98	79		

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
GRAYSON UNITED METHODIST CHURCH 555 GRAYSON PARKWAY GRAYSON,GA 30017			GENERAL	61,600
NG3 PO BOX 1429 SNELLVILLE, GA 30078			GENERAL	20,000
GRACE FELLOWSHIP 1400 DOGWOOD RD SW SNELLVILLE, GA 30078			GENERAL	60
BETHESDA UNITED METHODIST CHURCH 44 BETHESDA CHURCH ROAD LAWRENCEVILLE,GA 30044			GENERAL	500
GEORGIA ENGLISH BULLDOG RESCUE PO BOX 1097 WINDER,GA 30680			GENERAL	100
CUPID CHARITIES 1100 N GLEBE RD 1010 ARLINGTON,VA 22201			GENERAL	5,000
LUTZIE 43 FOUNDATION 2840 LANDING WAY MARIETTA,GA 30066			GENERAL	500
ARCHER TD CLUB PO BOX 1915 LOGANVILLE,GA 30052			GENERAL	5,000
GEORGIA TRANSPLANT FOUNDATION 3125 PRESIDENTIAL PKWY ATLANTA,GA 30340			GENERAL	15,000
IVY CREEK CHURCH 1416 BRASELTON HWY LAWRENCEVILLE, GA 30043			GENERAL	200
PERIMETER CHURCH 9500 MEDLOCK BRIDGE RD JOHNS CREEK,GA 30097			GENERAL	1,600
ASHER FOUNDATION 2312 TWIN OAKS PLACE MONROE,GA 30656			GENERAL	135
JOHNS CREEK BAPTIST CHURCH 6910 MCGINNIS FERRY RD ALPHARETTA,GA 30005			GENERAL	260
PARKWAY BAPTIST CHURCH 5975 STATE BRIDGE ROAD DULUTH,GA 30097			GENERAL	285
CURE PCS 4729 PEACHTREE INDV BLVD SUITE 100 BERKELEY LAKE, GA 30092			GENERAL	30
Total				123,820

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
GLOBAL OUTREACH 74 KINGS HWY PONTOTOC,MS 38863			GENERAL	100
ST JUDE HOSPITAL 5901 PEACHTREE DUNWOODY R ATLANTA,GA 30328			GENERAL	50
LIGHT HOUSE MINISTRY PO BOX 120297 ST PAUL,MN 55112			GENERAL	100
PROMISE 686 4729 PEACHTREE INDV BLVD SUITE 100 BERKELEY LAKE,GA 30092			GENERAL	1,000
HELPING HANDS MINISTRY PO BOX 337 TALLULAH FALLS,GA 30573			GENERAL	10,000
ST JOSEPH'S INDIAN SCHOOL 1301 NORTH MAIN STREET CHAMBERLAIN,SD 57325			GENERAL	100
GWINNETT MEDICAL CENTER FDN 1000 MEDICAL CENTER BLVD LAWRENCEVILLE,GA 30046			GENERAL	2,000
HEART GALLERY OF TAMPA BAY 5463 W WATERS AVE 850 TAMPA,FL 33634			GENERAL	200
Total			▶ 3a	123,820

# **TY 2015 Accounting Fees Schedule**

Name: STINCHCOMB FAMILY FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEES	5,830	2,915		2,915

# **TY 2015 Investments Corporate Bonds Schedule**

Name: STINCHCOMB FAMILY FOUNDATION INC

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY	217,093	220,928

# **TY 2015 Investments Corporate Stock Schedule**

Name: STINCHCOMB FAMILY FOUNDATION INC

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY	2,001,519	2,229,305



### **TY 2015 Other Increases Schedule**

Name: STINCHCOMB FAMILY FOUNDATION INC

Description	Amount
ADJUSTMENTS	2,660

#### **TY 2015 Other Professional Fees Schedule**

Name: STINCHCOMB FAMILY FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MORGAN STANLEY 121742	3,712	3,712		
MORGAN STANLEY 105608	6,521	6,521		
MORGAN STANLEY 121762	9,840	9,840		

### **TY 2015 Taxes Schedule**

Name: STINCHCOMB FAMILY FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	162	162		
FOREIGN TAXES PAID	374	374		
TAXES	5,572			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

#### DLN: 93491207006166

OMB No 1545-0047

**Employer identification number** 

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

2015

STINCHCOMB FAMILY	FOUNDATION INC	20-4003704
Organization type (che	ck one)	·
Filers of:	Section:	
Form 990 or 990-EZ	<b>「</b> 501(c)( ) (enter number) organization	
		a private foundation
Form 990-PF	√ 501(c)(3) exempt private foundation	
		ıvate foundation
	□ 501(c)(3) taxable private foundation	
Note. Only a section 501  General Rule  For an organiza	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (c)(7), (8), or (10) organization can check boxes for both the General Rule of the Genera	year, contributions totaling \$5,000 or more (in money or
Special Rules		
under sections 50 received from an	on described in section 501(c)(3) filing Form 990 or 990-EZ that 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 y one contributor, during the year, total contributions of the greator (ii) Form 990-EZ, line 1 Complete Parts I and II	990 or 990-EZ), Part II, line 13, 16a, or 16b, and that
during the year, to	on described in section 501(c)(7), (8), or (10) filing Form 990 or otal contributions of more than \$1,000 <i>exclusively</i> for religious, or of cruelty to children or animals. Complete Parts I, II, and III	
during the year, of this box is checked purpose Do not of	con described in section $501(c)(7)$ , $(8)$ , or $(10)$ filing Form 990 or contributions $exclusively$ for religious, charitable, etc., purposes ed, enter here the total contributions that were received during the complete any of the parts unless the <b>General Rule</b> applies to thole, etc., contributions totaling \$5,000 or more during the year.	, but no such contributions totaled more than \$1,000 If the year for an exclusively religious, charitable, etc, also organization because it received nonexclusively
Caution. An organization	n that is not covered by the General Rule and/or the Special Rule	es does not file Schedule B (Form 990,

990-EZ, or 990-PF)

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

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

Name of organization
STINCHCOMB FAMILY FOUNDATION INC

Employer identification number 20-4003704

Part I	Contributors (see instructions) Use duplicate copies of Part I i	f additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
1	JONATHAN STINCHCOMB 3240 CALLIE STILL ROAD	\$ 58,000	Person Payroll Noncash	г Г
	LAWRENCEVILLE, GA 30045		(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
2	MASON MARTIN 701 S CORNELL AVE		Person Payroll	고
	FRITCH, TX79038	\$ 5,000	Noncash (Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
3	PHILLIPS 66		Person Payroll	ᄝ
	PO BOX 4428	\$ 5,000	Noncash	' -
	HOUSTON, TX77210		(Complete Part II f	<b>I</b> or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
		\$	Person Payroll Noncash	r r
			(Complete Part II f	<b>J</b> or noncash
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person Payroll	Г Г
		\$	Noncash (Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions ) (d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Γ
		·	Noncash (Complete Part II f	or noncash
			contributions)	

Name of organiza		Employer identification number 20-4003704			
STINCHCOMBEA	AMILY FOUNDATION INC				
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)	(b)	(c)	(d)		
No.from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a)	(b)	(c)	(d)		
No.from Part I	Description of noncash property given	FMV (or estimate) (see instructions)  \$	Date received		

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
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Page 4

ame of organization TINCHCOMB FAMILY FOUNDATION INC		Етр	Employer identification number	
		20-4003704		
total more line entry. of \$1,000 o	y religious, charitable, etc., contribute than \$1,000 for the year from any of For organizations completing Part less for the year. (Enter this infor the copies of Part III if additional space is	ne contributor. Complete column III, enter the total of <i>exclusively</i> re mation once. See instructions.) <b>►</b>	s (a) through (e) and the following ligious, charitable, etc., contributions	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
=	Transferee's name, address, and	(e) Transfer of gift d ZIP4 Rel:	ationship 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 ZIP4  Relationship of transferor to transferee			
(a) lo.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 ZIP4		ationship of transferor to transferee	
(a) lo.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 ZIP4  Relationship of transferor to transferee			