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### Form 990-PF

EXTENDED TO NOVEMBER 15, 29
Return of Private Foundation 2016

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

| Departmen    |   |             | social secunty numbers or          |                           |  | 2010  |
|--------------|---|-------------|------------------------------------|---------------------------|--|---|
| Internal Re  | venue Service Information   | about For   | m 990-PF and its separate          |                           | s.gov/form990pf.                                     | Open to Public Inspection   |
|              | ndar year 2015 or tax year beginning  |             |                                    | , and ending              | T  | <del></del>   |
| Name of      | f foundation  |             |                                    |                           | A Employer identification                            | number  |
|              | 70777 17 6000000  |             |                                    |                           | FO 0014404   |   |
|              | JOHN N. GODDARD FO  |             |                                    | 1                         | 58-2314424   | <u> </u>  |
|              | and street (or P O box number if mail is not delive   |             | •                                  | Room/suite                | B Telephone number                                   | .40   |
|              | WEST PACES FERRY RO   |             |                                    |                           | 404-574-65   |   |
| _            | own, state or province, country, and ZIP o<br>ANTA,GA 30305   | r foreign p | ostal code                         |                           | C If exemption application is p                      | ending, check here  |
|              | all that apply: Initial return  |             | Initial return of a fo             | ormer public charity      | D 1. Foreign organizations                           | s, check here   |
|              | Final return  |             | Amended return                     | ,                         |  |   |
|              | Address chang   | je          | Name change                        |                           | Foreign organizations me<br>check here and attach co | eeting the 85% test, proputation                                  |
| H Check      |   |             | kempt private foundation           |                           | E If private foundation sta                          | tus was terminated  |
| Se           | ction 4947(a)(1) nonexempt charitable tru   | ıst X       | Other taxable private foundation   | ation                     | under section 507(b)(1)                              |   |
| l Fair ma    | arket value of all assets at end of year J  | Account     | ing method: X Cash                 | Accrual                   | F If the foundation is in a                          | 60-month termination  |
| (from I      | Part II, col (c), line 16)  |             | ther (specify)                     |                           | under section 507(b)(1)                              | 1 1   |
| \$_          | 20,333,813. P   | art I, colu | ımn (d) must be on cash            | basis.)                   |  |   |
| Part I       | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d necessarily equal the amounts in column (a)) | ) may not   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income                              | (d) Disbursements<br>for charitable purposes<br>(cash basis only) |
| 1            | Contributions, gifts, grants, etc., received  | <br>I       | 191,812.                           |                           | N/A  | (   |
| .            | Check If the foundation is not required to atta   |             | 131,012.                           |                           | 21/22  |   |
| 3            | Interest on savings and temporary cash investments  |             | 743.                               | 743.                      | -  | STATEMENT 1   |
| 4            | Dividends and interest from securities  |             | 304,885.                           | 304,885.                  | -  | STATEMENT 2   |
| 1 '          | Gross rents   |             |                                    | 5527555                   |  |   |
|              | Net rental moome or (loss)  |             |                                    |                           |  |   |
| 6a           | Net gain or (loss) from sale of assets not on line  | 10          | 668,017.                           |                           |  |   |
| Revenue 2    | Gross sales price for all 0 117   |             |                                    |                           |  |   |
| § 7          | Capital gain net income (from Part IV, line 2)  |             |                                    | 668,017.                  |  |   |
| 8 2          | Net short-term capital gain   |             |                                    |                           |  |   |
| 9            | Income modifications  |             |                                    |                           |  |   |
| 10a          | Gross sales less returns and allowances   |             |                                    |                           |  |   |
|              | Less Cost of goods sold   |             |                                    |                           |  |   |
| С            | Gross profit or (loss)  |             |                                    |                           |  |   |
| 11           | Other income  |             | -5,635.                            | -5,635.                   | ,  | STATEMENT 3   |
| 12           | Total. Add lines 1 through 11   |             | 1,159,822.                         | 968,010.                  | ,  |   |
| 13           | Compensation of officers, directors, trustees, et   | С           | 0.                                 | 0.                        |  | 0.  |
| 14           | Other employee salaries and wages   |             |                                    |                           |  |   |
| 15           | Pension plans, employee benefits  |             |                                    |                           |  |   |
| စ္တိ   16a   | Legal fees STM  |             | 3,260.                             | 1,630.                    |  | 1,630.  |
| 0.1          | Accounting fees STM   |             | 12,155.                            | 6.078.                    |  | 6,077.  |
| _ ∏ c        | Other professional fees STM   | r 6         | 119,728                            | ECHIVE 28                 |  | 0.  |
| <u>\$</u> 17 | Interest  | _           |                                    | 0.0006                    | <u>                                     </u>         |   |
| 18           | Taxes STM   | r 7         | 51,015.                            | AUG 2 21200 5.            | <b>1</b> 20  | 0.  |
| ≝ 19         | Depreciation and depletion  |             |                                    | 710                       |  |   |
| [ 20         | Occupancy   |             |                                    | OGDEN, UT                 |  |   |
| ₹ 21         | Travel, conferences, and meetings   |             |                                    | OGULIO                    |  | -   |
| ) E 22       | Printing and publications   |             |                                    | 45 4 5 5                  |  |   |
| 말 23         | Other expenses STM  | T, 8        | 82,037.                            | 46,103.                   | ,  | 35,125.   |
| [ 24         | Total operating and administrative  |             | 0.60 405                           | 484 554                   |  |   |
| Operating 52 | expenses. Add lines 13 through 23   |             | 268,195.                           | 174,554.                  | ·  | 42,832.   |
| 25           | Contributions, gifts, grants paid   |             | 929,200.                           |                           | <del> </del>   | 929,200.  |
| 26           | Total expenses and disbursements.   |             | 1 107 205                          | 194 554                   |  | 072 020   |
|              | Add lines 24 and 25   |             | 1,197,395.                         | 174,554.                  | <del> </del>   | 972,032.  |
| 27           | Subtract line 26 from line 12:  |             | 27 572                             |                           |  |   |
|              | Excess of revenue over expenses and disburses   |             | -37,573.                           | 702 450                   |  |   |
|              | Net investment income (if negative, enter -   |             |                                    | 793,456.                  | N/A  |   |
| C            | Adjusted net income (if negative, enter -0-)  |             | ī                                  | i                         | I II/A   | 1   |

523501 11-24-15

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

| Form 990-PF (2015) THE JOHN N. GODDARD FOUNDA |     |  |          | 2314424 Page 2    |                |                           |
|---|-----|--|----------|-------------------|----------------|---------------------------|
| P   | art | Balance Sheets Attached schedules and amounts in the description   | -        | Beginning of year | End o          |                           |
| <u>-</u>                                      |     |  |          | (a) Book Value    | (b) Book Value | (c) Fair Market Value     |
|   |     | Cash - non-interest-bearing  | ļ        |                   |                |                           |
|   |     | Savings and temporary cash investments   |          | 1,247,992.        | 828,154.       | 828,154.                  |
|   | 3   | Accounts receivable ►  |          | •                 |                |                           |
|   |     | Less: allowance for doubtful accounts  |          |                   |                |                           |
|   | 4   | Pledges receivable ►   |          |                   |                |                           |
|   |     | Less: allowance for doubtful accounts  |          | ·-                |                |                           |
|   | _   | Grants receivable  |          |                   |                |                           |
|   | 6   | Receivables due from officers, directors, trustees, and other  |          |                   |                |                           |
|   | _   | disqualified persons   |          | ·                 |                |                           |
|   | 7   | Other notes and loans receivable   |          |                   |                |                           |
|   | _   | Less; allowance for doubtful accounts  |          |                   |                | ·                         |
| Assets  | _   | Inventories for sale or use  |          |                   |                |                           |
| Ass   |     | Prepaid expenses and deferred charges Investments - U.S. and state government obligations  |          |                   |                |                           |
| -   |     | The state of the s | 0        | 8,291,314.        | 8,121,866.     | 9,210,150.                |
|   |     | Investments - corporate stock STMT Investments - corporate bonds   | 9        | 0,431,314.        | 0,121,000.     | 9,210,150.                |
|   |     | Investments - Lorporate bonds Investments - land, buildings, and equipment basis   |          |                   |                |                           |
|   | 11  |  |          |                   |                |                           |
|   | 12  | Less accumulated depreciation  Investments - mortgage loans  |          |                   |                |                           |
|   | 13  | • •  | 10       | 11,101,649.       | 11,595,280.    | 10,281,584.               |
|   |     | Land, buildings, and equipment basis   |          | 11/101/045.       | 11,333,200.    | 10,201,301.               |
|   | '   | Less accumulated depreciation  |          |                   |                |                           |
|   | 15  | Other assets (describe ► STATEMENT   | 11)      | 3,282.            | 13,925.        | 13,925.                   |
|   | ı   | Total assets (to be completed by all filers - see the  |          | <u> </u>          |                |                           |
|   | "   | instructions. Also, see page 1, item I)  |          | 20,644,237.       | 20,559,225.    | 20,333,813.               |
| _   | 17  | Accounts payable and accrued expenses  |          |                   |                |                           |
|   | ı   | Grants payable   |          |                   |                |                           |
| S   | 19  | Deferred revenue   |          |                   |                |                           |
| Liabilities                                   | 20  | Loans from officers, directors, trustees, and other disqualified persons   |          |                   |                |                           |
| iabi  | 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   | ┙ !      |                   |                |                           |
| Ś   |     | and complete lines 24 through 26 and lines 30 and 31.  |          |                   | •              |                           |
| nce   | 24  | Unrestricted   |          |                   |                |                           |
| ala   | 25  | Temporarily restricted   | ļ        |                   |                |                           |
| or Fund Balances                              | 26  | Permanently restricted  Foundations that do not follow SFAS 117, check here  | ₹        |                   |                |                           |
| Ŧ   |     | and complete lines 27 through 31.  | ر بم     |                   |                |                           |
|   | 27  | Capital stock, trust principal, or current funds   |          | 0.                | 0.             |                           |
| Assets  | 28  | Paid-in or capital surplus, or land, bldg., and equipment fund   |          | 0.                | 0.             |                           |
| Ass   | 29  | Retained earnings, accumulated income, endowment, or other fun   | ıds      | 20,644,237.       | 20,559,225.    |                           |
| Net   | 30  | Total net assets or fund balances  |          | 20,644,237.       | 20,559,225.    |                           |
| ~   |     |  |          |                   |                |                           |
|   | 31  | Total liabilities and net assets/fund balances   |          | 20,644,237.       | 20,559,225.    |                           |
| ГР  | art | III Analysis of Changes in Net Assets or Fu  | ınd B    |                   |                |                           |
|   |     |  |          |                   |                |                           |
| 1   |     | net assets or fund balances at beginning of year - Part II, column (   | a), line | 30                |                | 20 644 227                |
| ^   | •   | t agree with end-of-year figure reported on prior year's return)   |          |                   | 1              | 20,644,237.               |
|   |     |  |          |                   | -37,573.<br>0. |                           |
| 3<br>4  |     | ines 1, 2, and 3   |          |                   | 3              | 20,606,664.               |
|   |     | eases not included in line 2 (itemize) <b>UNREALIZED</b>   | GAT      | N/LOSS            | 5              | 47,439.                   |
|   |     | net assets or fund balances at end of year (line 4 minus line 5) - P.  |          |                   | 6              | 20,559,225.               |
|   |     |  |          |                   |                | Form <b>990-PF</b> (2015) |

Form **990-PF** (2015)

972,032.

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

| 1a Exempt operating boundations described in section 4940(g)(2), check here ▶ ■ and onter **W* on line 1.  Date of fulling or determination letter:    Continue of the properties of the proper        |         | n 990-PF (2015) THE JOHN N. GODDARD FOUNDATION, INC. 58 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494 | -231    | 4424     | ctio           | Page 4         |
|--|---------|---|---------|----------|----------------|----------------|
| Display of ruling or determination letter:  (attach copy of letter if inecessary-see instructions) b Dismisst formulations that meet the section 4940(e) requirements in Pert V, check here  | _       |   | 7 - 300 | insuu    | Cuo            | 115)           |
| b Domestic foundations that meet the section 494(e); requirements in Part V, check here ► X and enter 1% of Part I, line 12; cot (b).  2   | ıa      |   |         |          |                |                |
| of Part I, line 27b. 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 5 Subtritle A (incomes) 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 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or line 5 from line 5.1 zero zero or line 5 from line 5.1 zero zero line 5 from line 5.1 zero zero zero zero zero zero zero zero   | h       |   |         |          | 7 0            | 3 E            |
| a All other domestic foundations enter 2% of the 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).  2   | U       | · · · · · · · · · · · · · · · · · · ·   |         |          | 1,3            | 33.            |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 7, 935. 4 Subtile 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 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment line or line 5 the subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment line 7 the subtract line 4 from line 3.1 zero or less, enter -0- 6 B. 6 B. 7 Total ordelis and payments. Add line 6 Sa through 6 d. 8 Enter any penalty for underpayment of estimated tax. Penalty for underpayment of estimated tax because the line 4 from 2220 s attached 8 Enter any penalty for underpayment of estimated tax. Penalt amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 8, inter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 8, inter the amount overpaid 10 overpayment. If line 7 is more than 100 during activities 11 buring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inferivere in any potatical campaign? 1 but the surface is 'Yes' to line 10, attach of destined description of the activities and copies of any materials published or distributed by the foundation machine properties of the condition of the form 120-PCL for this year? 1 the ensewer is 'Yes' to line 10, attached description of the activities and copies of any materials published or distributed by the foundation life form 120-PCL for this year? 2 Has the foundation life form 120-PCL for this year? 3 Has the foundation machi        | c       |   |         |          |                |                |
| 3 Add lines 1 and 2 Subtille A (income) tax (demestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 15 Tax based on investment income Subtract line 4 from line 8. If zero or less, enter -0- 15 Tax based on investment income Subtract line 4 from line 8. If zero or less, enter -0- 15 Tax based on investment income Subtract line 4 from line 8. If zero or less, enter -0- 16 Cerdetis-Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 16 Expent foreign organizations - tax withheld at source 17 Tax pad with application for extension of time to the (if orm 8868) 16 Expent and payments. Add lines 6a through 6d 17 Total credits and payments. Add lines 6a through 6d 18 Enter any penalty for underpayment of estimated tax. Check here □ if Form 2220 is attached 19 Tax die If the total of lines 5 and 8 is more than hine 7, enter amount ower paid 10 Enter tax penalty for underpayment of estimated tax. Check here □ if Form 2220 is attached 19 Tax die If the total of lines 5 and 8 is more than hine 7, enter amount owerpaid 10 Enter the amount of line 10 to be; Credited to 2016 estimated tax ▶ 49, 361. Refunded ▶ 11 10 Part VIII-A Statements Regarding Activities 11 Daring the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campagin? 18 Daring the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campagin? 18 Daring the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campagin? 18 Daring the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campagin? 19 Daring the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or facility than any politic        |         |   | ,       |          |                | Λ              |
| 4 Subtilité A (nocme) bax (domestic soction 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- 6 Credits/Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Exempt foreign organizations—tax withheld at source 6 Tax paid with application for extension of time to file (Form 8568) 6  |         |   |         |          | 7 9            | 35             |
| 5 7, 935.  6 Credits/Payments:  a 2016 estimated tax payments and 2014 overpayment credited to 2015  b Exempt foreign organizations - tax withheld at source  c Tax pad with application for extension of time to file (Form 8688)  6 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 Tax dee. If the total of lines 5 and 8 is more than line 7, enter amount ower paid  9 Tax dee. If the total of lines 5 and 8 is more than line 7, enter amount ower paid  10 Overpayment. Illine 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2016 estimated tax. ►  12 Part VII-A Statements Regarding Activities  13 During the tax year, did the foundation attempt to milluence any national, state, or local legislation or did it participate or intervene in any political campaign?  13 Lefter the amount of line 10 to be: Credited to 2016 estimated tax. ►  14 During the tax year, did the foundation attempt to milluence any national, state, or local legislation or did it participate or intervene in any political campaign?  14 Enter the amount of time 10 to be: Credited to 2016 estimated tax. ►  15 Did it spending the tax year, did the foundation attempt to milluence any national, state, or local legislation or did it participate or intervene in any political campaign?  16 Did its foundation file Form 1120-POL for this year?  17 If the answer is "Yes" to 1e or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in Form 1120-POL for this year?  16 Left the reimbursement (if any) paid by the foundation description of the activities.  18 Left the reimbursement of file any part of the state in the variety of the changes of the vicinity of the state in the variety of the changes of the vicinity of the changes of the vicinity of the changes of the vicinity of the changes o        | 4       | <del> </del>  |         |          | <u>' ' '</u>   |                |
| 6 CreditsPayments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 be Zentpl foreign organizations: tax withheld at source of Tax paid with application for extension of time to file (Form 8868) dec. dec. dec. dec. dec. dec. dec. dec.  | 5       |   |         |          | 7 9            |                |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source 1 Tax paid with application for extension of time to the (Form 8868) 6 Be 6 Be 6 Be 7 Total credits and payments. Add times 6a through 60 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Tax dee If the total offiles 5 and 8 is more than line 7, enter amount ower 9 Tax dee If the total offiles 5 and 8 is more than line 7, enter amount ower 10 Verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ► 49,361. Refunded ► 11 0. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inference in any political campagin? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inference in any political campagin? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b If the answer is "Yes" to 1 or 15, attach a detailed description of the activities. 1c Did the foundation in lie Form 1120-POL for this year? 2 Enter the rembursement of year of the activities. 2 Did the foundation made any connection on econnection with the activities. 3 Did to gend foundation. See Society of the connection of the activities. 4 Did the foundation made any changes, not previously reported to the IRS? 1 Yes, "attach a detailed description of the activities. 4 Did the foundation made any changes, not previously reported to the IRS? 1 Yes, "attach a conformed of year of the changes 4 Did the foundation made any changes, not previously reported to the IRS? 1 Yes, "attach a detailed description of the activities. 4 Did the foundation have unrelated business gross income of \$1,000 or more during the y      | _       | · · · · · · · · · · · · · · · · · · ·   | +       |          | 1,2            | <u> </u>       |
| b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroreously withheld  7 Total credits and payments. Add lines 6a through 6d  7 Total credits and payments. Add lines 6a through 6d  8 Befier any penalty for undersyment of estimated tax. Check here in form 2220 is attached  8 Befier any penalty for undersyment of estimated tax. Check here in form 2220 is attached  8 Befier any penalty for undersyment of estimated tax. Check here in form 2220 is attached  9 Tax due If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount overpaid  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Part VII-A Statements Regarding Activities  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inference in any political campaign?  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inference in any political campaign?  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inference in any political expending of the activates and copies of any materials published or distributed by the foundation in connection with the activates.  1b Id 1 spend more than \$100 during the year?  1c Enter the rembursement (if any) paid by the foundation or connection with the activates.  2 D. (2) On foundation managers. ► \$ 0.  2 Enter the rembursement (if any) paid by the foundation during the year?  1c Enter the rembursement (if any) paid by the foundation during the year?  1c Enter the rembursement (if any) paid by the foundation during the year?  1c Enter the rembursement (if any) paid by the foundation during the year?  1c Enter the rembursement (if any) paid by the foundation during the year?  1c Enter the rembursement (if any) paid by the fou      |         | , i   |         |          |                |                |
| E Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here  |         |   |         |          |                |                |
| 6 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 9 Tax due If the total oil lines 5 and 8 is more than line 7, enter amount owed 9 Tax due If the total oil lines 5 and 8, enter the amount overpaid 10 Enter the amount oil line 10 to be: Credited to 2016 estimated tax ▶ 49, 361. Refunded ▶ 11 0. Part VII-A Statements Regarding Activities 1 During the tax year, dut the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, dut the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 2 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1 If the answer is 'Yes' to far or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 2 Did it spend more than \$100 during the year? 3 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 3 Enter the remibursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ 0. 2 Enter the remibursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation made any changes, not previously reported to the IRS? 4 Theyes, that the data of adelated description of the activities 4 Bas the foundation have unrelated business gross income of \$1,000 or more during the year? 4 But the original problems of section 508(e) (relating to sections 4941 through 4945) satisfed either: 4 By language in the governing instrument, or substantial contraction during the year? 5 Did the foundation have at least \$5,000 in assets at any time during the year?     |         |   |         |          |                |                |
| 7 57, 296. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax  |         | · · · · · · · · · · · · · · · · · · ·   |         |          |                |                |
| 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 10 Overpayment. If line 7 is more than the total of lines 5 and 8 is more than line 7, enter amount overpaid 11 Enter the amount of line 10 to be; Credited to 2016 estimated tax ▶ 49, 361. Refunded ▶ 11 0 49, 361. 11 Enter the amount of line 10 to be; Credited to 2016 estimated tax ▶ 49, 361. Refunded ▶ 11 0 49, 361. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for the definition)? 11 If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 12 Did the foundation lie Form 1120-POL for this year? 13 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 14 (1) On the foundation. ▶ S O. (2) On foundation managers. ▶ \$ O. (2) Here is the foundation managers. ▶ \$ O. (3) On the foundation manager in any activities that have not previously been reported to the IRS? 11 'Yes,' attach a detailed description of the activities 12 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 confirments? If 'Yes,' attach a confirment copy of the changes 13 X 14 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 13 Yes,' attach the statement required by General Instruction IT 14 Are the requirements of section 508(c) (relating to sections 4941 through 4945) satisfied either: 15 By language in the go    |         |   | .       | 5        | 7 2            | 96             |
| 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Tenter the amount of line 10 to be; Tredited to 2016 estimated tax ▶ 49,361. Refunded ▶ 11 10 O.  Part VII-A   Statements Regarding Activities 1a During the tax year, did the foundand attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1a During the tax year, did the foundand attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1a During the tax year, did the foundand attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition??  1b Did any political campaign?  1c Ves No  1a X  Yes No  1b X  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  1c Did the foundation His Form 1120-POL for this year?  1c X  1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.  1(1) On the foundation. Ps O. (2) On foundation managers. ▶ \$ O.  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  1f "Yes," attach a detailed description of the activities  1 Has the foundation make any changes, not previously reported to the IRS?  1 Press, attach and attached description of the activities  1 Has the foundation mainstruments? If "Yes," attach a conformed copy of the changes?  2 X  3 X  4 Did the foundation have unrelated business gross income of \$1,000 or more during the year?  5 X  4 Did the foundation have a least \$5,000 in assets at any time during the year?  5 Did the foundation have at    |         |   |         |          | 1,2            | <del>90.</del> |
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| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  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  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has it filed a tax return on Form 990-T for this year?  5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  8 By language in the governing instrument, or  8 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?  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)  GA  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (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   | •       | · · · · · · · · · · · · · · · · · · ·   |         |          |                |                |
| 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  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has it filed a tax return on Form 990-T for this year?  5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  16 Yes, "attach the statement required by General Instruction T  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?  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)  GA  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? it "Yes," attach a schedule listing their names and addresses  | 0       |   |         |          |                | v              |
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| 5  |         |   | NT / N  |          |                |                |
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| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶  | 7       | · ·   |         | h        |                |                |
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| year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X  | Q       |   |         | 35       | 43             | <del></del>    |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X   | J       |   |         | 0        |                | x              |
|  | 10      |   |         | t        |                |                |
|  | <u></u> | 11 165, alread a distribution institute internal and adulesses  | F       |          | -PF            |                |

Form **990-PF** (2015)

| orm 990-PF (2015) THE JOHN N. GODDARD FOUN   | DATION, INC.                             |                  | 58-23144   | 24 Page 6                               |
|--|--|------------------|--|---|
| Part VII-B Statements Regarding Activities for Which                                   | Form 4720 May Be I                       | 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 (sectio         | n 4945(e))?                              | Ye               | es X No  |   |
| (2) Influence the outcome of any specific public election (see section 4955); (        | or to carry on, directly or indir        | ectly,           |  |   |
| any voter registration drive?  |  | Ye               | es X No  |   |
| (3) Provide a grant to an individual for travel, study, or other similar purposes      | 37                                       | Ye               | es X No  |   |
| (4) Provide a grant to an organization other than a charitable, etc., organization     | in described in section                  |                  |  |   |
| 4945(d)(4)(A)? (see instructions)  |  | ☐ Ye             | es X No  | Ì                                       |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,    | or educational purposes, or              | for              |  |   |
| the prevention of cruelty to children or animals?                                      | ,  |                  | s X No   |   |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni | der the exceptions described             |                  |  |   |
| section 53.4945 or in a current notice regarding disaster assistance (see instru       | •  | riogaianono      | N/A  | 5 <b>b</b>                              |
| Organizations relying on a current notice regarding disaster assistance check h        | •  |                  | <b>▶</b>   |   |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f      |  | ined             |  |   |
| expenditure responsibility for the grant?  |  |                  | s No   |   |
| If "Yes," attach the statement required by Regulations section 53 494                  |  | .,               | .5 110   |   |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to  |  |                  |  |   |
| a personal benefit contract?   | pay promising on                         |                  | s X No   |   |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p    | personal henefit contract?               | ١٠ لـــــا       |  | Sb X                                    |
| If "Yes" to 6b, file Form 8870   | bersonal benefit contract.               |                  | - <del>'</del>   | A                                       |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s   | halter transaction?                      |                  | s X No   |   |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu     |  | 16               |  | 7b                                      |
| Part VIII Information About Officers, Directors, Trust                                 |  | nagere Highly    |  | 10                                      |
| Paid Employees, and Contractors  | ees, i ouridation wa                     | mayers, riiging  | ,  |   |
| List all officers, directors, trustees, foundation managers and their                  | compensation.                            |                  |  |   |
|  | (b) Title, and average                   | (c) Compensation | (d) Contributions to   | (e) Expense                             |
| (a) Name and address   | hours per week devoted                   | (If not paid,    | (d) Contributions to<br>employee benefit plans<br>and deferred | account, other                          |
|  | to position                              | enter -0-)       | compensation   | allowances                              |
| · · · · · · · · · · · · · · · · · · ·  |  |                  |  |   |
| SEE STATEMENT 12   |  | 0.               | _  | 0                                       |
| SEE STATEMENT 12   |  | <u> </u>         | 0.   | 0.                                      |
|  |  |                  |  |   |
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|  |  |                  |  |   |
|  |  |                  |  | <del></del>                             |
| 2 Compensation of five highest-paid employees (other than those inc                    |  | enter "NONE."    | (d) Contributions to   | / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| (a) Name and address of each employee paid more than \$50,000                          | (b) Title, and average<br>hours per week | (c) Compensation | employee benefit plans<br>and deferred                         | (e) Expense<br>account, other           |
|  | devoted to position                      |                  | compensation   | allowances                              |
| NONE   |  |                  | 1  |   |
|  |  |                  |  |   |
|  |  |                  |  |   |
| W. W   |  |                  |  |   |
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|  |  |                  |  | <del></del>                             |
|  |  |                  |  |   |
| otal number of other employees paid over \$50,000                                      |  |                  |  | 0                                       |
|  |  |                  | Form   | 990-PF (2015)                           |

| orm 990-PF (2015) THE JOHN N. GODDARD FOUNDATION, INC.  | 58-2                | 2314424 Page 7            |
|---|---------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Mana Paid Employees, and Contractors (continued)  | agers, Highly       |                           |
| 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   | (b) Type of service | (c) Compensation          |
| NONE  |                     |                           |
|   |                     |                           |
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|   |                     |                           |
|   |                     |                           |
| otal number of others receiving over \$50,000 for professional services   |                     | ▶ 0                       |
| Part IX-A Summary of Direct Charitable Activities   |                     |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informatio number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | n such as the       | Expenses                  |
| N/A   |                     |                           |
|   |                     |                           |
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|   | ·                   |                           |
| Part IX-B Summary of Program-Related Investments  |                     | <del></del>               |
| 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. Can instructions   |                     | <del></del>               |
| All other program-related investments. See instructions.  |                     |                           |
|   |                     |                           |
|   |                     |                           |
| otal, Add lines 1 through 3   | <b>•</b>            | 0.                        |
|   |                     | Form <b>990-PF</b> (2015) |
|   |                     | •                         |

11-24-15

| <u>P</u> | $\overline{f art X}$ $oldsymbol{oldsymbol{oldsymbol{oldsymbol{All}}}}$ Minimum Investment Return (All domestic foundations must complete this part. Forei | gn foundations,      | see instructions) |
|----------|---|----------------------|-------------------|
| 1        | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:   |                      |                   |
| a        | Average monthly fair market value of securities   | 1a                   | 9,413,040.        |
|          | Average of monthly cash balances  | 1b                   | 1,418,139.        |
|          | Fair market value of all other assets   | 1c                   | 11,374,239.       |
|          | Total (add lines 1a, b, and c)  | 1d                   | 22,205,418.       |
|          | Reduction claimed for blockage or other factors reported on lines 1a and  |                      |                   |
|          | 1c (attach detailed explanation)  | 0.                   |                   |
| 2        | Acquisition indebtedness applicable to line 1 assets  | 2                    | 0.                |
| 3        | Subtract line 2 from line 1d  | 3                    | 22,205,418.       |
| 4        | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4                    | 333,081.          |
| 5        | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4  | 5                    | 21,872,337.       |
| 6        | Minimum investment return. Enter 5% of line 5   | 6                    | 1,093,617.        |
| P        | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation  | tions and certain    |                   |
|          | foreign organizations check here   and do not complete this part.)  |                      |                   |
| 1        | Minimum investment return from Part X, line 6   | 1                    | 1,093,617.        |
| 2a       | Tax on investment income for 2015 from Part VI, line 5  | 35.                  |                   |
| b        | Income tax for 2015. (This does not include the tax from Part VI.)  |                      |                   |
| C        | Add lines 2a and 2b   | 2c                   | 7,935.            |
| 3        | Distributable amount before adjustments. Subtract line 2c from line 1   | 3                    | 1,085,682.        |
| 4        | Recoveries of amounts treated as qualifying distributions   | 4                    | 0.                |
| 5        | Add lines 3 and 4   | 5                    | 1,085,682.        |
| 6        | Deduction from distributable amount (see instructions)  | 6                    | 0.                |
| 7        | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1  | 7                    | 1,085,682.        |
| Р        | Qualifying Distributions (see instructions)   |                      |                   |
| 1        | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |                      |                   |
| а        | Expenses, contributions, gifts, etc total from Part I, column (d), line 26  | 1a                   | 972,032.          |
| b        | Program-related investments - total from Part IX-B  | 1b                   | 0.                |
| 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                    | 972,032.          |
| 5        | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment  |                      |                   |
|          | income. Enter 1% of Part I, line 27b  | 5                    | 7,935.            |
| 6        | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6                    | 964,097.          |
|          | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun                                      | dation qualifies for | the section       |

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| •  | (a)<br>Corpus                              | (b)<br>Years prior to 2014 | (c)<br>2014 | ( <b>d)</b><br>2015       |
|--|--|----------------------------|-------------|---------------------------|
| 1 Distributable amount for 2015 from Part XI, line 7   |  |                            |             | 1,085,682.                |
| 2 Undistributed income, if any, as of the end of 2015  |  |                            |             |                           |
| a Enter amount for 2014 only   |  |                            | 928,540.    |                           |
| <b>b</b> Total for prior years:  | - 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | 0.                         |             |                           |
| 3 Excess distributions carryover, if any, to 2015:   |  |                            |             |                           |
| <b>a</b> From 2010   |  |                            |             |                           |
| <b>b</b> From 2011   |  |                            | l l         |                           |
| <b>c</b> From 2012   |  |                            |             |                           |
| <b>d</b> From 2013   |  |                            |             |                           |
| e From 2014  |  |                            |             |                           |
| f Total of lines 3a through e  | 0.   |                            |             |                           |
| 4 Qualifying distributions for 2015 from   |  |                            |             |                           |
| Part XII, line 4: $\triangleright$ \$ 972,032.   |  |                            |             |                           |
| a Applied to 2014, but not more than line 2a   |  |                            | 928,540.    |                           |
| <b>b</b> Applied to undistributed income of prior  |  | _                          | <u> </u>    |                           |
| years (Election required - see instructions)   |  | 0.                         |             |                           |
| c Treated as distributions out of corpus   |  |                            |             |                           |
| (Election required - see instructions)   | 0.   |                            |             |                           |
| d Applied to 2015 distributable amount   |  |                            |             | 43,492.                   |
| e Remaining amount distributed out of corpus   | 0.   |                            |             |                           |
| 5 Excess distributions carryover applied to 2015 (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:   |  |                            |             |                           |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 0.   |                            |             |                           |
| b Prior years' undistributed income. Subtract  |  |                            |             | <del>-</del>              |
| line 4b from line 2b   |  | 0.                         |             |                           |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |  | 0.                         |             |                           |
| d Subtract line 6c from line 6b. Taxable   |  |                            |             |                           |
| amount - see instructions  |  | 0.                         |             |                           |
| e Undistributed income for 2014. Subtract line   |  |                            |             |                           |
| 4a from line 2a. Taxable amount - see instr.   |  |                            | 0.          |                           |
| f Undistributed income for 2015. Subtract  |  |                            |             |                           |
| lines 4d and 5 from line 1. This amount must   |  |                            |             |                           |
| be distributed in 2016   |  |                            |             | 1,042,190.                |
| 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)  | 0.   |                            |             |                           |
| 8 Excess distributions carryover from 2010   |  |                            |             |                           |
| not applied on line 5 or line 7  | 0.   |                            |             |                           |
| 9 Excess distributions carryover to 2016   |  |                            |             |                           |
| Subtract lines 7 and 8 from line 6a  | 0.   |                            |             |                           |
| 10 Analysis of line 9:   |  |                            |             |                           |
| a Excess from 2011   |  |                            |             |                           |
| b Excess from 2012   |  |                            |             |                           |
| c Excess from 2013   |  |                            |             |                           |
| d Excess from 2014   |  |                            |             |                           |
| e Excess from 2015   | <u> </u>                                   |                            | <del></del> | Form <b>990-PF</b> (2015) |

| Part XIV Private Operating F  | N N GODDAR                 |                             |                                |                                       | 314424 Page 1            |
|---|----------------------------|-----------------------------|--------------------------------|---------------------------------------|--------------------------|
|   |                            |                             |                                | N/A                                   |                          |
| 1 a If the foundation has received a ruling o   |                            |                             | '                              |                                       |                          |
| Youndation, and the ruling is effective fo  |                            | ~                           | ·                              | 14040(1/0)                            | 0.40(.)(5)               |
| b Check box to indicate whether the found   |                            | ng toundation described     |                                | 4942(j)(3) or4                        | 942(j)(5)                |
| 2 a Enter the lesser of the adjusted net  | Tax year (a) 2015          | (b) 2014                    | Prior 3 years                  | (4) 2012                              | (a) Total                |
| income from Part I or the minimum   | (a) 2013                   | (0) 2014                    | (c) 2013                       | (d) 2012                              | (e) Total                |
| investment return from Part X for   |                            |                             |                                |                                       |                          |
| each year listed  |                            | ·                           |                                |                                       |                          |
| <b>b</b> 85% of line 2a   | <del></del>                |                             |                                |                                       |                          |
| c Qualifying distributions from Part XII,   |                            |                             |                                |                                       |                          |
| line 4 for each year listed   | <del>-</del> -             |                             |                                |                                       |                          |
| 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:  |                            |                             |                                |                                       |                          |
| <ul> <li>a 'Assets' alternative test - enter:</li> <li>(1) Value of all assets</li> </ul>   |                            |                             |                                |                                       |                          |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)   |                            |                             |                                |                                       |                          |
| b "Endowment" alternative test - enter<br>2/3 of minimum investment return<br>shown in Part X, line 6 for each year<br>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)   |                            | · · · ·                     | <del></del>                    | -                                     |                          |
| (3) Largest amount of support from<br>an exempt organization  |                            |                             |                                |                                       |                          |
| (4) Gross investment income   |                            |                             |                                |                                       |                          |
| Part XV Supplementary Info  | rmation (Comple            | te this part only           | if the foundation              | had \$5,000 or m                      | ore in assets            |
| at any time during t  |                            |                             |                                |                                       |                          |
| 1 Information Regarding Foundatio a List any managers of the foundation who   | o have contributed more    | than 2% of the total cor    | ntributions received by the    | foundation before the clo             | se of any tax            |
| year (but only if they have contributed m   | nore than \$5,000). (See s | ection 507(d)(2).)          |                                |                                       |                          |
| NONE  |                            |                             |                                |                                       |                          |
| <ul> <li>b List any managers of the foundation who<br/>other entity) of which the foundation has</li> </ul>                                       |                            |                             | (or an equally large portion   | on of the ownership of a p            | artnership or            |
| NONE  |                            |                             |                                |                                       |                          |
| 2 Information Regarding Contributi Check here ► X if the foundation o the foundation makes gifts, grants, etc.                                    | nly makes contributions t  | to preselected charitable   | e organizations and does r     | not accept unsolicited requ           | uests for funds. If      |
| a The name, address, and telephone number   | ·                          |                             |                                |                                       |                          |
|   |                            |                             |                                |                                       |                          |
| <b>b</b> The form in which applications should b  | e submitted and informat   | tion and materials they s   | should include:                |                                       |                          |
| c Any submission deadlines:   |                            |                             |                                |                                       |                          |
| d Any restrictions or limitations on awards   | s, such as by geographica  | al areas, charitable fields | s, kinds of institutions, or o | other factors:                        | ·                        |
| 523601 11-24-15   |                            |                             |                                |                                       | Form <b>990-PF</b> (2015 |

| 3 Grants and Contributions Paid During the                                     |  | Payment              |                                  |                   |
|--|--|----------------------|----------------------------------|-------------------|
| Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount            |
|  | or substantial contributor   | recipient            |                                  |                   |
| a Paid duning the year   |  |                      | !                                |                   |
| NGEL FLIGHT OF GEORGIA   | NONE   | PUBLIC               | GENERAL                          |                   |
| TLANTA, GA 30341   |  |                      |                                  | 15,00             |
| ATLANTA HISTORY CENTER<br>.30 WEST PACES FERRY RD<br>ATLANTA, GA 30305         | NONE   | PUBLIC               | EDUCATIONAL                      | 20.000            |
| TIMITA, GR 30303   |  |                      |                                  | 20,000            |
| ATLANTA SPEECH SCHOOL<br>3160 NORTHSIDE PKWY NW                                | NONE   | PUBLIC               | EDUCATIONAL                      |                   |
| ATLANTA, GA 30327  |  |                      |                                  | 2,500             |
| ATLANTA-FULTON PUBLIC LIBRARY<br>FOUNDATION<br>ONE MARGARET MITCHELL SQUARE NW | NONE   | PUBLIC               | GENERAL                          |                   |
| ATLANTA, GA 30303  |  | <u></u>              |                                  | 25,000            |
|  |  |                      |                                  |                   |
| AUTISM CHARLOTTE<br>821 BAXTER ST SUITE 310<br>CHARLOTTE NC 28202              | NONE   | PUBLIC               | GENERAL                          | 25.004            |
|  | ONTINUATION SHEE   | T(S)                 | <b>▶</b> 3a                      | 25 000<br>929 200 |
| b Approved for future payment  |  |                      |                                  |                   |
| NONE   |  |                      |                                  |                   |
|  |  |                      |                                  |                   |
|  |  |                      |                                  |                   |
|  |  |                      |                                  |                   |
|  |  |                      |                                  |                   |
|  |  |                      |                                  |                   |
| Total  |  | I                    | <b>&gt;</b> 3b                   |                   |

# Part XVI-A Analysis of Income-Producing Activities

|  | Unrelated                                   | l business income        | 1  |                             |                                       |
|--|---|--------------------------|--|-----------------------------|---------------------------------------|
| Enter'gross amounts unless otherwise indicated.  | (a)<br>Business                             | (b) Amount               | (C)<br>Exclu-<br>sion                            | (d) Amount                  | (e) Related or exempt function income |
| 1 Program service revenue:   | code  | Amount                   | code   | Amount                      | Terrottori income                     |
| a  | _   |                          | + +  |                             |                                       |
| b  |   |                          | + +  |                             |                                       |
| <u> </u>   |   |                          | <del>  -</del>                                   |                             |                                       |
| d  |   | - · · · <u> </u>         |  |                             |                                       |
| e  |   |                          |  |                             |                                       |
| g Fees and contracts from government agencies  | -   |                          |  |                             |                                       |
| 2 Membership dues and assessments  |   |                          | <del>                                     </del> |                             |                                       |
| 3 Interest on savings and temporary cash   |   | · · · · · ·              | <del> </del>                                     | -                           |                                       |
| investments  |   |                          | 14   | 743                         |                                       |
| 4 Dividends and interest from securities   |   |                          | 14   | 743.<br>304,885.            | <del></del>                           |
| 5 Net rental income or (loss) from real estate:  |   |                          | 1 1  | 304,003.                    | · · · · · · · · · · · · · · · · · · · |
| a Debt-financed property   |   |                          |  |                             |                                       |
| b Not debt-financed property   |   | <del></del>              |  |                             | · · · · · · · · · · · · · · · · · · · |
| 6 Net rental income or (loss) from personal  |   | <del></del>              | 1  |                             | *                                     |
| property   |   |                          |  |                             |                                       |
| 7 Other investment income  |   |                          | 14   | -5,635.                     |                                       |
| 8 Gain or (loss) from sales of assets other  |   |                          |  | •                           |                                       |
| than inventory   |   |                          | 18   | 668,017.                    |                                       |
| 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.                       | <u>.L</u>  | 968,010.                    |                                       |
| 13 Total. Add line 12, columns (b), (d), and (e)   |   |                          |  | 13                          | 968,010.                              |
| (See worksheet in line 13 instructions to verify calculations.                           | )   |                          |  |                             |                                       |
| Part XVI-B Relationship of Activities  | s to the Acco                               | mplishment of E          | xempt P  | Purposes                    |                                       |
| Explain below how each activity for which in the foundation's exempt purposes (other the | icome is reported in<br>an by providing fun | column (e) of Part XVI-A | A contribute                                     | d importantly to the accomp | olishment of                          |
|  |   |                          | <del></del> -                                    |                             | 2-14                                  |
|  |   |                          | •  |                             | · · · · · · · · · · · · · · · · · · · |
|  |   |                          |  |                             |                                       |
|  |   |                          |  |                             | · . <u>*-</u> *                       |
|  |   |                          |  |                             |                                       |
|  |   |                          |  |                             |                                       |
|  |   |                          | _  |                             |                                       |
|  |   |                          |  |                             |                                       |
|  |   |                          |  |                             | <del></del>                           |
|  |   |                          |  |                             | <del>_</del>                          |
|  |   |                          |  |                             |                                       |
|  |   |                          |  |                             | <del></del>                           |
|  |   |                          |  |                             |                                       |
|  |   |                          |  |                             |                                       |
|  |   |                          |  |                             |                                       |

| Part  | XVII Information Regarding Transfers To<br>Exempt Organizations  | and Transactions                                 | and Relations                         | hips With Nonchar                 | ritable           | •         |               |
|---|--|--|---------------------------------------|-----------------------------------|-------------------|-----------|---------------|
| 1 Die   | the organization directly or indirectly engage in any of the following   | ing with any other organizati                    | on described in sect                  | non 501(c) of                     | 7                 | Yes       | No            |
|   | e Code (other than section 501(c)(3) organizations) or in section 5  |  |                                       | 1011 30 1(0) 01                   |                   | . 00      |               |
|   | ansfers from the reporting foundation to a noncharitable exempt o  |  | nizations.                            |                                   |                   |           |               |
|   | Cash   | rigameation of.                                  |                                       |                                   | 1a(1)             |           | _x_           |
| •   | Other assets   |  |                                       |                                   | 1a(2)             |           | X             |
|   | her transactions:  |  |                                       |                                   | 1.5(-)            |           | _ <del></del> |
| (1)   | Sales of assets to a noncharitable exempt organization   |  |                                       |                                   | 1b(1)             |           | X             |
|   | Purchases of assets from a noncharitable exempt organization   |  |                                       |                                   | 1b(2)             |           | X             |
|   | Rental of facilities, equipment, or other assets   |  |                                       |                                   | 1b(3)             |           | X             |
| (4)   | Reimbursement arrangements   |  |                                       |                                   | 1b(4)             |           | X             |
| (5)   | Loans or loan guarantees   |  |                                       |                                   | 1b(5)             |           | X             |
| (6)   | Performance of services or membership or fundraising solicitati  | ions   |                                       |                                   | 1b(6)             |           | _X_           |
|   | arıng of facılıtıes, equipment, mailing lists, other assets, or paid er  |  |                                       |                                   | 1c                |           | _X_           |
|   | he answer to any of the above is "Yes," complete the following sch   |  |                                       |                                   |                   | ets,      |               |
|   | services given by the reporting foundation. If the foundation recei<br>lumn (d) the value of the goods, other assets, or services received |  | ue in any transactior                 | or snaring arrangement, sr        | 10W IN            |           |               |
| (a) Line r                                    |  | <del></del>                                      | (d) Description                       | of transfers, transactions, and s | haring arr        | angeme    | nts           |
| <u>, ,                                   </u> | N/A  |  | (-,                                   |                                   |                   |           |               |
|   |  | ······································           |                                       |                                   |                   |           |               |
|   |  |  |                                       |                                   |                   |           |               |
|   |  |  |                                       |                                   |                   |           |               |
|   |  |  |                                       |                                   |                   |           |               |
|   |  |  |                                       |                                   |                   |           |               |
|   |  |  |                                       |                                   |                   |           |               |
| -   |  |  |                                       | ·-··                              |                   |           |               |
|   |  |  |                                       |                                   |                   |           |               |
|   |  |  |                                       |                                   |                   |           |               |
|   |  |  |                                       |                                   |                   |           |               |
|   |  |  | <del> </del>                          | <del></del>                       |                   |           |               |
| •••   |  |  |                                       |                                   |                   |           |               |
| -   |  |  |                                       |                                   |                   |           |               |
|   |  | - <del></del>                                    |                                       |                                   |                   |           |               |
| 2a Is   | the foundation directly or indirectly affiliated with, or related to, one  | e or more tax-exempt organ                       | zations described                     |                                   |                   |           |               |
| ın:   | section 501(c) of the Code (other than section 501(c)(3)) or in sec  | ction 527?                                       |                                       |                                   | Yes               | X         | ] No          |
| b If  | Yes," complete the following schedule.   |  |                                       |                                   |                   |           |               |
|   | (a) Name of organization   | (b) Type of organization                         |                                       | (c) Description of relationsh     | ıp                |           |               |
|   | N/A  |  |                                       |                                   | ·                 |           |               |
|   |  |  |                                       |                                   | <del></del>       |           |               |
|   |  |  |                                       |                                   |                   |           |               |
|   |  | <del>                                     </del> | · · · · · · · · · · · · · · · · · · · |                                   |                   |           |               |
|   | Under penalties of perjury, I declare that I have examined this return, including  | ing accompanying schedules and                   | statements and to the                 | best of my knowledge              |                   |           |               |
| Sign  | and belief, it is true correct and complete Declaration of preparer (other the   |  |                                       | has any knowledge May retur       | the IRS d         | prepare   | er            |
| Here  | 79 40 S  | 18-15-16   | VICE (                                |                                   | wn below (<br>Yes | (see inst | 7' <b>.</b>   |
|   | Signature of officer or trustee  | Date   | Title                                 |                                   |                   |           | J No          |
|   | Print/Type preparer's name Preparer's  |  | Date                                  | Check If PTIN                     |                   |           |               |
|   |  |  |                                       | self- employed                    |                   |           |               |
| Paid STANLEY M SMITH II STANLEY M SMITH I 08  |  |  |                                       |                                   | 319               |           |               |
| Prep  | Timo namo - OITITO TITO CON CENTRAL  | RAM, LLC   |                                       | Firm's EIN ► 72-13                | 966               | 21        |               |
| Use   |  |  |                                       |                                   |                   |           |               |
|   | Firm's address ► 4360 CHAMBLEE DUN   | •  | TE 420                                |                                   |                   |           |               |
|   | ATLANTA, GA 30341  | <u>L</u>   |                                       | Phone no. 770 – 45                |                   |           |               |
|   |  |  |                                       | ⊦o                                | rm <b>990</b>     | ,-PF (    | (ZU15)        |

#### Schedule B (Form 990; 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No 1545-0047

2015

Name of the organization

**Employer identification number** 

|                                | THE JOHN N. GODDARD FOUNDATION, INC.  | 58-2314424               |  |  |  |  |
|--------------------------------|---|--------------------------|--|--|--|--|
| Organization ty                | pe(check one)   |                          |  |  |  |  |
| Filers of:                     | Section:  |                          |  |  |  |  |
| Form 990 or 990                | 0-EZ 501(c)( ) (enter number) organization  |                          |  |  |  |  |
|                                | 4947(a)(1) nonexempt charitable trust not treated as a private foundation   |                          |  |  |  |  |
|                                | 527 political organization  |                          |  |  |  |  |
| Form 990-PF                    | 501(c)(3) exempt private foundation   |                          |  |  |  |  |
|                                | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |                          |  |  |  |  |
|                                | X 501(c)(3) taxable private foundation  |                          |  |  |  |  |
| -                              | ganization is covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia   | al Rule See instructions |  |  |  |  |
| General Rule                   |   |                          |  |  |  |  |
|                                | organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot<br>ty) from any one contributor Complete Parts I and II. See instructions for determining a contrib   |                          |  |  |  |  |
| Special Rules                  |   |                          |  |  |  |  |
| section<br>any one             | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II   |                          |  |  |  |  |
| year, to                       | 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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III   |                          |  |  |  |  |
| year, co<br>is chec<br>purposi | 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |                          |  |  |  |  |
| but it <b>must</b> ansv        | ganization that is not covered by the General Rule and/or the Special Rules does not file Sched<br>wer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it<br>es not meet 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) (2015)

Name of organization

Employer identification number

#### THE JOHN N. GODDARD FOUNDATION, INC.

58-2314424

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed.        |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
| 1          | ESTATE OF ELKIN G. ALSTON  SUNTRUST BANK  ATLANTA, GA 30302                   | \$188,812.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Omnicash Complete Part II for noncash contributions ) |

Employer identification number

## THE JOHN N. GODDARD FOUNDATION, INC.

58-2314424

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

| Name of orga              | anization   |   | Employer identification number   |  |  |  |  |
|---------------------------|---|---|--|--|--|--|--|
| THE JO                    | OHN N. GODDARD FOUNDAT  Exclusively religious charitable, etc., cc  | ntributions to organizations describe   | 58-2314424<br>ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for |  |  |  |  |
|                           | the year from any one contributor. Complet<br>completing Part III, enter the total of exclusively relig<br>Use duplicate copies of Part III if additing | e columns (a) through (e) and the foll to columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 | lowing line entry. For organizations   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held  |  |  |  |  |
|                           |   | (e) Transfer of g   | ift  |  |  |  |  |
|                           | Transferee's name, address,   | and ZIP + 4   | Relationship of transferor to transferee   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held  |  |  |  |  |
|                           | Transferee's name, address,   | (e) Transfer of g   | ift Relationship of transferor to transferee   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held  |  |  |  |  |
|                           | Transferee's name, address,   | (e) Transfer of gi  | ift  Relationship of transferor to transferee  |  |  |  |  |
| (a) No.                   |   |   |  |  |  |  |  |
| from<br>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,   |   | Relationship of transferor to transferee   |  |  |  |  |
|                           |   |   |  |  |  |  |  |

THE JOHN N. GODDARD FOUNDATION, INC. 58-2314424

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor CHILDRENS HEALTHCARE OF ATLANTA NONE PUBLIC GENERAL 1577 NE EXPRESSWAY, STE A ATLANTA GA 30329 18,000. COASTAL YOUTH SYMPHONY OF GEORGIA NONE PUBLIC GENERAL 3885 ALTAMA AVENUE BRUNSWICK GA 31520 13,600. FERNBANK MUSEUM OF NATURAL HISTORY NONE PUBLIC EDUCATIONAL 767 CLIFTON ROAD ATLANTA, GA 30307 25,000. LOVETT SCHOOL NONE PUBLIC EDUCATIONAL 4075 PACES FERRY ROAD NW ATLANTA, GA 30327-3099 3,000. MOVING IN THE SPIRIT NONE PUBLIC GENERAL 750 GLENWOOD AVE SE ATLANTA GA 30316 100,000. MUSEUM OF CONTEMPORARY ART OF GEORGIA NONE PUBLIC EDUCATIONAL 75 BENNETT STREET STE A2 ATLANTA, GA 30309 2,500. OUR HOUSE NONE PUBLIC GENERAL 711 S COLUMBIA DRIVE DECATUR GA 30030 15,000. PACE ACADEMY NONE PUBLIC GENERAL 966 WEST PACES FERRY RD NW ATLANTA, GA 30327 5,000. PAT'S PLACE CHILD ADVOCACY NONE PUBLIC EDUCATIONAL 901 EAST BOULEVARD CHARLOTTE NC 28203 2,500. PATH FOUNDATION NONE PUBLIC EDUCATIONAL P O BOX 14327 ATLANTA GA 30324 7,500. Total from continuation sheets 841 700. THE JOHN N. GODDARD FOUNDATION, INC. 58-

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient SAFE ALLIANCE NONE PUBLIC GENERAL 601 EAST FIFTH STREET, STE 400 CHARLOTTE, NC 28202 2,500. SCHENCK SCHOOL NONE PUBLIC EDUCATIONAL 282 MT PARAN RD NW ATLANTA, GA 30327 1,500. NONE SENSATIONS THERAFUN PUBLIC GENERAL 1704 CHANTILLY DR NE ATLANTA GA 30324 85,000. SOUTHEASTERN COUNCIL OF FOUNDATION NONE PUBLIC GENERAL 100 PEACHTREE STREET NE, SUITE 2080 ATLANTA, GA 30303 600. ST. MARTINS IN THE FIELD EPISCOPAL NONE PUBLIC EDUCATIONAL SCHOOL 3110-A ASHFORD DUNWOODY RD ATLANTA GA 30319 2,500. NONE PUBLIC GENERAL TRINITY SCHOOL 4301 NORTHSIDE PKWY NW ATLANTA, GA 30327 3,500. TRUST FOR PUBLIC LAND NONE PUBLIC GENERAL 600 WEST PEACHTREE STREET, STE 1840 9,000. ATLANTA GA 30308 UGA FOUNDATION NONE PUBLIC GENERAL MILLEDGE CENTER, SUITE 100, 394 SOUTH MILLEDGE AVENUE ATHENS, GA 30602 530,000. NONE PUBLIC GENERAL VISITING NURSE ATLANTA HOSPICE 5775 GLENRIDGE DRIVE, NE STE E200 ATLANTA GA 30328 10,000. YOUNG HARRIS COLLEGE NONE PUBLIC EDUCATIONAL 1 COLLEGE ST YOUNG HARRIS GA 30582 5,000. Total from continuation sheets

| FORM 990-PF INTERE                                    | ST ON SAVING                   | S AND T                 | EMPORA                | RY CASH                    | INVESTMENTS                       | STATEMENT                  | r 1         |
|---|--------------------------------|-------------------------|-----------------------|----------------------------|-----------------------------------|----------------------------|-------------|
| SOURCE  |                                |                         | (A)<br>VENUE<br>BOOKS |                            | (B)<br>INVESTMENT<br>INCOME       | (C)<br>ADJUSTI<br>NET INCO |             |
| INVESTMENT PARTNERS                                   | HIPS                           |                         | 743.                  |                            | 743.                              | <del></del>                | <del></del> |
| TOTAL TO PART I, LI                                   | NE 3                           |                         |                       |                            | 743.                              |                            |             |
| FORM 990-PF   | DIVIDENDS                      | AND INT                 | EREST                 | FROM SEC                   | CURITIES                          | STATEMENT                  | . 2         |
| SOURCE  | GROSS<br>AMOUNT                | CAPIT<br>GAIN<br>DIVIDE | rs                    | (A)<br>REVENUE<br>PER BOOF |                                   |                            | STED        |
| INVESTMENT PARTNERSHIPS SUNTRUST #1623 SUNTRUST #1624 | 18,116.<br>333,011.<br>67,779. |                         | 964.<br>057.<br>0.    | 1,15<br>235,95<br>67,77    | <b>34.</b> 235,95                 | 54.                        |             |
| TO PART I, LINE 4                                     | 418,906.                       | 114,                    | 021.                  | 304,88                     | 304,88                            | 35.                        |             |
| FORM 990-PF   |                                | OTHER                   | INCOM                 | E                          |                                   | STATEMENT                  | 3           |
| DESCRIPTION   |                                |                         | REV                   | A)<br>ENUE<br>BOOKS        | (B)<br>NET INVEST-<br>MENT INCOME |                            |             |
| OTHER PARTNERSHIP I<br>K-1                            | NCOME (LOSS)                   | FROM                    |                       | -5,635.                    | -5,635                            | j.                         |             |
| TOTAL TO FORM 990-P                                   | F, PART I, L                   | INE 11                  |                       | -5,635.                    | -5,635                            | <u>.</u>                   |             |

| FORM 990-PF                                       | LEGAL                        | FEES                              | S                             | TATEMENT                     |  |
|---|------------------------------|-----------------------------------|-------------------------------|------------------------------|--|
| DESCRIPTION                                       | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABL<br>PURPOSES |  |
| LEGAL AND OTHER PROFESSIONAL FEES                 | 3,260.                       | 1,630.                            |                               | 1,630.                       |  |
| TO FM 990-PF, PG 1, LN 16A =                      | 3,260.                       | 1,630.                            |                               | 1,630                        |  |
| FORM 990-PF                                       | ACCOUNTI                     | ACCOUNTING FEES                   |                               | STATEMENT 5                  |  |
| DESCRIPTION                                       | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABL<br>PURPOSES |  |
| ACCOUNTING  | 12,155.                      | 6,078.                            |                               | 6,077                        |  |
| TO FORM 990-PF, PG 1, LN 16B                      | 12,155.                      | 6,078.                            |                               | 6,077.                       |  |
| FORM 990-PF C                                     | OTHER PROFES                 | SIONAL FEES                       | S                             | PATEMENT                     |  |
| DESCRIPTION                                       | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABL<br>PURPOSES |  |
| INVESTMENT MANAGEMENT FEES INVESTMENT PARTNERSHIP | 110,999.                     | 110,999.                          |                               | 0                            |  |
| EXPENSES _  | 8,729.                       | 8,729.                            |                               | 0                            |  |
| TO FORM 990-PF, PG 1, LN 16C                      | 119,728.                     | 119,728.                          |                               | 0                            |  |

| FORM 990-PF  | TAXES                        |                  |                    |                              | STATEMENT           |                 |
|--|------------------------------|------------------|--------------------|------------------------------|---------------------|-----------------|
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVES |                    | (C)<br>ADJUSTED<br>NET INCOM | +                   |                 |
| FOREIGN TAX WITHHELD INCOME TAX EXPENSES                             | 1,015.<br>50,000.            | 1,0              | 015.               |                              |                     | 0.              |
| TO FORM 990-PF, PG 1, LN 18 =  | 51,015.                      | 1,0              | 015.               |                              |                     | 0.              |
| FORM 990-PF  | OTHER E                      | XPENSES          |                    |                              | STATEMENT           | 8               |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVES |                    | (C)<br>ADJUSTED<br>NET INCOM |                     |                 |
| PTNRSHIP INVESTMENT INTEREST/K-1 MEAL AND ENTERTAINMENT SERVICE FEES | 10,978.<br>809.<br>70,250.   |                  | 978.<br>0.<br>125. |                              | 35,1                | 0.<br>0.<br>25. |
| TO FORM 990-PF, PG 1, LN 23  | 82,037.                      | 46,              | 103.               |                              | 35,1                | 25.             |
| FORM 990-PF  | CORPORAT                     | E STOCK          |                    |                              | STATEMENT           | 9               |
| DESCRIPTION  |                              |                  | вос                | K VALUE                      | FAIR MARKE<br>VALUE | T               |
| SECURITIES   |                              | -                | 8                  | ,121,866.                    | 9,210,1             | 50.             |
| TOTAL TO FORM 990-PF, PART II  | , LINE 10B                   | -<br>-           | 8                  | ,121,866.                    | 9,210,1             | 50.             |
| FORM 990-PF  | OTHER INV                    | ESTMENTS         |                    |                              | STATEMENT           | 10              |
| DESCRIPTION  |                              | LUATION<br>ETHOD | вос                | K VALUE                      | FAIR MARKE<br>VALUE | T               |
| INVESTMENT PARTNERSHIPS MUTUAL FUNDS                                 |                              | COST<br>COST     |                    | 2,744,258.<br>3,851,022.     | 2,933,0<br>7,348,5  |                 |
|  |                              |                  |                    |                              |                     |                 |

87 WEST PACES FERRY ROAD

ATLANTA, GA 30305

| FORM 990-PF  | OTHER ASSETS                           |   | STAT                            | EMENT 11          |  |
|--|--|---|---------------------------------|-------------------|--|
| DESCRIPTION  |  | BEGINNING OF END OF YEAR YR BOOK VALUE BOOK VALUE |                                 |                   |  |
| DIVIDEND RECEIVABLE DISTRIBUTION RECEIVABLE                              | <del>-</del>                           | 3,282. 3,218.<br>0. 10,707.                       |                                 | 3,218.<br>10,707. |  |
| TO FORM 990-PF, PART II, LINE  | 15 3,282                               | 3,282. 13,925.                                    |                                 | 13,925.           |  |
|  | LIST OF OFFICERS,<br>AND FOUNDATION MA |   | STAT                            | EMENT 12          |  |
| NAME AND ADDRESS   | TITLE AND<br>AVRG HRS/WK               | COMPEN-   | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE           |  |
| ELKIN GODDARD ALSTON II<br>87 WEST PACES FERRY ROAD<br>ATLANTA, GA 30305 | TRUSTEE, CHA<br>2.00                   | IRMAN 0.  | 0.                              | 0.                |  |
| JOHN G. ALSTON, SR.<br>87 WEST PACES FERRY ROAD<br>ATLANTA, GA 30305     | TRUSTEE, VIC 2.00                      | E CHAIRMAN 0.                                     | 0.                              | 0.                |  |
| JAMES E. CUSHMAN, JR.<br>87 WEST PACES FERRY ROAD<br>ATLANTA, GA 30305   | TRUSTEE 2.00                           | 0.  | 0.                              | 0.                |  |
| ELKIN G.A.C. TAYLOR<br>87 WEST PACES FERRY ROAD<br>ATLANTA, GA 30305     | TRUSTEE 2.00                           | 0.  | 0.                              | 0.                |  |
| JOHN G. ALSTON, JR.<br>87 WEST PACES FERRY ROAD<br>ATLANTA, GA 30305     | TRUSTEE 2.00                           | 0.  | 0.                              | 0.                |  |
| EDITH ALSTON MCDONNELL<br>87 WEST PACES FERRY ROAD<br>ATLANTA, GA 30305  | TRUSTEE 2.00                           | 0.  | 0.                              | 0.                |  |
| JENNIFER A. EUART  | TRUSTEE                                | ٥   | 0                               | 0                 |  |

2.00

0. 0.

0.

| THE JOHN N. GODDARD FOUNDATI   | ON, INC.          |    | 58-2 | 314424 |
|--|-------------------|----|------|--------|
| B. HARVEY HILL, JR.<br>87 WEST PACES FERRY ROAD<br>ATLANTA, GA 30305 | TRUSTEE<br>2.00   | 0. | 0.   | 0.     |
| ROBERT G. EDGE<br>87 WEST PACES FERRY ROAD<br>ATLANTA, GA 30305      | TRUSTEE 2.00      | 0. | 0.   | 0.     |
| BLAIN A. ALLEN<br>87 WEST PACES FERRY ROAD<br>ATLANTA, GA 30305      | SECRETARY<br>2.00 | 0. | 0.   | 0.     |
| TOTALS INCLUDED ON 990-PF, PAG                                       | E 6, PART VIII    | 0. | 0.   | 0.     |