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2016

OMB No 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2016, or tax yea	r beginning 01-01-20	16 , aı	nd er	nding 12-31	-2016	
		Indation				A Employer id	lentification numbe	r
Be	nnett I	hrasher Foundation Inc	74-3111939					
		d street (or P O box number if mail is r erwood Parkway No 700		<b>B</b> Telephone number (see instructions)				
		,	(770) 396-220	0				
		n, state or province, country, and ZIP o 30339	r foreign postal code			C If exemption	application is pendin	g, check here
<b>G</b> Cl	neck al	I that apply Initial return	☐ Initial return of a	former public charity		<b>D 1.</b> Foreign o	ganizations, check h	ere $\square$
		☐ Final return	Amended return	,			rganizations meeting	
		<b>✓</b> Address char	nge 🔲 Name change			test, ched	ck here and attach co	mputation 🕨 🔲
H C	neck ty	pe of organization 🗹 Section	501(c)(3) exempt private f	foundation			undation status was t on 507(b)(1)(A), chec	
<u></u> :	Section	n 4947(a)(1) nonexempt charitabl	e trust 🔲 Other taxable	private foundation				
of	year <i>(f</i>	xet value of all assets at end from <i>Part II, col (c),</i> •\$ 72,343	J Accounting method ☐ Other (specify) (Part I, column (d) must	✓ Cash ☐ Accru	ıal		ation is in a 60-montl in 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and	1	expenses per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (se		books				(cash basis only)
	1	Contributions, gifts, grants, etc. schedule)	, received (attach	248,482				
	2	Check ▶ ☐ If the foundation is	not required to attach					
	_	Sch B						
	3	Dividends and interest from seci	•					
	5a	Gross rents	unides					
	b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of a	ssets not on line 10					
Revenue	ь	Gross sales price for all assets o	n line 6a					
Zev	7	Capital gain net income (from Pa				C		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allo	wances 1,105					
	b	Less Cost of goods sold	306					
	C	Gross profit or (loss) (attach sch	•	799				
	11	Other income (attach schedule)		301		C		
	12	<b>Total.</b> Add lines 1 through 11		249,582		C		
	13	Compensation of officers, director	, ,	0		C		0
_	14	Other employee salaries and wa	_					
ses	15 16a	Pension plans, employee benefit Legal fees (attach schedule) .						
ĕ		Accounting fees (attach schedule						
Expenses	b c	Other professional fees (attach s	•		-			
and Administrative	17	Interest						
rat	18	Taxes (attach schedule) (see ins	tructions)					
ıl St	19	Depreciation (attach schedule) a	,					
重	20	Occupancy	·					
Ac	21	Travel, conferences, and meetin		2,761		C		0
pue	22	Printing and publications						
βį	23	Other expenses (attach schedule	e)	4,308		C		3,581
Operating	24	Total operating and administ	rative expenses.					
be		Add lines 13 through 23		7,069	L	С		3,581
0	25	Contributions, gifts, grants paid		205,210				205,210
	26	Total expenses and disburses 25	ments. Add lines 24 and	212,279		O		208,791
	27	Subtract line 26 from line 12		,				, -
	a	Excess of revenue over expendiables are a second of the se	nses and	37,303				
	ь	disbursements Net investment income (if neg	gative, enter -0-)			C		
	c	Adjusted net income(if negati	•					
For		work Reduction Act Notice, se				Cat No 11289	I X For	<u>l</u> m <b>990-PF</b> (2016)

568

35,040

35,040

35,040

35,040

447

72,343

72,343

72,343 72,343

2 3

4

5

6

35,040

37,303

72,343

72,343 Form **990-PF** (2016)

447

72,343

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Unrestricted . . . . .

Permanently restricted . . . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) -

Temporarily restricted

Investments—other (attach schedule) . . . . . . . .

Less accumulated depreciation (attach schedule) ▶ 403

Total assets (to be completed by all filers—see the

		Less allowance for doubtful accounts									
	5	Grants receivable									
	6	Receivables due from officers, directors, trustees, and other									
		disqualified persons (attach schedule) (see instructions)									
Ş	7 Other notes and loans receivable (attach schedule) ▶										
		Less allowance for doubtful accounts ▶									
	8	Inventories for sale or use									
set	9	Prepaid expenses and deferred charges									
As	10a	Investments—U S and state government obligations (attach schedule)									

С

11

12

13 14

15

16

17

18

19

20

21

22

23

24

25

28

29

31 Part III

Liabilities

lances

Bal

Fund 26

ŏ

Assets 27

Net 30

2

Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))

Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income ) If section 4940(d)(2) applies, leave this part blank 🗌 Yes 🗸 No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see instructions before making any entries (a) (d) Distribution ratio Base period years Calendar Adjusted qualifying distributions Net value of noncharitable-use assets year (or tax year beginning in) (col (b) divided by col (c)) 2015 262,370 70,319 3 731140

2014 226,644 82,825 2 736420 2013 149,047 93,092 1 601072 2012 120,822 22,762 5 308057 2011 97,131 7,137 13 609500

2 Total of line 1, column (d) 2 26 986189 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the 3 5 397238 number of years the foundation has been in existence if less than 5 years 4 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 50,601

5 273,106 5 Multiply line 4 by line 3 . . . . . . . . . . . 6 Enter 1% of net investment income (1% of Part I, line 27b) . 6 0 7 273,106 8 Enter qualifying distributions from Part XII, line 4 8 208,791 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. See the Part VI instructions

Page 3

(d)

Date sold

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
<b>6</b> a	Did the foundation, during the year,	rece	eive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?				· 🗌 Yes 🗸				
b	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal bei	nefit contract?	NO	6b		No
	If "Yes" to 6b, file Form 8870					Ī			
7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter tran	nsaction? Yes				
b	If yes, did the foundation receive an				∟ Yes 💌	No	7b		
	Information About O		· · · · · · · · · · · · · · · · · · ·		nagers, Highly Paid Er	nplov	vees.		
Pa	and Contractors		,,		g, g ,		, ,		
1	List all officers, directors, trustee	s. f	oundation managers an	d their compensation	(see instructions).				
	Eist all officers, affectors, trastee	.5, 1			(d)				
	(a) Name and address		Title, and average hours per week	(c) Compensation (If not paid, enter	Contributions to employee			se acc	
	(a) Hame and dadress	(	b) devoted to position	-0-)			(e) other allowance		
	Additional Data Table			-	compensation	1			
see	Additional Data Table								
2	Compensation of five highest-pai	d er	nployees (other than th	ose included on line 1		ne, er	nter "	NONE.	"
	(a)		Title, and average		Contributions to				
Na	ame and address of each employee pa	ıd	hours per week	(c) Compensation	employee benefit plans and deferred			se acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)	001101	ao.,, a.,	1000
NON	E								
			]						
			1						
			1						
			1						
			1						
Tota	I number of other employees paid over	r ¢ F	<u> </u>	1					
OLA	in number of other employees paid over	ει <b>φ</b> Σ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · ·		Г	004	)-PF (	2016
						For	11 3 3	,-PF	/U1b

Form 990-PF (2016)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of 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 rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		<del> </del>
2		<del> </del>
2		<del> </del>
2		
3		<del> </del>
		<del> </del>
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		<b>▶</b> 0
		Form <b>990-PF</b> (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3h

4

5

208,791

208.791

208.791

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Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

**b** Total for prior years

From 2011. . . .

**b** From 2012. . . . . c From 2013. . .

**d** From 2014. . . . .

e From 2015. . . . .

XII, line 4 > \$

indicated below:

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. . . . . . .

d Applied to 2016 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

**b** Excess from 2013. .

d Excess from 2015. .

e Excess from 2016. . .

c Excess from 2014. . . .

6 Enter the net total of each column as

**b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . . 2016

Page 9

2,530

2.530

Form **990-PF** (2016)

Form 990-PF (2)	016)
Part XIII	Und

distributed Income (see instructions) 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016

(a) a Enter amount for 2015 only. . . . . . .

> 96,774 119,684

144.392 222,503

258,854

119.684 144,392

222.503

258.854

206.261

Corpus

842,207

206.261

1.048.468

96.774

951,694

Years prior to 2015

(b)

(c)

2015

b The form in which applications should be submitted and information and materials they should include

WITHIN THE SCOPE OF THE FOUNDATION'S MISSION, THE BENNETT THRASHER FOUNDATION PRIMARILY IDENTIFIES POTENTIAL GRANT RECIPIENTS THROUGH REQUESTS SUBMITTED BY BENNETT THRASHER, LLP EMPLOYEES THE FOUNDATION DOES NOT ACCEPT UNSOLICITED GRANT REQUESTS FROM THE GENERAL PUBLIC

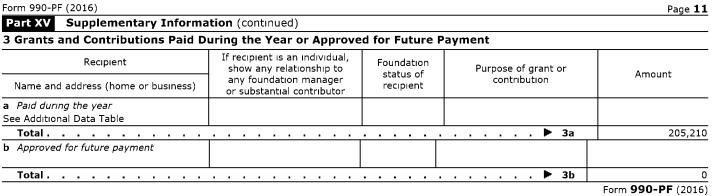
c Any submission deadlines

No deadlines at this time

metropolitan area

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Grants are restricted to public charities that foster the long term development and success of individuals who are primarily in the greater Atlanta



(a) (b) (c) (d)	(e) Related or exempt function income (See instructions )
Business code Amount Exclusion code Amount    Program service revenue   Business code   Amount   Code   Amount   Code   C	
b d d d d d d d d d d d d d d d d d d d	
c d d d d d d d d d d d d d d d d d d d	
d e	
g Fees and contracts from government agencies  Membership dues and assessments	
g Fees and contracts from government agencies  Membership dues and assessments	
2 Membership dues and assessments	
3 Interest on savings and temporary cash investments	
4 Dividends and interest from securities	
5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory	
a Debt-financed property	
b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income	
7 Other investment income	
8 Gain or (loss) from sales of assets other than inventory	
Inventory  Net income or (loss) from special events  Of Gross profit or (loss) from sales of inventory  Other revenue  Miscellaneous Reve	
9 Net income or (loss) from special events  10 Gross profit or (loss) from sales of inventory  11 Other revenue  12 Add columns (b), (d), and (e).  13 Total. Add line 12, columns (b), (d), and (e).  14 See worksheet in line 13 instructions to verify calculations.  15 Part XVI-B  16 Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	
O Gross profit or (loss) from sales of inventory  1 Other revenue  a Miscellaneous Revenue  b C C C C C C C C C C C C C C C C C C	
1 Other revenue  a Miscellaneous Revenue  b	
a Miscellaneous Revenue b c c d e	
c d d solutions (b), (d), and (e)	
d	
e	
2 Subtotal Add columns (b), (d), and (e)	
3 Total. Add line 12, columns (b), (d), and (e)	
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	1,100
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	
the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part	XVII	Exempt Organiz								po 17.111 11011		•	
		ganization directly or inc Code (other than section	directly enga								n 501	Yes	No
a Tra	nsfers f	from the reporting found	dation to a n	oncha	ritable ex	empt organizati	on (	of	·	-			
											. 1a(1	ol –	No
(2) Other assets											. 1a(2	-	No
<b>b</b> Oth	er tran	sactions										1	
(1)	Sales	of assets to a nonchari	table exemp	t orga	ınızatıon.						. 1b(1		No
		ases of assets from a n	•	-							1b(2	-	No
		al of facilities, equipmen									1b(3		No
		bursement arrangemen	-								. 1b(4	_	No
		or loan guarantees.									. 1b(5	_	No
(6)	Perfor	mance of services or me	embership or	fund	raising sol	licitations					. 1b(6	5)	No
<b>c</b> Sha	ring of	facilities, equipment, m	nailing lists, o	other	assets, or	paid employees	s <b>.</b>						No
<b>d</b> If the	ne ansv	ver to any of the above	ıs "Yes," con	nplete	the follow	wing schedule (	Colu	ımn <b>(b)</b>	should alv	ways show the fair m	narket value		
		ds, other assets, or serv											
ın a	ny tran	nsaction or sharing arrai	ngement, sh	ow in	column (c	d) the value of t	the	goods, c	other asse	ts, or services receiv	red		
(a) Line	No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization	ı	( <b>d</b> ) De	scription of	transfers, transactions,	and sharing ar	rangeme	nts
•													
							_						
							_						
							+						
							+						
	_						+						
							+						
							+						
							+						
2a īs t	he four	ndation directly or indire	ctly affiliated	d with	or relate	ed to one or mo	re t	ay-eyen	nnt organi	zations			
		in section 501(c) of the	•		•	*					. 🗆 Yes	<b>✓</b> 1	\lo
		, ,		ulali	Section 30	)1(C)(J))	ecu	1011 327			. 🗀 163	الخا	10
וו ט	res, co	omplete the following so (a) Name of organizatio			1 (1	<b>b)</b> Type of organiz	atio	n	1	(c) Description	of relationship		
		(a) Name of organization			, .	by Type of organiz				(c) Description	or relationship		
		er penalties of perjury, i											
	1	y knowledge and belief		orrect,	, and com	plete Declarati	on c	of prepar	er (other	than taxpayer) is ba	sed on all inf	ormatic	n of
Sign		h preparer has any kno	wieage			I							
Here		*****				2017-10-30		\ *	****		ay the IRS disc oth the prepare		
	<b>     </b>	Signature of officer or tr	ustee			Date		_ / _	itle		see instr )? 🗹		
		<u>-</u>						1			, ,		
		Print/Type preparer's	name	Prep	arer's Sıgı	nature		Date		Charle is sale	TIN		
										Check if self-	P006	18530	
		Timothy S Oberst						2017	7-10-30	employed ▶ ☐			
Paid		<u>'</u>						2017-10-30					
Prep		Firm's name ► Benn	ett Thrasher	LLP				•			irm's EIN ▶5	8-1672	613
Use (	Only										HIII 5 LIN P	,0-10/3	010
		Firm's address ► 33	00 Riverwoo	d Park	way 700								
		Atl	anta, GA 30	339						P	hone no (77	70) 396-	-2200
		,	,										

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter hours per week Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation Alana Mueller Past President 0 0 0 50 3300 Riverwood Parkway Suite 700 atlanta, GA 30339 Allie Blessing 0 0 Vice President 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Bailey Maxwell **PRESIDENT** 0 0 1 00 3300 Riverwood Parkway Suite 700 atlanta, GA 30339 Brittany Smith **board Member** 0 0 0 50 3300 Riverwood Parkway Suite 700 atlanta, GA 30339 Chase Quinn 0 0 **BOARD MEMBER** 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Dean Konenkamp 0 0 **SECRETARY** 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Doug Dunlap 0 0 Treasurer 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 0 Jane Klingmeyer 0 **BOARD MEMBER** 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Jessica Holloway **bOARD MEMBER** 0 0 0 50 3300 Riverwood Parkway Suite 700 atlanta, GA 30339 Joel Smith **BOARD MEMBER** 0 0 0 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Joseph Jones BOARD MEMBER 0 0 0.50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 0 0 Katie Junior **bOARD MEMBER** 0 50 3300 Riverwood Parkway Suite 700 atlanta, GA 30339 Katya Marasac **BOARD MEMBER** 0 0 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Ken Thrasher BOARD MEMBER 0 0 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Lauren Bundy **BOARD MEMBER** 0 0 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account. hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation Makayla Greathouse BOARD MEMBER 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Mary Beth Davis Past Secretary 0.50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Matt Grosvenor BOARD MEMBER 0.50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Richard Bartolanzo **bOARD MEMBER** 0 50 3300 Riverwood Parkway Suite 700 atlanta, GA 30339 Shannon Varnadore BOARD MEMBER 0.50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Stanton Brownlee BOARD MEMBER 0.50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Tigger Marshall **BOARD MEMBER** 0 0 50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 Tim Brunelle Past Treasurer 0.50 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Side by Side Brain Injury Clubhouse 1001 Main Street Stone Mountain, GA 30083	NONE	PC	General Operating Fund	5,000
Good Samaritan Health Center	NONE	PC	GENERAL OPERATING FUND	5 000

Stone Mountain, GA 30083				
Good Samaritan Health Center 1015 Donald Lee Hollowell Pkwy Atlanta, GA 30318	NONE	PC	GENERAL OPERATING FUND	5,000
Sunshine on a Ranney Day	NONE	PC	General Operating Fund	10,000

Stolle Modificant, OA 30003				
Good Samaritan Health Center 1015 Donald Lee Hollowell Pkwy Atlanta, GA 30318	NONE	PC	GENERAL OPERATING FUND	5,000
Sunshine on a Ranney Day 10800 Alpharetta hwy Suite 208 625 Roswell, GA 30076	NONE	PC	General Operating Fund	10,000
Feel Beautiful Today	NONE	PC	GENERAL OPERATING FUND	2,500

1015 Donald Lee Hollowell Pkwy Atlanta, GA 30318				
Sunshine on a Ranney Day 10800 Alpharetta hwy Suite 208 625 Roswell, GA 30076	NONE	PC	General Operating Fund	10,000
Feel Beautiful Today 1160 Oakhaven Drive Roswell, GA 30075	NONE	PC	GENERAL OPERATING FUND	2,500
Kate's Club	NONE	PC	General Operating Fund	5,000

Sunshine on a Ranney Day 10800 Alpharetta hwy Suite 208 625 Roswell, GA 30076	NONE	PC	General Operating Fund	10,000
Feel Beautiful Today 1160 Oakhaven Drive Roswell, GA 30075	NONE	PC	GENERAL OPERATING FUND	2,500
Kate's Club 1190 W Druid Hills Dr NE T-80 ATLANTA, GA 30329	NONE	PC	General Operating Fund	5,000

Kate's Club 1190 W Druid Hills Dr NE T-80 ATLANTA, GA 30329  NONE PC General Operating Fund 5,000	Feel Beautiful Today 1160 Oakhaven Drive Roswell, GA 30075	NONE	PC	GENERAL OPERATING FUND	2,500
	1190 W Druid Hills Dr NE T-80	NONE	PC	General Operating Fund	5,000

110311611, 6/1 300/3				
Kate's Club 1190 W Druid Hills Dr NE T-80 ATLANTA, GA 30329	NONE	PC	General Operating Fund	5,
Total				205,210

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year The Tyson Foundation NONE PC General Operating Fund 2,000 1205 Brampton Avenue

Statesboro, GA 30458				
Boys and Girls Clubs of Metro Atlanta 1275 Peachtree Street NE Suite 500 Atlanta, GA 30309	NONE	PC	General Operating Fund	

WINGS for Kids 1465 Northside Drive Suite 222A Atlanta, GA 30318	NONE	PC	General Operating Fund	

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Atlanta, GA 30318				
Nobis Works 1480 Bells Ferry Rd Marietta, GA 30066	NONE	PC	GENERAL OPERATING FUND	
TheraSports & Recreation	NONE	PC	GENERAL OPERATING FUND	

,a., .,				
Nobis Works 1480 Bells Ferry Rd Marietta, GA 30066	NONE	PC	GENERAL OPERATING FUND	7,612
TheraSports & Recreation 1704 Chantilly Drive	NONE	PC	GENERAL OPERATING FUND	5,000

Marietta, GA 30066				·
TheraSports & Recreation 1704 Chantilly Drive Atlanta, GA 30324	NONE	PC	GENERAL OPERATING FUND	5,000
Total				205,210

3,500

5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Dodgen Middle School PTSA 1725 Bill Murdock Road Marietta, GA 30062	NONE	PC	GENERAL OPERATING FUND	916

13,985

180

Camp Sunshine 1850 Clairmont Road Decatur, GA 30033	NONE	PC	General Operating Fund	
Trinity Community Ministries 21 Bell Street NE	NONE	PC	General Operating Fund	

rinity Community Ministries 1 Bell Street NE tlanta, GA 30303	NONE	PC	General Operating Fund	
alama Development Alliance	None	PC	General Operating Fund	

2107 North Decatur Road Box 308 Decatur, GA 30033				
Balama Development Alliance	None	PC	General Operating Fund	500
Atlanta, GA 30303				

Balama Development Alliance 2107 North Decatur Road Box 308 Decatur, GA 30033	None	PC	General Operating Fund	500
Atlanta Youth Academy 2120 Forest Park Rd SE Atlanta, GA 30315	NONE	PC	General Operating Fund	5,000

Decatur, GA 30033				
Atlanta Youth Academy 2120 Forest Park Rd SE Atlanta, GA 30315	NONE	PC	General Operating Fund	5,000
Total				205,210

Atlanta Youth Academy 2120 Forest Park Rd SE Atlanta, GA 30315	NONE	PC	General Operating Fund	5,000
Total				205,210

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Trees Atlanta 225 Chester Avenue NONE PC General Operating Fund 1,000 Atlanta, GA 30316

Attanta, CA 30310				
VOX Teen Communications 229 Peachtree St NE Suite 275 Atlanta, GA 30303	NONE	PC	GENERAL OPERATING FUND	5,000
Cystic Fibrosis Foundation GA Chapter 2302 Parklake Drive NE 210 Atlanta, GA 30345	NONE	PC	General Operating Fund	7,000

Cystic Fibrosis Foundation GA Chapter 2302 Parklake Drive NE 210 Atlanta, GA 30345	NONE	PC	General Operating Fund	7,000
American Lung Association in Georgia 2452 Spring Road Smyrna, GA 30080	NONE	PC	General Operating Fund	5,000
Arts Bridge Foundation	NONE	PC	General Operating Fund	5,000

American Lung Association in Georgia 2452 Spring Road Smyrna, GA 30080	NONE	PC	General Operating Fund	5,000
Arts Bridge Foundation 2800 Cobb Galleria Pkwy Atlanta, GA 30339	NONE	PC	General Operating Fund	5,000
Total	205,210			

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Lutzie 43 Foundation Inc NONE PC General Operating Fund 5,600

2840 Landing Way Marietta, GA 30066				
Buckhead Christian Ministries 2847 Piedmont Road NE Atlanta, GA 30305	NONE	PC	GENERAL OPERATING FUND	5,000

Atlanta, GA 30305				
Ignite Hope 2879 Observation Point Marietta, GA 30064	NONE	рс	GENERAL OPERATING FUND	1,450
Susan G Komen for the Cure - Atlanta 3525 Piedmont Road Bldg D Suite 215	NONE	PC	General Operating Fund	1,300

Marietta, GA 30064				
Susan G Komen for the Cure - Atlanta 3525 Piedmont Road Bldg D Suite 215 Atlanta, GA 30305	NONE	PC	General Operating Fund	1,300
Good Mews Animal Foundation Inc	NONE	PC	General Operating Fund	5,000

3525 Piedmont Road Bldg D Suite 215 Atlanta, GA 30305	NONE	PC	General Operating Fund	1,300
Good Mews Animal Foundation Inc 3805 Robinson Road Marietta, GA 30068	NONE	PC	General Operating Fund	5,000

Atlanta, GA 30305				
Good Mews Animal Foundation Inc 3805 Robinson Road Marietta, GA 30068	NONE	PC	General Operating Fund	5,000
Total				205,210

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Classic City Community Church 386 N Milledge Avenue PO Box 329 Athens, GA 30603	NONE	PC	GENERAL OPERATING FUND	500
Special Olympics of Georgia 4000 Dekalb Technology Pkwy Suite 400 Bldg 300 Atlanta, GA 30340	NONE	PC	General Operating Fund	3,500
Noonday Christian Academy 4121 Canton Road NE Marietta, GA 30066	NONE	PC	GENERAL OPERATING FUND	2,500
Sandy Springs Tennis Association 500 Abernathy Rd NE Atlanta, GA 30328	NONE	PC	GENERAL OPERATING FUND	5,000
Living 1 27 Foster Care Ministry 5197 Ozark Lane Marietta, GA 30062	NONE	PC	General Operating Fund	3,500

205,210

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Dad's Garage Theatre Company 569 Ezzard Street SE Atlanta, GA 30312	NONE	PC	General Operating Fund	1,500
Camp Kudzu 5885 Glenridge Dr 160 Atlanta, GA 30328	None	PC	General Operating Fund	5,000
Leadership Ministries Inc 5901-C Peachtree Dunwoody Rd Suite 50 Atlanta, GA 30328	NONE	PC	GENERAL OPERATING FUND	2,500
The Kyle Pease Foundation 711 Cosmopolitan Dr 126 Atlanta, GA 30324	NONE	PC	GENERAL OPERATING FUND	3,750
Atlanta Community Food Bank	NONE	PC	GENERAL OPERATING FUND	315

732 Joseph E Lowery Blvd NW Atlanta, GA 30318

205,210 Total . . За

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Atlanta Habitat for Humanity 824 Memorial Dr SE Atlanta, GA 30316	NONE	PC	General Operating Fund	6,000
The Sandy Springs Mission 850 Mount Vernon Highway Atlanta, GA 30327	NONE	PC	GENERAL OPERATING FUND	5,000
Andrew P Stewart Center Inc 867 Metropolitan Pkwy SW Atlanta, GA 30310	NONE	PC	GENERAL OPERATING FUND	5,000
National Multiple Sclerosis Society-GA 950 E Paces Ferry Rd NE 110 Atlanta, GA 30326	NONE	PC	GENERAL OPERATING FUND	5,000
Vision Atlanta dba Camp Grace P O Box 867 Roswell, GA 30077	NONE	PC	GENERAL OPERATING FUND	5,000

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205,210

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year American Red Cross PO Box 101508 NONE PC General Operating Fund 2,602

Atlanta, GA 303921508				
Stirred Up Ministries PO Box 170577 Atlanta, GA 30317	NONE	PC	GENERAL OPERATING FUND	

Stirred Up Ministries PO Box 170577 Stlanta, GA 30317	NONE	PC	GENERAL OPERATING FUND
Georgia Center for Child Advocacy O Box 17770 Atlanta, GA 30316	NONE	PC	GENERAL OPERATING FUND

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Georgia Center for Child Advocacy PO Box 17770 Atlanta, GA 30316	NONE	PC	GENERAL OPERATING FUND	

Atlanta, GA 30316				1
HOPE Inc PO Box 3166 Duluth, GA 30096	NONE	PC	GENERAL OPERATING FUND	

HOPE Inc PO Box 3166 Duluth, GA 30096	NONE	PC	GENERAL OPERATING FUND	5,000
Interfaith Outreach Home PO Box 48075	NONE	PC	General Operating Fund	1,000

Duluth, GA 30096				5,000
Interfaith Outreach Home PO Box 48075 Doraville, GA 30362	NONE	PC	General Operating Fund	1,000

5,000

5,000

Interfaith Outreach Home PO Box 48075 Doraville, GA 30362	NONE	PC	General Operating Fund	

PO Box 48075 Doraville, GA 30362	NONE	PC	General Operating Fund	1
Total				205,210

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Athens PBJ PO Box 5234 NONE PC GENERAL OPERATING FUND 500 Athens, GA 30604 Essential2Life PO Box 620053 NONE PC General Operating Fund 5,000 Atlanta GA 30362

Adanta, GA 30302				
Operation One Voice PO Box 704 Hoschton, GA 30548	NONE	PC	General Operating Fund	5,000
Second Helping Atlanta Inc PO Box 720582 Atlanta, GA 30358	NONE	PC	GENERAL OPERATING FUND	5,000
KRG Hands LLC dba Karıng Hands	NONE	рс	GENERAL OPERATING FUND	3,000

PO Box 7422 Atlanta, GA 30357

Total . . 205,210 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager

recipient

	mame and dad out (name or business)	or substantial contributor			
,	a Paid during the year				
	Christ Child Society of Atlanta	NONE	PC	General Operating Fund	1,500

PO Box 88705		· -	
Atlanta, GA 30356			

Name and address (home or business)

3a

Atlanta, GA 30356		
Total		 205.210

Atlanta, GA 30356		
Total	 	205,210

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491312007077
TY 2016 Land, Etc. Schedule			
Name:	Bennett Thrasher	Foundation Inc	

447

<b>EIN:</b> /4-3111939				
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value

403

850

**VENDINg Machine** 

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491312007077				
TY 2016 Other Expenses Sche	dule			
Name:	Bennett Thrash	er Foundation Ind	2	
EIN:	74-3111939			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Bank Charges	577	0		0
Dues and subscriptions	42	0		0
Supplies	108	0		0
Get to Know Your Foundation	1,038	0		1,038
Other costs	2,543	0		2,543

Name: Bennett Thrasher Foundation Inc.

As Filed Data -

efile GRAPHIC print - DO NOT PROCESS

Miscellaneous Revenue

	<b>EIN:</b> 74-3111939	
Other Income Schedule		

Net Investment

Income

Description

301

**Adjusted Net Income** 

301

Revenue And **Expenses Per Books** 

DLN: 93491312007077

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491312007077				
Schedule B Schedule of Contributors				OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at   www.irs.gov/form990			2016
Name of the organizat Bennett Thrasher Founda			Employer id	entification number
	don ne		74-3111939	
Organization type (che	ck one)			
Filers of:	Section:			
Form 990 or 990-EZ				
	4947(a)(1) nonexempt charitable trust <b>not</b> trea	ited as a private foundation	on	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated	as a private foundation		
501(c)(3) taxable private foundation				
•	ation filing Form 990, 990-EZ, or 990-PF that received, du r property) from any one contributor Complete Parts I and	•	•	•
Special Rules				
under sections a received from a	tion described in section 501(c)(3) filing Form 990 or 990- 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (F by one contributor, during the year, total contributions of the ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	Form 990 or 990-EZ), Pa	rt II, line 13,	16a, or 16b, and that
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				
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 lf 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				
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions Cat No 30613	3X Schedule	е В (Form 990,	990-EZ, or 990-PF) (2016)

Name of organi Bennett Thrasher		74-3111939	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BENNETT THRASHER LLP		Person
1			Payroll
	3300 Riverwood Parkway Suite 700	\$ 223,663	Noncash
	ATLANTA, GA 30339		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BT Wealth Management LLC		Darram
2			Person   Payroll
	3300 Riverwood Parkway Suite 1075	\$ 11,652	· · · · · · · · · · · · · · · · · · ·
		Ψ11,002	Noncash
	ATLANTA, GA 30339		(Complete Part II for noncash contributions )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-	-		Payroll
		\$	Noncash
			(Complete Part II for noncash contributions )
(a)	(b)	(c)	(d)
Νο.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions )
		Schedule B (Fr	orm 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>	
Name of organization Bennett Thrasher Foundation Inc		Employer identification number		
	dation inc	74-31	111939	
Part II	Noncash Property		_	
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
=				
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
=				
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
=				
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
<u> </u>	<del>-</del>	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page <b>4</b>
<b>Name of organizat</b> Bennett Thrasher Fo			Employer identification number 74-3111939
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) thro of exclusively religious, chari octions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	L(e) Transfer of gift ZIP 4	: Relationship of transferor to transferee
	-		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	l : Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
		<u> </u>	Askadula D (Farra 000 000 F7 an 000 DE) (0040)
		5	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)