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OMB No 1545-0052

2017

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 01-01-20	017 , aı	nd ending 12-3	1-2017	
		indation ELTON FOUNDATION INC		A Employer	identification numb	er
				58-2270793		
		street (or P O box number if mail is not delivered to street address. ANDREWS DR NW) Room/suite	B Telephone	number (see ınstructı	ons)
				(404) 264-8	686	
		n, state or province, country, and ZIP or foreign postal code A 30305		C If exempt	on application is pend	ng, check here
G C	neck al	I that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity	D 1. Foreign	organizations, check l	nere 📗
		Final return Amended return			n organizations meetin neck here and attach o	
		Address change Name change		· ·	foundation status was	
		pe of organization Section 501(c)(3) exempt private			ction 507(b)(1)(A), che	
			le private foundation			
		ket value of all assets at end from Part II, col (c),	✓ Cash ☐ Accru		ndation is in a 60-mor ction 507(b)(1)(B), che	
		\$ 633,380 Under (specify) (Part I, column (d) must	t be on cash basis)			
Da	-L T		· · · · · · · · · · · · · · · · · · ·	<u> </u>		(I) Delement
ΡŒ	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment	1, ,	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions))	books	Income	Income	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc., received (attach	41,725			
	_	schedule) Check ▶ ☐ If the foundation is not required to attach				
	2	Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	7,146	7,1	.46	
	5a	Gross rents				
ø)	b	Net rental income or (loss)	-			
Ē	6a	Net gain or (loss) from sale of assets not on line 10	32,317			
Revenue	b	Gross sales price for all assets on line 6a 277,318	3	22.5	117	
~	7 8	Capital gain net income (from Part IV, line 2) Net short-term capital gain		32,3	517	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold	_			
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	81,188	39,4	63	
	13	Compensation of officers, directors, trustees, etc	0	1	0	(
	14	Other employee salaries and wages				
es	15	Pension plans, employee benefits				
ŠUi	16a	Legal fees (attach schedule)				
Expenses	ь	Accounting fees (attach schedule)	1,725	2	31	(
	c	Other professional fees (attach schedule)				
Ę.	17	Interest				
Administrative	18	Taxes (attach schedule) (see instructions)				
≣	19	Depreciation (attach schedule) and depletion				
PG E	20	Occupancy				
and /	21	Travel, conferences, and meetings				
<u>a</u>	22	Printing and publications				
E.	23	Other expenses (attach schedule)				
Operating	24	Total operating and administrative expenses. Add lines 13 through 23	1,725		31	,
ă O	25	Contributions, gifts, grants paid	55,500			55,500
	26	Total expenses and disbursements. Add lines 24 and	33,300			33,300
		25	57,225	; <u> </u>	31	55,500
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	23,963	1		
	ь	Net investment income (if negative, enter -0-)		39,0	132	
	c	Adjusted net income(if negative, enter -0-)				
For	Paper	work Reduction Act Notice, see instructions.	1	Cat No 1128	B9X Fo	orm 990-PF (2017

		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 ▶			
y,	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	264,201	265,436	528,84
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			

369,968

369,968

369,968

369,968

2

3

4

5

6

346,005

23,963

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0 369,968

0 369,968

346,005

346,005

346,005

633,380

Less accumulated depreciation (attach schedule) ▶ 12 13 Investments—other (attach schedule) . . 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶ 15 Other assets (describe > _ Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 346,005 17 18 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Liabilities

Balances

Fund

5

Assets 27

22

23

24

25

26

28

29 Net 30

31 Part III

2

Other liabilities (describe -

Unrestricted . . .

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶.

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

Page **3**

	(a) he kınd(s) of property sold (e g , re house, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1aSee Additional Data Table					
b					
c					
d					
 e					
е	(5)		(~)	,	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) ır (loss)) mınus (g)
a See Additional Data Table	2				
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	1)
(i) F M V as of 12/31/69	(j) Adjusted basis	Excess	(k) of col (ı)	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a See Additional Data Table	as of 12/31/69	over coi	l (j), if any	Losses (III	oni coi (ii))
	:			1	
b					
<u>c</u>					
d				-	
е				1	
2 Capital gain net income	1	If gain, also enter in P If (loss), enter -0- in F		2	32,317
· -	ain or (loss) as defined in sections : t I, line 8, column (c) (see instructi	ons) If (loss), enter -0)-	3	
Part V Qualification U	Inder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
For optional use by domestic pi	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incor	ne)	
if section 4940(d)(2) applies, le	·	ble amount of any very	n. the hace newed	л П v	es 🗸 No
	e section 4942 tax on the distributal t qualify under section 4940(e) Do		· ·		es 🖭 NO
•	ount in each column for each year,			<u> </u>	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rat (col (b) divided by c	
2016	50,758		469,639	(cor (b) divided by c	0 108079
2015	31,999		423,746		0 075515
2014	34,884		418,648		0 083325
2013	26,899		338,476		0 079471
2012	25,306		376,148		0 067277
2 Total of line 1, column (d	•		2		0 413667
3 Average distribution ratio	for the 5-year base period—divide dation has been in existence if less				0 082733
	ncharitable-use assets for 2017 from		4		570,774
5 Multiply line 4 by line 3			5		47,222
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		390
			7		47,612
	ons from Part XII, line 4 ,				55,500
	ater than line 7, check the box in Pa			ng a 1% tax rate Se	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	· · · · · · · · · · · · · · · · · · ·			
Down WIII	Information About Officers,	Directors, Trustees,	, Foundation Managers,	Highly Paid Employees,
Part VIII	and Contractors			

1 List all officers, directors, trustee	es, foundation managers ar	nd 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
See Additional Data Table			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
				
Total number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
-				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
				
2				
All II	<u> </u>			
All other program-related investments 3	See instructions			
Total. Add lines 1 through 3 .		· · · · · · · ·		000 PE (2017)

1a

1b

2

3a 3h

4

5

55,500

55.500

55,110

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390

Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

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

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

28,149

28,149

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0

(d)

2017

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Part XIII	Un

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Da	rt YIII	Undie

b Total for prior years

From 2012.

b From 2013. . . . c From 2014. .

From 2015. . . .

e From 2016.

distributed Income (see instructions)

Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e 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) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

d Excess from 2016. . .

e Excess from 2017. . .

c Excess from 2015. . . .

b Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

4.048 10,177

15.184

11.814 27,760

10.177 15,184

11.814

27,760

27.351

- (a) Corpus
- Years prior to 2016

68.983

27.351

96,334

4.048

92,286

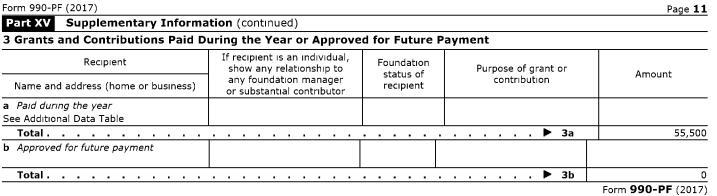
0

(b)

(c)

2016

factors NONE



Enter gross amounts unless otherwise indicated		Unrelated b	usiness income	Excluded by section	(e) Related or exempt	
_	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
_	and contracts from government agencies					
Intere	rship dues and assessments					
	ds and interest from securities			14	7,146	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property notering in the control of the cont					
	nvestment income					
	r (loss) from sales of assets other than					
	ory			18	32,317	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	evenue a					
b						
_						
d						
d e			0		20.462	,
d e			0	13	39,463	
d e Subtotal Total.	Al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	lations)		13	39,463 3	
d e Subtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	39,463
d e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	
d e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	
e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	
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d e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	
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d e Subtota Total. / (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	
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d e Subtota Total. / (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	
d e Subtota Total. / (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	
d e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	
d e Subtota Total. / (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	
e Subtotal / Total / (See word art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	Bted importantly to	

orm 99	90-PF (2	2017)											Pa	ge 13
Part	XVII	Information Re Exempt Organi		ransf	fers To a	ind Transact	ions a	and Re	latio	nships With Non	charita	ble		
		anization directly or in ode (other than sectio									on 501		Yes	No
a Trai	nsfers fr	om the reporting foun	dation to a n	ioncha	rıtable exe	empt organization	on of				Γ			
(1)	Cash.										. 1	.a(1)		No
(2)	Other	assets									. 1	.a(2)		No
b Oth	er trans	actions												
(1)	Sales	of assets to a nonchar	ıtable exemp	t orga	nızatıon.						. 1	b(1)		No
(2)	Purcha	ases of assets from a r	noncharitable	exem	pt organiz	ation					1	.b(2)		No
(3)	Rental	of facilities, equipmen	nt, or other a	ssets.							1	.b(3)		No
(4)	Reımb	ursement arrangemen	ts								. 1	.b(4)		No
٠.		or loan guarantees.									-	.b(5)		No
(6)	Perforn	nance of services or m	embership o	r fundı	raising soli	icitations					. [1	.b(6)		No
	-	facilities, equipment, n er to any of the above	-								· L	1c		No
	ny trans	s, other assets, or ser saction or sharing arra (b) Amount involved	ngement, sh	ow in	column (d		he goo	ds, othe	r asse		ed .	ng arra	naemen	ıts
(-)		(2) ranount involved	(c) Hame of	110110110	arreadic exer	inpe or gameacion		, 5 cccp	7011 01	cransiers, cransaeciens,	ana onam	ig arra	gee.	
	_													
des	cribed in	dation directly or indire in section 501(c) of the mplete the following si (a) Name of organization	Code (other		section 50		ection !		-			Yes	✓	No
		(a) Name or organization) I		(1)	7) Type of organiza	ation			(c) Description	or relation	эпр		
~ •	of my	r penalties of perjury, vknowledge and belief npreparer has any kno	, it is true, co								sed on a	Infor	matio	n of
Sign Here	*	****				2018-05-02		·) —	***		May the return with the below			
	' s	ignature of officer or t	rustee			Date		Title	e		(see ins	tr)? [✓ Yes	□ _{No}
		Print/Type preparer's	name	Prepa	arer's Sıgn	ature	Dat	te		Check if self-	PTIN P	00022	2388	
		DANIELLE LAMBER	T							employed ▶ ☐			•	

Paid

Preparer | Firm's name ▶ DUGGAN & MASSEY PC **Use Only** Firm's address ► 3575 PIEDMONT RD NE 200 ATLANTA, GA 303051733

Phone no (404) 262-3300

Firm's EIN ▶58-1180006

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation AMAZON COM INC Р AMAZON COM INC Ρ APPLE INC Р EXXON MOBIL CORP Р EXXON MOBIL CORP Ρ Ρ EXXON MOBIL CORP Р EXXON MOBIL CORP Р EXXON MOBIL CORP EXXON MOBIL CORP Ρ GENERAL MOTORS CO Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 4,541 625 3,916 625 5,034 4,409 8,104 1,218 6,886 8,699 7,977 722 3,930 3,884 46 80 79 16,133 16,014 119 8,033 7,907 126 4,027 3,944 83 4,223 3,461 762 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 3,916 4,409 6,886 722 46 1 119 126 83 762

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation GENERAL MOTORS CO Р GENERAL MOTORS CO Ρ GOLDMAN SACHS GROUP Р GOLDMAN SACHS GROUP Р GOLDMAN SACHS GROUP Ρ Ρ HOME DEPOT INC Р HOME DEPOT INC HOME DEPOT INC Р HOME DEPOT INC Ρ HOME DEPOT INC Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 2,246 1,730 516 10,790 8,683 2,107 5,562 4,414 1,148 5,667 4.414 1,253 11,874 8,828 3,046 15,333 15,453 -120 -70 1,946 2,016 1,796 1,861 -65 7,599 7,799 -200 6,843 7.042 -199 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 516 2,107 1,148 1,253 3,046 -120 -70 -65 -200 -199

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation HOME DEPOT INC Р HOME DEPOT INC Ρ IBM CORP Р IBM CORP Р IBM CORP Ρ Ρ **NVIDIA CORP** Р **NVIDIA CORP NVIDIA CORP** Р **NVIDIA CORP** Ρ **NVIDIA CORP** Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 3,787 3,877 -90 760 782 -22 15,912 15,651 261 7,509 7,680 -171 15,164 15,709 -545 3,811 2,617 1,194 159 109 50 4,247 2,726 1,521 4,707 2,726 1,981 5,202 2,726 2,476 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 -90 -22 261 -171 -545 1,194 50 1,521 1,981 2,476

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Ρ STARBUCKS CORP STARBUCKS CORP Р VERIZON COMMUNICATION Р VERIZON COMMUNICATION Р VERIZON COMMUNICATION Р WASHINGTON TR BANCO Ρ Р WASHINGTON TR BANCO WASHINGTON TR BANCO Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Gain or (loss) (e) Gross sales price Cost or other basis (f) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (q) 8,571 9,403 -832 17,385 18,207 -822 10,029 9,700 329 11,886 12,221 -335 7,760 7,663 97 5,269 4,555 714 585 506 79 20,169 22,115 1,946 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) Losses (from col (h)) **(I)** (j) as of 12/31/69 (k) over col (j), if any -832 -822 329 -33597 714 79 1,946

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address (c) Compensation (If (d) Title, and average Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation JOYCE H HAMILTON PRESIDENT 1 00 15 WEST ANDREWS DR NW ATLANTA, GA 30305 ROGER C HAMILTON SECRETARY/TREASURER O 1 00 15 WEST ANDREWS DR NW ATLANTA GA 30305 KERECCA A HAKKIZON DIRECTOR 0 00 15 WEST ANDREWS DR NW ATLANTA, GA 30305

/				1
CLARK HAMILTON JR	DIRECTOR	0	0	0
15 WEST ANDREWS DR NW ATLANTA, GA 30305	0 00			
DERECCA A HARRISON	DIRECTOR		0	0

DIRECTOR 0 00

JULIA HAMILTON

15 WEST ANDREWS DR NW ATLANTA, GA 30305

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

WAYSIDE HOUSE378 NE SIXTH AVENUE DELRAY BEACH, FL 33483	NONE	501 (C) 3	REHABILITATION	4,000
PALM BEACH BOYS & GIRLS CLUB 800 NORTHPOINT PARKWAY SUITE 204 WEST PALM BEACH. FL 33407	NONE	501 (C) 3	CHILD WELFARE	5,000

WEST PALM BEACH, FL 33407				
FRIENDS OF ENGLISH AVENUE 2141 POWERS FERRY RD SUITE 250 MARIETTA, GA 30067	NONE	501 (C) 3	COMMUNITY SUPPORT	1,000
NANTUCKET ATHENEUM	NONE	501 (C) 3	EDUCATION	2,500

NANTUCKET ATHENEUM ONE INDIAN STREET NANTUCKET, MA 02554	NONE	501 (C) 3	EDUCATION	2,500
2141 POWERS FERRY RD SUITE 250 MARIETTA, GA 30067				

П	NANTUCKET ATHENEUM ONE INDIAN STREET NANTUCKET, MA 02554	NONE	501 (C) 3	EDUCATION	2,500
П	ST PAULS CHURCH	NONE	501 (C) 3	RELIGIOUS	2,000

ONE INDIAN STREET NANTUCKET, MA 02554				
ST PAULS CHURCH 188 SOUTH SWINTON AVENUE DELRAY BEACH, FL 33444	NONE	501 (C) 3	RELIGIOUS	2,000

NANTUCKET, MA 02554				
ST PAULS CHURCH 188 SOUTH SWINTON AVENUE	NONE	501 (C) 3	RELIGIOUS	2

ST PAULS CHURCH 188 SOUTH SWINTON AVENUE DELRAY BEACH, FL 33444	NONE	501 (C) 3	RELIGIOUS	2,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

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

,				
CAMINAR LATINOPO BOX 48623 DORAVILLE, GA 30362	NONE	501 (C) 3	FAMILY SUPPORT	1,000
WESTERLY LIBRARY44 BROAD STREET WESTERLY, RI 02891	NONE	501 (C) 3	EDUCATION	5,000
LOIS HAMILTON FONTAINE	NONE	501 (C) 3	EDUCATION	5,000

,				
LOIS HAMILTON FONTAINE SCHOLARSHIP PO BOX 1342 WESTERLY, RI 02891	NONE	501 (C) 3	EDUCATION	5,000
ALL SAINTS CHURCH	NONE	501 (C) 3	RELIGIOUS	3,000

PO BOX 1342 WESTERLY, RI 02891				
ALL SAINTS CHURCH 634 WEST PEACHTREE STREET ATLANTA, GA 30308	NONE	501 (C) 3	RELIGIOUS	3,000
DUKE DURHAM GIRLS CLUB	NONE	501 (C) 3	EDUCATION	3.000

ALL SAINTS CHURCH 634 WEST PEACHTREE STREET ATLANTA, GA 30308	NONE	501 (C) 3	RELIGIOUS	3,000
DUKE DURHAM GIRLS CLUB PO BOX 90433	NONE	501 (C) 3	EDUCATION	3,000

ATLANTA, GA 30308				
DUKE DURHAM GIRLS CLUB PO BOX 90433 DURHAM, NC 27708	NONE	501 (C) 3	EDUCATION	3,00

ATLANTA, GA 30308				
DUKE DURHAM GIRLS CLUB PO BOX 90433 DURHAM, NC 27708	NONE	501 (C) 3	EDUCATION	3
			_	1

Total . . 55,500 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WESTMINSTER SCHOOLS NONE 501 (C) 3 **EDUCATION** 5,000 1424 WEST PACES FERRY ROAD NW ATLANTA, GA 30327 NONE 501 (C) 3 RECREATION 1,500 GRASS RIVER GARDEN CLUB 1122 NORTH OCEAN BLVD DELRAY BEACH, FL 33483

,				
ATLANTA BOTANICAL GARDEN 1365 PIEDMONT AVENUE ATLANTA, GA 30309	NONE	501 (C) 3	EDUCATION	1,000
PAUL'S PLACE 188 SOUTH SWINTON AVENUE DELRAY BEACH, FL 33444	NONE	501 (C) 3	RELIGIOUS	1,500
	1		l	

7111211171, 671 30303				
PAUL'S PLACE 188 SOUTH SWINTON AVENUE DELRAY BEACH, FL 33444	NONE	501 (C) 3	RELIGIOUS	1,500
SANDOWAY DISCOVERY CENTER	NONE	501 (C) 3	EDUCATION	1,000

142 SOUTH OCEAN BLVD

DELRAY BEACH, FL 33483

Total . 3a

55,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year EMPTY STOCKING FUND NONE 501 (C) 3 CHILD WELFARE 500 412 ADAMSON SQUARE CARROLLTON, GA 30117 CATHEDRAL OF ST PHILIP NONE 501 (C) 3 RELIGIOUS 8,000

2744 PEACHTREE ROAD NW ATLANTA, GA 30305				
SOCIETY OF FOUR ARTS 2 FOUR ARTS PLAZA PALM BEACH, FL 33480	NONE	501 (C) 3	EDUCATION	3,000
NANTUCKET CONSERVATION FOUNDATION PO BOX 13 NANTUCKET, MA 02554	NONE	501 (C) 3	CONSERVATION	1,000

	1			
NANTUCKET CONSERVATION FOUNDATION PO BOX 13 NANTUCKET, MA 02554	NONE	501 (C) 3	CONSERVATION	1,000
LITERACY VOLUNTEERS OF WASHINGTON CTY 93 TOWER STREET UNITS 225 226 WESTERLY, RI 02891	NONE	501 (C) 3	EDUCATION	1,500
Total	55,500			

PO BOX 13 NANTUCKET, MA 02554				
LITERACY VOLUNTEERS OF WASHINGTON CTY 93 TOWER STREET UNITS 225 226 WESTERLY, RI 02891	NONE	501 (C) 3	EDUCATION	1,5

3a

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TY 2017 Accounting Fees Schedule								
	Name:	THE HAMII	TON FOUNDATIO	ON INC				
	EIN: 58-2270793							
Accounting Fees Schedule								
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
				+				

1,725

ACCOUNTING FEES

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TY 2017 Investments Corporate Stock Schedule

Name: THE HAMILTON FOUNDATION INC

EIN: 58-2270793					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
ABBVIE INC	19,774	53,190			
AMAZON.COM	9,006	81,863			
APPLE INC	7,090	59,230			
GOLDMAN SACHS GROUP INC	27,784	38,214			
GOOGLE INC CL A (ALPABET INC)	8,773	57,937			
DIVIDEND RECEIVABLE	767	767			
FEDEX CORPORATION	34,844	49,908			
GENERAL MOTORS CO	30,138	32,792			
INTEL CORPORATION	37,063	36,928			
MARATHON PETE CORP	29,212	36,289			
MCDONALDS CORP	39,465	43,030			
NVIDIA CORP	21,520	38,700			

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Schedule B		Schedu	ule of Contributo	rs		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (F	Form 990, 990-EZ, or 990- Form 990, 990-EZ, or 990-P <u>ww <i>Irs gov/form</i>990</u>		ons is at	2017		
Name of the organization					Employer i	dentification number		
					58-2270793	}		
Organization type (che	ck one)							
Filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)() (enter number) c	organization					
	☐ 4947(a)(1) nonexempt char	ritable trust not treated a	s a private founda	ition			
	☐ 527 politi	cal organization						
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation					
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3)	501(c)(3) taxable private foundation						
			PF that received, during to complete Parts I and II So					
Special Rules								
under sections 5 received from an	09(a)(1) and 170(b)	(1)(A)(vı), that che luring the year, tota	g Form 990 or 990-EZ the cked Schedule A (Form to al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	, 16a, or 16b, and that		
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 of the control of the contr	, charitable, scien				
during the year, of If this box is check purpose Don't co	contributions <i>exclus</i> cked, enter here the omplete any of the p	eively for religious, total contributions parts unless the G o	or (10) filing Form 990 c charitable, etc., purposes that were received during eneral Rule applies to the or more during the year	s, but no such cor ng the year for an is organization be	ntributions tota exclusively re ecause it rece	aled more than \$1,000 eligious, charitable, etc, eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but	ıt must answer "No	o" on Part IV, line 2	lle and/or the Special Rul , of its Form 990, or chec it it doesn't meet the filing	ck the box on line	H of its			
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Sched	ıle B (Form 990	0, 990-EZ, or 990-PF) (2017)		

Name of organization Employer identification number THE HAMILTON FOUNDATION INC 58-2270793 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) Type of contribution No. **Total contributions** Name, address, and ZIP + 4 ROGER C HAMILTON Person **Payroll** 15 W ANDREWS DR NW \$41,725 Noncash ATLANTA, GA 30305 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

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