## Form 990-PF

## 2949106901113-8 **Return of Private Foundation**

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

2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2017 or tax year beginning , 2017, and ending Name of foundation A Employer identification number Serving Time of the CSRA 47-2856528 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) PO Box 361 706 955-3381 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check her Evans, GA 30809 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here . ☐ Amended return Final return 2. Foreign organizations meeting the 85% test, Address change ☐ Name change check here and attach computation If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . . . Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements for chantable (a) Revenue and (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal xpenses per books ıncome purposes the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 12671.06 2 Check ► ☐ If the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments n 0 4 Dividends and interest from securities . . . . o 0 SCANNED APR 0 5a al 0 h Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . . . 8 Net short-term capital gain . . . . . . 9 Income modifications 0 10a Gross sales less returns and allowances b Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) . C 11 Other income (attach schedule) Λ n 12 Total. Add lines 1 through 11 12671.06 12671.06 13 Compensation of officers, directors, tirustees o 0 O Operating and Administrative Expenses Other employee salanes and wages 14 0 o 15 Pension plans, employee benefits 0 0 Legal fees (attach schedule) 16a o Accounting fees (attach schedule) 0 0 Other professional fees (attach schedule) 0 17 0 Taxes (attach schedule) (see instructions) 0 19 Depreciation (attach schedule) and depletion . . . n n 20 0 21 Travel, conferences, and meetings 0 n 22 Printing and publications . . . . 273.44 0 273.44 23 Other expenses (attach schedule) 438.54 0 438.54 24 Total operating and administrative expenses. 711.98 711.98 25 Contributions, gifts, grants paid . . . . . . . . 8966.42 8966.42 26 Total expenses and disbursements. Add lines 24 and 25 9678.40 9678.40 27 Subtract line 26 from line 12. Excess of revenue over expenses and disbursements 2992.66 **Net investment income** (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-) .

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Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	<del></del>		
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing	2149.46	5142.12	5142.12		
1	2	Savings and temporary cash investments	0	0	0		
-	3	Accounts receivable ▶		ļ			
ļ		Less: allowance for doubtful accounts ▶	0	0	0		
	4	Pledges receivable ►					
1		Less: allowance for doubtful accounts ▶	0		0		
	5	Grants receivable	0	0	0		
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)	o	o	0		
	7	Other notes and loans receivable (attach schedule) ▶					
		Less: allowance for doubtful accounts ▶	0	o	0		
23	8	Inventories for sale or use	0	2646.26	2646.26		
Assets	9	Prepaid expenses and deferred charges	0	0	0		
As	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0		
	ь	Investments—corporate stock (attach schedule)	0	0	0		
	C	Investments—corporate bonds (attach schedule)	0	0	0		
Ì	11	Investments—land, buildings, and equipment basis ▶					
		Less: accumulated depreciation (attach schedule) ▶		o	0		
- 1	12	Investments—mortgage loans	0	0			
	13	Investments—other (attach schedule)	0	0			
	14	·	<del></del>				
	••	Land, buildings, and equipment: basis ►  Less: accumulated depreciation (attach schedule) ►			•		
	15	Other assets (describe >			0		
Ì	16	Total assets (to be completed by all filers—see the	<u>U</u>				
		instructions. Also, see page 1, item I)	2440.40	7700 20	7700 20		
-	17	Accounts payable and accrued expenses	2149.46	7788.38	7788.38		
	18	Grants payable	0				
es	19	Deferred revenue	0				
畫	20	Loans from officers, directors, trustees, and other disqualified persons	0				
Liabilities	21	Mortgages and other notes payable (attach schedule)	0				
	22		0				
	23	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)	<del></del>				
_	20		0				
S		Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26, and lines 30 and 31.	}	ļ			
alances	24	Unrestricted	2442.49	7700 00			
Ī	25		2149.46	7788.38			
Ba	26	Temporarily restricted	0	0			
פֿ	20	Permanently restricted	0	0	4		
큔		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.	ļ	į			
Net Assets or Fund B	27	Capital stock, trust principal, or current funds					
S	27		0	0			
šet	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0			
d S	29	Retained earnings, accumulated income, endowment, or other funds	0	0			
)t/	30	Total net assets or fund balances (see instructions)	2149.46	7788.38			
ž	31	Total liabilities and net assets/fund balances (see					
η.		Instructions)	<u>                                     </u>	0			
	rt III	Analysis of Changes in Net Assets or Fund Balances	(-) 1: 00 ( ·				
1		all net assets or fund balances at beginning of year—Part II, colu		_			
		-of-year figure reported on prior year's return)		<del></del>	2149.46		
_		er amount from Part I, line 27a			2992.66		
3	Othe	er increases not included in line 2 (itemize)   Bibles		3	2646.26		
_	Add	lines 1, 2, and 3		4	7788.38		
5	Dec	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—		5	0.00		
6	Lota	inet assets or fund balances at end of year (line 4 minus line 5)-	Part II, column (b), lin	e 30 <b>6</b>	7788.38		

Part I	Capital Gains an	d Losses for Tax on Invest	ment Income			
		und(s) of property sold (for example, real use; or common stock, 200 shs. MLC Co	of property sold (for example, real estate,			(d) Date sold (mo., day, yr.)
1a	NONE					
<u>b</u>						
<u> </u>				<del> </del>		
<u>d</u>		<del></del>	<del>_</del>	<del></del>		
<u>e</u>	<del></del>	6 Depresention official	(-) (		An Con	n or (loss)
	(e) Gross sales price (f) Depreciation allowed (or allowable)			r other basis ense of sale		f) minus (g))
<u>a</u>	<del></del>		<u> </u>			
<u>b</u>	<del></del>		<del></del>		<del> </del>	
ď						
e			<u> </u>	<del></del>		<del></del>
	Complete only for assets sh	owing gain in column (h) and owner	d by the foundation	on 12/31/69.	(f) Gains (Col	(h) gain minus
	(i) FMV as of 12/31/69	(i) Adjusted basis (b) Excess of col (ii)		col. (k), but not	t less than -0-) or rom col. (h))	
а						
<u>b</u>						
C						<del></del>
<u>d</u>						
е		/ If gain	ı, also enter in Pa	art I line 7		
2	Capital gain net income o		s), enter -0- in Pa		2	
	If gain, also enter in Part	ain or (loss) as defined in section t I, line 8, column (c). See instr	ructions. If (loss	), enter -0- ın <b>\</b>	3	
Part \		der Section 4940(e) for Rec				
Vas the		ve this part blank. e section 4942 tax on the distrib qualify under section 4940(e). D			base period?	☐ Yes 🗸 N
		ount in each column for each y		<u> </u>	aking any entries.	
	(a) Base penod years	(b)		(c) of nonchantable-use a	Dis Dis	(d) tribution ratio
Calen	dar year (or tax year beginning ii 2016	n) Jacobs damining and a second	<del></del>		(col (b)	divided by col. (c))
	2015		NONE		<del></del>	
	2014					
	2013			,		
	2012					
	Total of line 1, column (d					···
		o for the 5-year base period—c foundation has been in existend				
4	Enter the net value of no	nchantable-use assets for 2017	from Part X, line	95	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	ent income (1% of Part I, line 27	7b)		. 6	
7	Add lines 5 and 6				. 7	
		ions from Part XII, line 4 eater than line 7, check the box			that part using a	19/ tay rate Can t
	Part VI instructions.	tater trian line 7, check the box	in Fait VI, line i	b, and complete	that part using a	1 76 tax rate. See

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstru	ction	s)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ 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		- 0				
С	here \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		o				
3	Add lines 1 and 2		0				
4							
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0				
6	Credits/Payments:						
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0						
b	Exempt foreign organizations—tax withheld at source 6b 0		ŀ				
С	Tax paid with application for extension of time to file (Form 8868) . 6c 0		Ì				
d	Backup withholding erroneously withheld		ĺ				
7	Total credits and payments. Add lines 6a through 6d		0				
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  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		0				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10    Enter the amount of line 10 to be: Credited to 2018 estimated tax > Refunded > 11		0				
	VII-A Statements Regarding Activities		U				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		<b>√</b>			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		<b>—</b>			
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.						
	Did the foundation file Form 1120-POL for this year?	1c		✓			
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$  (2) On foundation managers. ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		<u> </u>			
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	1				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		✓			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<b>√</b>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ļ					
	<ul> <li>By language in the governing instrument, or</li> <li>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?</li> </ul>		<b>√</b>				
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	<u>6</u> 7	1				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	- <u>-</u> -					
	·						
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 <i>General Instruction G?</i> If "No," attach explanation	8b	1	: 			
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 tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"						
	complete Part XIV	9		1 1			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		<b>✓</b>			

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		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		1
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		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	<del></del>
	Website address ► servingtimeofthecsra.org		<u> </u>	L———
14	The books are in care of ► Carl Mazzola Telephone no. ► 70	6 955-	3381	
	Located at ▶ 4014 Hammonds Ferry Road, Evans, GA ZIP+4 ▶	3080		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here and enter the amount of tax-exempt interest received or accrued during the year		•	<b>▶</b> □
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, secunties, or other financial account in a foreign country?	16	<u> </u>	<b>/</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
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.	<u> </u>	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?   (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?		İ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes	1		İ
	<ul> <li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes  No</li> <li>(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)?</li></ul>			
	(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.)		 	
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		}
	Organizations relying on a current notice regarding disaster assistance, check here	1.0		
С	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?	1c		/
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?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	-	{	1
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		1
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  ▶ 20 , 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?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	1		
	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.)	2		1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	<del>                                     </del>	1
b	Did the foundation mivest during the year any amount in a mariner that would jeopardize its charitable purposes? 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?	4a 4b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		1 70	1	. ▼

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	VII-B Statements Regarding Activities			4720 I	May Be R	equire	d (contil	nued)		1	
5a	<ul><li>During the year, did the foundation pay or incur.</li><li>(1) Carry on propaganda, or otherwise attempt t</li><li>(2) Influence the outcome of any specific public directly or indirectly, any voter registration dr</li></ul>	o influe c election	nce legislatio	on 495	5); or to ca		☐ Yes	☑ No ☑ No		Yes	No
	<ul><li>(3) Provide a grant to an individual for travel, stu</li><li>(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions</li></ul>	n a cha	ritable, etc.,	organiz	ation desci		Yes	☑ No ☑ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to	children	or animals?				□Yes	<b>⊘</b> No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice	regardi	ng disaster as	sistanc	e? See inst	ructions	s	ribed in	5b		
С	Organizations relying on a current notice regards If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	the four	ndation claim	exemp	otion from	the tax		► □ □ No			
6a	If "Yes," attach the statement required by Regulations section 53.4945–5(d).  a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.	ns, dire	ctly or indired	ctiy, on	a personal	benefit	contract	? .	6b		1
	At any time during the tax year, was the foundation If "Yes," did the foundation receive any proceed						☐ <b>Yes</b> ransaction		7b_		
Pari	Information About Officers, Direct and Contractors				_					ees,	
1	List all officers, directors, trustees, and found				<del></del>						
<del></del>	(a) Name and address	(b) Title, and average hours per week devoted to position		(c) Compensation (If not paid, enter -0-)		(d) Contributions to employee benefit plans and deferred compensatio		plans	(e) Expense acc other allowand		
	d Hillman 4744 McGinty Drive, Evans, GA 30809	Chairm hours)	an (30					0			0
	n Colbert, 457 Glenda Lane, Evans, GA 30809	Vice-Cl hours)	hairman (10		0			0			0
Carl M 30809	azzola, 4014 Hammonds Ferry Road, Evans, GA	Secreta (15 hou	ary-Treasurer irs)		0						0
	Compensation of five highest-paid employe	es (oth	or than tho	o inch	uded en li	20.1	saa instr	retion	e) If n		enter
~	"NONE."	es (oui	er ulali ulo:	SC IIICH	uded on a	iie i—	see mau	ucuon	5). II II	0116,	Cilci
	(a) Name and address of each employee paid more than \$50,00	00	(b) Trtle, and a hours per v devoted to p	veek ~	(c) Compe	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expense accoun		
NONE								<del></del> .			
						<del></del>					

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Total number of other employees paid over \$50,000 . .

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON		
	***************************************	
		<u> </u>
		1
		}
Γota	I number of others receiving over \$50,000 for professional services	0
Par	t IX-A Summary of Direct Charitable Activities	
	Culminary of Direct Character Activities	
Lis or	t the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	Distribution of Bibles to inmates in local jails and prisons	
		1
_		7790.28
2	Distribution of reading glasses to inmates in local jails and prisons	1
		423.30
3	Distribution of literature and books to local schools to help children of incarcerated parents	423.30
		191.20
4	Bookcases and books to local jails and prisons	
Day	t IX-B Summary of Program-Related Investments (see instructions)	561.58
	t IX-B Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	NONE	
-		}
2		
	other program related investments. Con instructions	<del>                                     </del>
3	other program-related investments. See instructions.	
J		
Tota	I. Add lines 1 through 3	
		Form <b>990-PF</b> (2017

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foundations	i,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	}	
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<b>i</b>	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	Instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundations	
1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	C
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	ine 1	7	0
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1 1	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	]	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	
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	(
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	(
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether the fo	oundation

'art	XIII Undistributed Income (see instruction	ns)	- <del></del>		
1	Distributable amount for 2017 from Part XI, line 7	(a) Corpus	(b) Years pnor to 2016	<b>(c)</b> 2016	(d) 2017
2	Undistributed income, if any, as of the end of 2017		<del>                                     </del>	<del></del>	<del> </del>
2	Enter amount for 2016 only				
a					
ь 3	Total for prior years: 20,20,20		<del> </del>		<del> </del>
			}		
a b	From 2012				
_	From 2014				
d					
e			1		
f					
4	<b>Total</b> of lines 3a through e	· · · · · · · · · · · · · · · · · · ·			
а	Applied to 2016, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
_	Treated as distributions out of corpus (Election	···	<del> </del>		<del> </del>
G	required—see instructions)				
d	Applied to 2017 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	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				
е	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				
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 2012 not applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:		<del> </del>	<del></del>	1
а	Excess from 2013		1		
b	Excess from 2014				
C	Excess from 2015 0				
d	Excess from 2016				
е	Excess from 2017 0				

Part.	XIV Private Operating Founda	<b>tions</b> (see instru	ctions and Part	VII-A, question 9)		<del></del>
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for	·	_			
b	Check box to indicate whether the four		operating founda		ction	(j)(3) or4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	
	85% of line 2a					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	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:					
а	"Assets" alternative test enter:			/		
_	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"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	n (Complete th	is part only if	the foundation h	ad \$5,000 or	more in assets at
	any time during the year-	see instruction	ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation v	vho have contribu	ted more than 2	% of the total contr	ibutions receive	ed by the foundation
	before the close of any tax year (but o	nly if they have co	ontributed more t	han \$5,000). (See se	ection 507(d)(2).	.)
NONE	· · · · · · · · · · · · · · · · · · ·					
Ь	List any managers of the foundation ownership of a partnership or other er	who own 10% or ntity) of which the	r more of the sto foundation has a	ck of a corporation 10% or greater into	o (or an equally erest.	large portion of the
NONE				·	- <del></del>	
2	Information Regarding Contribution Check here ► ☑ if the foundation unsolicited requests for funds. If the fo complete items 2a, b, c, and d. See in	only makes controundation makes	abutions to presi	elected charitable of	organizations a	nd does not accept der other conditions
а	The name, address, and telephone nu	mber or email add	dress of the perso	on to whom applica	tions should be	addressed:

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

c Any submission deadlines:

Part 3		nuea) he Vear or Approv	nd for End	ura Daymant	<del></del>
	Grants and Contributions Paid During to Recipient	If recipient is an individual.	Foundation		Γ
		If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
а	Paid during the year				
NONE		ļ			
		}			
					1
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			<u> </u>		
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		1			
			<u> </u>		<u> </u>
	Total			▶ 3a	
b	Approved for future payment	[	l		
NONE			1		
			ļ		1
					1
			1		
		l	1		
			1		
				<u>.</u>	
			1	1	
		1		1	
					)
	Total	L	L	<u> </u>	
	1 (11:4)			<b>■</b> 21	

Pai	_	Analysis of Income-Producing Ac					
Ente	gro	ss amounts unless otherwise indicated.	(a)	(b)	(c)	on 512, 513, or 514 (d)	(e) Related or exempt function income
1	Proc	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	а	5. m. 100. 100 100 100.		0		0	0
	b ¯				1		
	c ¯				<del> </del>		
	ď				<del>                                     </del>		
	e ¯				<del> </del>		<del></del>
	f <sup>-</sup>	<del></del>	·				
	g	Fees and contracts from government agencies		0	<del></del>	0	0
2		nbership dues and assessments		0	<del></del>	0	
3		rest on savings and temporary cash investments		0	<del> </del>	0	
4		dends and interest from securities		0	<del> </del>	0	
5		rental income or (loss) from real estate:	<b></b>	<u>_</u>	<u> </u>		
•		Debt-financed property	<del></del>	0	<del> i</del>	0	0
		Not debt-financed property	<del></del>		<del></del>	0	
6		rental income or (loss) from personal property		0	<del></del>		
7		er investment income	-	0	<del> </del>	0	
		or (loss) from sales of assets other than inventory	\ <del></del>	0	1	0	<del></del>
8		• •	ļ	<u>_</u>	<del> </del>	0	
9		income or (loss) from special events	}	<u>o</u>	<del> </del>	0	<del></del>
10		ss profit or (loss) from sales of inventory		0	<del> </del>	0	<del></del>
11	_	er revenue: a	<u> </u>	<u></u>	<u> </u>		0
	b _						
	C .				<b> </b>		
	d _		ļ		<b> </b>		
	е _		ļ				
77	Sub	total. Add columns (b), (d), and (e)	L		) <u> </u>	C	) c
				<del></del>			
13	Tota					13	
<b>13</b> (See	Tota work	sheet in line 13 instructions to verify calculation	 ıs <i>.</i> )			13	
13 (See Par	Tota work t XV	resheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the Activiti	 ns.) Accomplishm	ent of Exemp	t Purposes		O
13 (See Par Line	Tota work	resheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the Activiti	 ns.) Accomplishm	ent of Exemp	t Purposes		0
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		0
13 (See Par Line	Tota work t XV e No.	resheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the Activiti	 ns.) Accomplishm	ent of Exemp	t Purposes		O
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		O
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		O
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		O
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		O
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		(
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		O
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		0
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		0
13 (See Par Line	Tota work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pure	 ns.) Accomplishm	ent of Exemp	t Purposes		0

Form 99	3-PF (2	017)									Pa	ge <b>13</b>
Part		Information	n Regarding Tran	sfers to and Trans	sactions a	nd Rela	ationship	s With N	oncharit	able	Exe	mpt
		Organizatio	ons									
1	in s	he organization dection 501(c) (or nizations?	lirectly or indirectly ther than section	engage in any of the 501(c)(3) organization	following wit ons) or in	th any o	ther organ 527, rela	zation des	cribed olitical	]	Yes	No
а			=	o a noncharitable exe	mpt organız	ation of:	:		Ì.			,
		Cash		. <b></b>					-	1a(1) 1a(2)		<b>√</b>
b	Othe	r transactions:										
				empt organization .						1b(1) 1b(2)		<del>/</del>
				able exempt organiza er assets						1b(3)		<del>-</del>
			•							1b(4)		<b>✓</b>
	(5) L	oans or loan gua	rantees	<i></i> .					-	1b(5)		
	• •			hip or fundraising soli						1b(6)		<b>√</b>
				sts, other assets, or p s," complete the folk					· · [	1c	iour m	
đ				ices given by the rep								
				gement, show in colur								
(a) Line	no.	(b) Amount involved	(c) Name of nonc	hantable exempt organizati	on <b>(d</b>	Descripti	on of transfe	rs, transaction	s, and shan	ng arra	ingem	ents
			<u> </u>									
	-+			<del></del>								
				<del></del>								
							<del></del>					
				<del></del>								
	_		<del> </del>									
				<del></del>								
	$\dashv$		<del></del>	<del></del>	<del></del>			<del></del>				
	$\neg +$											
2a				filiated with, or relate ection 501(c)(3)) or in			tax-exem	_		Yes	[7]	No.
b	If "Ye	es," complete the	following schedule	).								
		(a) Name of organ	zation	(b) Type of org	janization			(c) Description	of relations	ship		
NONE		<del></del>		<del></del>								
					<del></del>		<del></del>					
							<del></del>					
Sign	Corre	er penatties of perjury, I ect, and complete. Decl	declare that I have examin aration of preparer (other th	ed this return, including accordant taxpayer) is based on all if	mpanying schedu iformation of whi	ales and sta ch prepare	atements, and r has any knov	to the best of a wiedge.	my knowledg	e and I	oelief, it	is true,
Here		nature of officer or trus	bossel	12/16/18	Secretar				May the IRS with the pre See instruct	parer s	hown t	elow?
<b>D</b> ::	L	Print/Type preparer		Preparer's signature	Title	<del></del>	Date	<del></del> -	[P1	IN .	==	
Paid Prepa	arer			, = = = = = = = = = = = = = = = = = = =					t∏ if '	•		
Use (		Firm's name						Firm's EIN ▶				
		Firm's address ▶						Phone no				

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

**Employer identification number** 

Serving Time of the CSRA 47-2856528 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☐ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 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 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, chantable, etc., contributions 

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 990-PF, 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 Employer identification number
Serving Time of the CSRA 47-2856528

Serving T	ime of the CSRA		47-2856528
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Richard Hillman  4744 McGinty Lane  Evans, GA 30809	\$ 3110.00	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	William Colbert  457 Glenda Lane  Evans, GA 30809	\$ 300.00	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Carl Mazzola  4014 Hammonds Ferry Road  Evans, GA 30809	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Sharon Smith  3415 Ravenswood Drive  Augusta, GA 30907	¢ 210.20	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	John Kirkland  3227 Bel Ridge Road  Augusta, GA 30909	\$ 300.00	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Jeff Faircloth 602 Branett Way	f 1000 00	Person
	Evama CA 20000		noncash contributions \

Name of organization Employer identification number

Serving T	me of the CSRA	47-2856528	
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Wayne Davis  18 Ashley Ct  Columbia, SC 29204-3534	\$ 150.00	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	William Stephens 709 Cavanaugh Way Evans, GA 30809	\$ 604.42	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Jonathan Turner  132 Mitchell Drive  North Augusta, SC 29860	\$ 75.00	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Michael Wall  222 Anneswood Road  Martinez, GA 30907		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Norma Read  128 Glenora Drive  Martinez, GA 30907	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Phillip Alexander  3623 Burning Tree Lane  Augusta, GA 30907	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Augusta, GA 30907

5440 Old Washington Road

Evans, GA 30809

Name of organization Employer identification number
Serving Time of the CSRA 47-2856528

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 13 Person Jim Overstreet (Providence Printing) **Payroll** Noncash П 200.00 (Complete Part II for noncash contributions.) Evans, GA 30809 (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 Person  $\square$ Cheryl Hillman **Payroll** 100.00 Noncash 4744 McGinty Drive (Complete Part II for noncash contributions.) Evans, GA 30809 (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person  $\overline{\mathbf{A}}$ 15 Albert Ourt **Payroll** 260.00 Noncash 5011 Sussex Drive (Complete Part II for noncash contributions.) Evans, GA 30809 (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution  $\overline{\mathbf{A}}$ Person 16 Fred Williams **Payroll** П Noncash 4704 Cutter Mill Road 320.00 (Complete Part II for noncash contributions.) Evans, GA (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 Person  $\square$ Mike O'Grady **Payroll** 30.00 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 18 Robin Lamkin Person  $\sqrt{\phantom{a}}$ **Payroll** 

Noncash

(Complete Part II for noncash contributions.)

20.00

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of or	ganization			Employer identification number		
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the lise duplicate copies of Part III if additional total c	the year from any one of tions completing Part III, one year. (Enter this information	contributor. Complete the total of except the except	ete columns (a) through (e) and clusively religious, charitable, etc.,		
(a) No.	Use duplicate copies of Part III if additional space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
			·			
İ						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	(d) Description of how gift is held		
-	(a) Transfer of eith					
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	(c) Hanster of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship o	f transferor to transferee		
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t (d)	Description of how gift is held		
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	(a) Thomas					
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship o	Relationship of transferor to transferee		
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