







For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation ABRAHAM J AND PHYLLIS KATZ FOUNDATION		A Employer identification number 11-6442077	
Number and street (or P O box number if mail is not delivered to street address) 57 AMLAJACK BLVD		Room/suite	B Telephone number (see instructions) (770) 304-3035
City or town, state or province, country, and ZIP or foreign postal code NEWNAN, GA 302651093		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 61,724,810	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	6,915			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	3,321,670	3,209,569		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	167,067			
	b Gross sales price for all assets on line 6a 15,458,949				
	7 Capital gain net income (from Part IV, line 2) . . .		167,067		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	 2,290	2,290		
	12 Total. Add lines 1 through 11	3,497,942	3,378,926		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages	190,000	0		190,000
	15 Pension plans, employee benefits	11,292	0		11,292
	16a Legal fees (attach schedule)	 1,189	0		1,189
	b Accounting fees (attach schedule)	 6,000	3,000		3,000
	c Other professional fees (attach schedule)	 3,412	0		3,412
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	 64,536	0		14,536
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings	7,616	0		7,616
	22 Printing and publications				
	23 Other expenses (attach schedule)	 25,895	0		25,895
	24 Total operating and administrative expenses. Add lines 13 through 23	309,940	3,000		256,940
	25 Contributions, gifts, grants paid	7,869,385			7,869,385
	26 Total expenses and disbursements. Add lines 24 and 25	8,179,325	3,000		8,126,325
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-4,681,383			
	b Net investment income (if negative, enter -0-)		3,375,926		
c Adjusted net income(if negative, enter -0-) . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	2,709,852	4,434,100	4,434,100
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)	5,126,912	3,873,839	4,378,819
	b	Investments—corporate stock (attach schedule)	28,334,036	24,526,835	26,308,308
	c	Investments—corporate bonds (attach schedule)	25,780,453	24,425,443	26,593,930
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	0	9,653	9,653	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	61,951,253	57,269,870	61,724,810	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable.			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	61,951,253	57,269,870	
	30	Total net assets or fund balances (see instructions)	61,951,253	57,269,870	
31	Total liabilities and net assets/fund balances (see instructions) .	61,951,253	57,269,870		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	61,951,253
2	Enter amount from Part I, line 27a	2	-4,681,383
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	57,269,870
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	57,269,870

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a LONG TERM PUBLICALLY TRADED SECURITIES			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 15,458,949		15,291,882	167,067
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			167,067
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">{</div> <div> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="font-size: 3em; margin-left: 5px;">}</div> </div>	<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">2</div>	167,067
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<div style="font-size: 3em;">{</div>	<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">3</div>	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	6,630,300	62,125,914	0 106724
2015	6,603,160	65,388,721	0 100983
2014	4,719,388	69,256,178	0 068144
2013	4,028,564	67,353,816	0 059812
2012	3,696,674	65,568,373	0 056379
2 Total of line 1, column (d)			<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">2</div>
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">3</div>
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">4</div>
5 Multiply line 4 by line 3			<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">5</div>
6 Enter 1% of net investment income (1% of Part I, line 27b)			<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">6</div>
7 Add lines 5 and 6			<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">7</div>
8 Enter qualifying distributions from Part XII, line 4			<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">8</div>

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	33,759
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	33,759
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	33,759
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	55,390
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	55,390
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	21,631
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> 21,631 Refunded <input type="checkbox"/>	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 intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 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	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
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	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of ALEXANDER S KATZ Telephone no (770) 304-3035			

Located at **57 AMLAJACK BLVD NEWMAN GA** ZIP+4 **30265**


15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions) <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b	No	
	Organizations relying on a current notice regarding disaster assistance check here. 			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	No	
	<i>If "Yes" to 6b, file Form 8870</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ALEXANDER S KATZ 57 AMLAJACK BLVD NEWMAN, GA 30265	TRUSTEE 10 00	0	0	0
DAVID KATZ 57 AMLAJACK BLVD NEWMAN, GA 30265	TRUSTEE 10 00	0	0	0
ELLEN B DOFT 57 AMLAJACK BLVD NEWMAN, GA 30265	TRUSTEE 10 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
DAVID WOOLF 2897 NORTH DRUID HILLS ROAD 163 ATLANTA, GA 30329	EXECUTIVE DIRECTOR 40 00	120,000	4,377	0
BARBARA SAUNDERS 2897 NORTH DRUID HILLS ROAD 163 ATLANTA, GA 30329	GRANTS/PROGRAM MANAG 40 00	70,000	6,915	0

Total number of other employees paid over \$50,000. **0****3 Five highest-paid independent contractors for professional services (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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	58,263,227
b	Average of monthly cash balances.	1b	4,125,985
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	62,389,212
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	62,389,212
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	935,838
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	61,453,374
6	Minimum investment return. Enter 5% of line 5.	6	3,072,669

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	3,072,669
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	33,759
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	56
c	Add lines 2a and 2b.	2c	33,815
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	3,038,854
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	3,038,854
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	3,038,854

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	8,126,325
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		
a	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	8,126,325
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 (see instructions).	5	33,759
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	8,092,566

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				3,038,854
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	449,319			
b From 2013.	768,323			
c From 2014.	1,350,495			
d From 2015.	3,476,300			
e From 2016.	3,590,734			
f Total of lines 3a through e.	9,635,171			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 8,126,325				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				3,038,854
e Remaining amount distributed out of corpus	5,087,471			
5 Excess distributions carryover applied to 2017 (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	14,722,642			
b Prior years' undistributed income Subtract 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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
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 2012 not applied on line 5 or line 7 (see instructions). . . .	449,319			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	14,273,323			
10 Analysis of line 9				
a Excess from 2013.	768,323			
b Excess from 2014.	1,350,495			
c Excess from 2015.	3,476,300			
d Excess from 2016.	3,590,734			
e Excess from 2017.	5,087,471			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

DAVID WOOLF
2897 NORTH DRUID HILLS ROAD 163
ATLANTA, GA 30329
(404) 551-5004

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

AN APPLICATION FORM CAN BE OBTAINED BY WRITTING DIRECTLY TO THE FOUNDATION THE APPLICATION REQUESTS BASIC INFORMATION OF THE GRANT SEEKER AND THE PURPOSE OF THE FUNDING REQUEST

c Any submission deadlines

NONE

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

NONE

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	7,869,385
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer or trustee	2018-10-30 Date	***** Title

May the IRS discuss this return with the preparer shown below
 (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	CHRISTOPHER B DAVIS CPA		2018-10-30		P00546438
	Firm's name ▶ HAW APRIO LLP				Firm's EIN ▶ 57-1157523
Firm's address ▶ FIVE CONCOURSE PARKWAY SUITE 1000 ATLANTA, GA 30328					Phone no (404) 892-9651

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ATLANTA RESEARCH AND EDUCATION FOUNDATION INC 4 EXECUTIVE PARK EAST NE STE 355 ATLANTA, GA 30329		PC	RESEARCH TREATMENT OF OCULAR DISORDERS	200,000
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318		PC	FOOD DISTRIBUTION OPERATIONS	100,000
ATLANTA MUSIC PROJECT 1280 PEACHTREE ST STE 4074 ATLANTA, GA 30309		PC	PROGRAM SUPPORT	50,000
Total ► 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ATLANTA RONALD MCDONALD HOUSE CHARITIES 795 GATEWOOD RD NE ATLANTA, GA 30329		PC	PROGRAM SUPPORT, CAPITAL CAMPAIGN	25,000
CAMP TWIN LAKES 1100 SPRING ST STE 260 ATLANTA, GA 30309		PC	CAMPER SCHOLARSHIPS	100,000
CENTER FOR THE VISUALLY IMPAIRED 739 W PEACHTREE ST NW ATLANTA, GA 30308		PC	GENERAL OPERATING	25,000
Total ► 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S HEALTHCARE OF ATLANTA 1577 NORTHEAST EXPRESSWAY STE A ATLANTA, GA 30329		PC	SICKLE CELL DISEASE HEALTH SERVICES AND OUTCOMES RESEARCH	323,649
CHILDREN'S HEALTHCARE OF ATLANTA 1577 NORTHEAST EXPRESSWAY STE A ATLANTA, GA 30329		PC	SICKLE CELL DISEASE RESEARCH	466,836
CLEVELAND CORD BLOOD CENTER 25001 EMERY RD STE 150 CLEVELAND, OH 44128		PC	GENERAL OPERATING	700,000
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CLEVELAND CORD BLOOD CENTER 25001 EMERY RD STE 150 CLEVELAND, OH 44128		PC	RESEARCH & DEVELOPMENT	800,000
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	ENDOWED CARDIOLOGY PROFESSORSHIP	250,000
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	PREVENTIVE CARDIOLOGY FELLOWSHIP	220,000
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	RESEARCH, DECODING PREECLAMPSIA, PHASE 2	250,000
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	VIP LEUKEMIA IMMUNOTHERAPY RESEARCH	200,000
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	INSTITUTE FOR THE LIBERAL ARTS, IDEAS PROGRAM	161,250
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	RESEARCH, MDMA ASSISTED THERAPY FOR PTSD	125,000
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	WINSHIP CANCER INSTITUTE, GI SURGICAL ONCOLOGY FELLOWSHIP #5	160,000
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	WINSHIP CANCER INSTITUTE, PATIENT & FAMILY SERVICES PROGRAM	50,000
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	RESEARCH RETINAL DEGENERATION	250,000
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	OB/GYN RESEARCH, DECODING PREECLAMPSIA	125,000
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	CORD BLOOD COLLECTION PROGRAM	150,000
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOUNDATION CENTER-ATLANTA 133 PEACHTREE ST NE LOBBY STE 350 ATLANTA, GA 30303		PC	GENERAL OPERATING, PROGRAMMING	20,000
HOFSTRA UNIVERSITY 128 HOFSTRA UNIVERSITY 100E PHILLIPS HALL STE HEMPSTEAD, NY 11549		PC	GENERAL PROGRAM SUPPORT	1,000
MUSIC & MEMORY INC142 EMORY RD MINEOLA, NY 11501		PC	GENERAL OPERATING, CAPACITY BUILDING, DEVELOPMENT CONSULTANT	200,000
Total ► 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL CENTER FOR CIVIL & HUMAN RIGHTS 250 WILLIAMS ST NE STE 2322 ATLANTA, GA 30303		PC	GENERAL OPERATING	50,000
PIEDMONT HEALTHCARE FOUNDATION 1968 PEACHTREE RD NW ATLANTA, GA 30309		PC	CORD BLOOD COLLECTION PROGRAM	237,500
ROBERT W WOODRUFF ARTS CENTER 1280 PEACHTREE ST ATLANTA, GA 30309		PC	ATLANTA SYMPHONY ORCHESTRA MUSICIANS' ENDOWMENT	250,000
Total ► 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SIGHT SAVERS AMERICA 337 BUSINESS CIR PELHAM, AL 35124		PC	PROGRAM SUPPORT	25,000
THEATRICAL OUTFIT INC 84 LUCKIE ST NW ATLANTA, GA 30303		PC	GENERAL OPERATING	125,000
SPECIAL OLYMPICS GEORGIA 4000 DEKALB TECNOLOGY PKWY STE 400 BLDG 400 ATLANTA, GA 30340		PC	GEORGIA STATE GAMES	15,000
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE LUMINOUS ENDOWMENT FOR PHOTOGRAPHERS 9104 RIPON COURT INDIANAPOLIS, IN 46263		PC	CURRENT PROGRAM, ENDOWMENT CONTRIBUTION	55,000
TURNINGPOINT BREAST CANCER REHABILITATION 8010 ROSWELL RD STE 120 ATLANTA, GA 30350		PC	LEADERSHIP TRANSITION	150,000
UJA FEDERATION OF NEW YORK 130 E 59TH ST NEW YORK, NY 100221302		PC	PROGRAM SUPPORT	5,000
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VI AND MILTON WEINSTEIN HOSPICE 3150 HOWELL MILL RD NW ATLANTA, GA 30327		PC	STAFF SALARIES	150,000
CHILDREN'S HEALTHCARE OF ATLANTA 1577 NORTHEAST EXPRESSWAY STE A ATLANTA, GA 30329		PC	SICKLE CELL DISEASE PUBLIC AWARENESS AND FUNDRAISING PROGRAM	482,500
CLEVELAND CORD BLOOD CENTER 25001 EMERY RD STE 150 CLEVELAND, OH 44128		PC	LEGAL FEES	63,240
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CLEVELAND CORD BLOOD CENTER 25001 EMERY RD STE 150 CLEVELAND, OH 44128		PC	CAPITAL COSTS	103,190
CLEVELAND CORD BLOOD CENTER 25001 EMERY RD STE 150 CLEVELAND, OH 44128		PC	CONTRACTING SPACE	65,000
CLEVELAND CORD BLOOD CENTER 25001 EMERY RD STE 150 CLEVELAND, OH 44128		PC	BOARD DEVELOPMENT	54,500
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EMORY UNIVERSITY1599 CLIFTON RD ATLANTA, GA 30322		PC	CLINICAL TRIALS ADDRESSING RETINAL DETACHMENT (BOATRIGHT)	400,000
KRUGMAN DANIEL196 17TH ST APT 2 BROOKLYN, NY 11215		I	LUTHIER APPRENTICESHIP	75,000
THE METROPOLITAN MUSEUM 1000 5TH AVE NEW YORK, NY 10028		PC	ACQUISITION OF MONTELEONE'S "FOUR SEASONS" GUITARS	250,000
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MUSIC & MEMORY INC142 EMORY RD MINEOLA, NY 11501		PC	DEVELOPMENT CONSULTANT	34,000
PARKER KENNETH17 KONDELIN RD GLOUCESTER, MA 01930		I	LUTHIER APPRENTICESHIP DEVELOPMENT AND SUPERVISION	50,000
PERFORMING ARTS PATRONS ASSOCIATION 991 OLD ALABAMA RD MABLETON, GA 30126		PC	VOCAL INSTRUCTION SCHOLARSHIPS	6,720
Total ▶ 3a				7,869,385

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROBERT W WOODRUFF ARTS CENTER 1280 PEACHTREE ST ATLANTA, GA 30309		PC	PROGRAM SUPPORT	170,000
UNIVERSITY OF TEXAS FOUNDATION INC PO BOX 250 AUSTIN, TX 787670250		PC	RESEARCH ALLOGENEIC MSC PROTOCOL FOR ARDS, MD ANDERSON CANCER CENTER	100,000
Total ▶ 3a				7,869,385

TY 2017 Accounting Fees Schedule**Name:** ABRAHAM J AND PHYLLIS KATZ FOUNDATION**EIN:** 11-6442077**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	6,000	3,000		3,000

TY 2017 Investments Corporate Bonds Schedule

Name: ABRAHAM J AND PHYLLIS KATZ FOUNDATION

EIN: 11-6442077

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
250000 SH 21 ST CENTURY FOX 7.75% DUE 2024	266,923	309,305
250000 SH ALLEGHENY LUDLUM CORP 6.95% 12/15/2025	247,191	256,250
250000 SH AMERICAN MUNICIPAL POWER 5.672% 02/15/21	250,580	272,960
500000 SH BARCLAYS BANK PLC 7.75%	505,005	507,500
250000 SH BESTFOODS MTN BE FR 6.625% 04/15/2028	265,664	322,950
500000 SH BRISTOL MYERS SQUIBB CO 7.15% 06/15/2023	533,317	607,990
250000 SH CITIGROUP INC 5.875% 2033	262,923	300,804
250000 SH COCA COLA ENTERPRISES INC 8.50% 02/01/2022	275,597	305,665
250000 SH CONAGRA FOODS INC 7.125% 10/01/2026	260,428	304,940
500000 SH CREDIT SUISSE N Y 6.00% 02/15/2018	500,072	502,265
250000 SH DAYTON HUDSON CORP 6.65% 08/01/2028	253,892	313,283
750000 SH DEVON FIN 7.875% DUE 2031	891,134	1,029,604
300000 SH DOLPHINN INC SR 7.2% DUE 7/15/21	314,108	333,000
250000 SH DONELLY RR 7.625% 6/15/20	254,136	266,250
250000 SH EATON CORP 7.65% 11/15/2029	278,276	342,520
250000 SH FORD 6.625	276,911	305,320
250000 SH FORD 8.125% 1/15/20	264,955	276,930
250000 SH GENWORTH FINANCIAL 6.51% 5/22/18	248,973	250,000
250000 SH GENWORTH FINANCIAL 7.2% 5/22/21	254,633	243,750
500000 SH GOLDMAN SACHS CAPITAL 4.00%12/29/49	446,646	442,000

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
350000 SH GOLDMAN SACHS GROUP INC 6.75% 10/1/37	355,980	468,525
250000 SH HEINZ H J CO 6.375% 07/15/2028	249,503	300,555
250000 SH INTERNATIONAL PAPER CO 6.875% 11/01/2023	253,870	296,953
250000 SH JOHNSON & JOHNSON 6.73% 11/15/2023	268,835	303,613
500000 SH JP MORGAN 7,9% DUE 2049	530,787	506,250
500000 SH JPMORGAN CHASE & CO 6.30% 4/23/19	499,028	526,400
750000 SH JPMORGAN CHASE & CO PERPETUAL PFD 07.90% 12/31/2049	744,381	759,375
135000 SH KINDER MORGAN ENERGY PTR 7.40% 3/15/31	144,404	167,324
250000 SH KRAFT FOODS INC 6.125% 02/01/2018	250,000	250,795
750000 SH LEUCAIA NATIONAL CORP 5.50% 2023	757,973	807,270
150000 SH LLOYDS TSB BANK PLC 6.375% 01/21/21	153,052	166,472
250000 SH LOWES COS INC 6.50% 03/15/2029	249,753	322,718
250000 SH LOWES COS INC 6.875% 02/15/2028	256,600	323,548
655000 SH MELLON CAPITAL IV CAPSEC 2049	594,720	617,338
500000 SH MORGAN STANLEY SRNT 5.75% 2021	519,019	544,868
375000 SH NEWMONT MINING CORP 5.875% 2035	362,349	454,410
375000 SH NEWMONT MINING CORP 6.25% 2039	359,630	479,528
150000 SH PRUDENTIAL FINANCIAL INC 5.875% 2042	158,418	163,875
350000 SH PULTE HOMES 6.376% DUE 2033	349,410	392,000
464000 SH REGIONS FINANCIAL CORP 7.75% 2024	493,538	564,997

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
750000 SH ROYAL BANK SCOTLAND GROUP PLC 6.125%	767,658	822,060
250000 SH SLM 8.45% 6/15/2018	250,238	256,375
500000 SH SUNTRUST BANKS 5.625% DUE 2049	503,416	520,000
250000 SH SUNTRUST PRE CAPT 4.0% 12/29/49	204,353	229,350
250000 SH TARGET CORP 4.875% 05/15/2018	249,455	252,810
250000 SH TIME WARNER ENTERTAINMENT CO LP 8.375% 07/15/2033	285,202	343,975
250000 SH TIMEWARNER CABLE 6.75% 2039	242,128	299,970
500000 SH TIMEWARNER CABLE 6.75% 2039	479,333	599,938
250000 SH TORCHMARK CORP SRNT 9.25% 6/15/19	261,426	274,110
250000 SH VALE SA 5.6255% 2042	265,843	273,750
300000 SH VALERO ENG SRNT 7.50% 4/15/32	356,107	404,289
500000 SH WAL MART STORES INC 5.80% 02/15/2018	500,404	502,210
250000 SH WAL MART STORES INC 5.875% 04/05/2027	248,661	311,090
500000 SH WELLS FARGO 5.95% DUE 2024	507,505	534,850
500000 SH WELLS FARGO 7.98% FIX/FLT CALL 2018	499,375	508,100
500000 SH ALCOA INC 5.95% 2/1/37	501,006	543,750
250000 SH ARCONIC INC 5.950% 02/01/2037	262,005	271,875
250000 SH WESTERN DIGITAL CORPORATION 10.50% 4/1/24	267,505	289,688
1000000 SH CITIGROUP INC 6.30% 12/29/2049	1,089,991	1,071,250
500000 SH DIAMOND 1 FIN CORP 7.125% 6/15/2024	552,464	547,430

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
250000 SH FORD MOTOR COMPANY 7.450% 7/16/2013	324,128	326,803
510000 SH GOODYEAR TIRE & RUBBER CO 7 % 3/15/2028	553,432	573,750
250000 SH PEPSI BOTTLING GROUP INC 7% 3/1/2029	341,217	337,343
250000 SH VIACOM INC SR DEB 6.875% 4/30/2036	273,764	283,665
250000 SH WESTROCK MWV LLC	236,213	305,399

TY 2017 Investments Corporate Stock Schedule

Name: ABRAHAM J AND PHYLLIS KATZ FOUNDATION
EIN: 11-6442077

Name of Stock	End of Year Book Value	End of Year Fair Market Value
10000 SH AEGON NV PRE 3F FLTG RATE 8.0	276,000	265,300
10000 SH AEGON NV PRE 3F PERP FLTG RATE	207,305	241,900
10000 SH ARGO GROUP INTL 6.5% DUE42	237,964	252,751
50000 SH ATT	1,631,652	1,944,000
10000 SH BANK OF AMERICA 6.625% PRF	256,505	264,600
120000 SH BP PLC	5,048,359	5,043,600
10000 SH BP PLC	406,918	420,300
10000 SH CITIGROUP CAP 7.875 PREF	276,000	274,800
10000 SH CITIGROUP CAP FIX TO FLT	259,058	274,800
20000 SH CULLEN FROST BANKERS INC. -PREF	467,794	502,400
15000 SH ENTERGY ARK INC	299,700	378,302
10000 SH FIRST REPUBLIC BANK PREF	249,500	255,200
250000 SH FORD 6.625	3,262,526	3,122,500
8500 SH FORD	77,346	106,165
25000 SH GENERAL ELECTRIC PRFD 4.875% DUE 2052	506,821	622,500
10000 SH HANCOCK HOLDING CO	249,605	260,701
10000 SH HARTFORD PREF 7.875% FIX TO FLT	300,732	292,600
40000 SH J P MORGAN PREF B 6.7%	1,006,482	1,081,600
20000 SH JPMORGAN PREF 5.45%	489,539	507,400
20000 SH JPMORGAN PREF 6.15%	508,005	538,600
5000 SH NATIONAL HEALTH	221,528	376,900
10000 SH NEW YORK COMMUNITY BACCORP.	160,705	130,200
10000 SH NEXTERA ENERGY HLD PREF 5%	209,590	249,600
20000 SH PNC FIN SERV PREF Q 5.375%	443,805	507,000
15000 SH PRUDENTIAL FINANCIAL INC 5.75 PREF	335,243	378,750
7900 SH REGIONS FINANCIAL PREF B FIX TO FLT	203,030	224,597
30000 SH ROYAL DUTCH	1,627,618	2,048,700
16000 SELECTIVE INSURANCE GROUP PREF 5.875%	375,136	402,880
10000 SH SELECTIVE INSURANCE GROUP PREF 5.875%	252,500	251,800
10000 SH SUNTRUST BANK 5.875% PREF	250,000	252,300

Name of Stock	End of Year Book Value	End of Year Fair Market Value
8800 SH US BANK CORP PEF	223,080	248,336
10000 SH VERIZON COMMUNICATION	467,603	529,300
26895 SH WELLS FARGO PEF A 6.625%	752,310	769,735
1000 SH WELLS FARGO & CO NEW 7.50%	1,183,933	1,309,990
30000 SH APOLLO GLOBAL MANAGEMENT LLC 6.375% SERIES A PFD	752,460	788,700
10000 SH BRISTOL MYERS SQUIBB CO	494,570	612,800
550 SH COBANK ACB SERIES H PFD	55,808	59,001
10000 SH SOUTHERN CO 5.25%	250,000	254,500
10000 SH STERLING BANCORP SERIES A PFD	250,105	263,200

TY 2017 Investments Government Obligations Schedule**Name:** ABRAHAM J AND PHYLLIS KATZ FOUNDATION**EIN:** 11-6442077**US Government Securities - End
of Year Book Value:**

0

**US Government Securities - End
of Year Fair Market Value:**

0

**State & Local Government
Securities - End of Year Book
Value:**

3,873,839

**State & Local Government
Securities - End of Year Fair
Market Value:**

4,378,819

TY 2017 Legal Fees Schedule**Name:** ABRAHAM J AND PHYLLIS KATZ FOUNDATION**EIN:** 11-6442077

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,189	0		1,189

TY 2017 Other Assets Schedule

Name: ABRAHAM J AND PHYLLIS KATZ FOUNDATION

EIN: 11-6442077

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST		9,653	9,653

TY 2017 Other Expenses Schedule**Name:** ABRAHAM J AND PHYLLIS KATZ FOUNDATION**EIN:** 11-6442077**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	7,902	0		7,902
OFFICE EXPENSE	17,987	0		17,987
MISCELLANEOUS EXPENSES	6	0		6

TY 2017 Other Income Schedule

Name: ABRAHAM J AND PHYLLIS KATZ FOUNDATION

EIN: 11-6442077

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INVESTMENT INCOME	2,290	2,290	2,290

TY 2017 Other Professional Fees Schedule**Name:** ABRAHAM J AND PHYLLIS KATZ FOUNDATION**EIN:** 11-6442077

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONTRACT SERVICES	1,500	0		1,500
PAYROLL SERVICES	1,912	0		1,912

TY 2017 Taxes Schedule**Name:** ABRAHAM J AND PHYLLIS KATZ FOUNDATION**EIN:** 11-6442077

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	50,000	0		0
PAYROLL TAXES	14,536	0		14,536

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491310008648	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990			OMB No 1545-0047
					2017
Name of the organization ABRAHAM J AND PHYLLIS KATZ FOUNDATION				Employer identification number 11-6442077	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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.

☐ 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. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ABRAHAM J AND PHYLLIS KATZ FOUNDATION	Employer identification number 11-6442077
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KASON INDUSTRIES INC 57 AMLAJACK BLVD NEWNAN, GA 30265	\$ 6,915	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

11-6442077

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	

Name of organization ABRAHAM J AND PHYLLIS KATZ FOUNDATION	Employer identification number 11-6442077
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	