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DLN: 93491303001178

2017

OMB No 1545-0052

## **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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

		ndar year 2017, or tax year beginning 01-01-20	)17 , aı	nd er	nding 12-31-		
		indation NMAN FOUNDATION INC			<b>A Employer Ide</b> 58-2588890	entification numbe	r
Number and street (or P O box number if mail is not delivered to street address) Room/suite 3715 NORTHSIDE PKWY BLDG 400 NO 650						mber (see instruction	ns)
3715 NORTHSIDE PKWY BLDG 400 NO 650					(404) 355-9401		,
		n, state or province, country, and ZIP or foreign postal code A 30327				application is pendin	g, check here
G CH	neck al	I that apply Initial return Initial return of a	former public charity		<b>D 1</b> . Foreign ord	ganizations, check he	ere 🗔
u Ci	ieck di	☐ Final return ☐ Amended return	Tormer public charity			ganizations meeting	▶ ∟
		Address change Name change				k here and attach co	
H C	neck tv	pe of organization	foundation			indation status was t n 507(b)(1)(A), chec	
	•		e private foundation		under section	11 307(B)(1)(A), Cliec	.k Here
			☑ Cash ☐ Accru	al	<b>F</b> If the founda	ition is in a 60-monti	n termination
		from Part II, col (c),	be on cash basis )		under section	n 507(b)(1)(B), chec	k here
Pa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements
		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	(Ь)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	303,000				
	2	schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	140,817		125,735		
	5a	Gross rents	ļ				
	b	Net rental income or (loss)	122.650				
RIE	6a	Net gain or (loss) from sale of assets not on line 10	122,650				
Revenue	b	Gross sales price for all assets on line 6a 601,185					
ă	7	Capital gain net income (from Part IV, line 2)			122,650		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances	]				
	b	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12		566,467		248,385		
	13	Compensation of officers, directors, trustees, etc	0 0 0 0		240,303		
	14	Other employee salaries and wages			0		
s	15	Pension plans, employee benefits					
15e	16a	Legal fees (attach schedule)					
<u> </u>	ь	Accounting fees (attach schedule)	3,870		3,870		(
Ě	c	Other professional fees (attach schedule)	67,215		67,215		(
tive	17	Interest					
Operating and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	1,748		1,748		(
ੂ	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
۲ ک	21	Travel, conferences, and meetings					
an	22	Printing and publications					
Inq	23	Other expenses (attach schedule)	5,394		5,394		(
ırat	24	Total operating and administrative expenses.					
<u>ಹ</u>	]	Add lines 13 through 23	78,227		78,227		346.356
_	25	Contributions, gifts, grants paid	346,350				346,350
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	424,577		78,227		346,350
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	141,890				
	ь	Net investment income (if negative, enter -0-)			170,158		
	С	Adjusted net income(if negative, enter -0-)					
-or	Daner	work Reduction Act Notice, see instructions.	1	٠	Cat No. 11280V		·m 000-DE (2017

	2	Savings and temporary cash investments				
	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 ▶				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	59,550	<b>%</b> j	59,550	375,570
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	4,202,684	<b>%</b> ∫	4,394,242	5,228,586
	14	Land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe				

4,299,384

151,436

151,436

2,053,800

2,094,148

4,147,948

4,299,384

**پو** 

4,486,937

194,599

197,099

2,053,800

2,236,038

4,289,838 4,486,937

2

3 4

5

6

4,147,948

4,289,838

4,289,838 Form **990-PF** (2017)

0

141,890

2,500

5,637,301

16

17

18

19

20 21

22

23

24 25

26

28 29

31 Part III

Liabilities

or Fund Balances

Assets 27

Net 30

2

4

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

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

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

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

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

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

Total net assets or fund balances (see instructions) .

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

Retained earnings, accumulated income, endowment, or other funds

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

Analysis of Changes in Net Assets or Fund Balances

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

instructions Also, see page 1, item I)

Grants payable. .

Deferred revenue .

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)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . .

Other liabilities (describe .

Accounts payable and accrued expenses .

Page **3** 

		ment Income			
2-story brick ware	(a) the kind(s) of property sold (e g , real thouse, or common stock, 200 shs 1		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1aSee Additional Data Table					
b					
С					
d					
е	1				
<b>(e)</b> Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain c	<b>h)</b> or (loss) j) minus (g)
a See Additional Data Table	=				
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and own	ned by the foundation	on 12/31/69		(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> s of col (ı) l (յ), ıf any	col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a See Additional Data Table			377	·	
b					
c					
d					
e					
		76 L		<del>                                     </del>	
2 Capital gain net income		If gain, also enter in F If (loss), enter -0- in l		2	122,650
3 Net short-term capital g		If (loss), enter -0- in l 222(5) and (6) ons) If (loss), enter -0	Part I, line 7	2	122,650
3 Net short-term capital of If gain, also enter in Pain Part I, line 8	or (net capital loss)	If (loss), enter -0- in l 222(5) and (6) ons) If (loss), enter -0	Part I, line 7	3	122,650
3 Net short-term capital of If gain, also enter in Parin Part I, line 8  Part V Qualification L	or (net capital loss)  Jain or (loss) as defined in sections 1  T. I, line 8, column (c) (see instruction in the column in the c	If (loss), enter -0- in l 222(5) and (6) ons) If (loss), enter -0 one on Net	Part I, line 7	3 come	122,650
3 Net short-term capital of If gain, also enter in Pain Part I, line 8  Part V Qualification L  (For optional use by domestic p	or (net capital loss)  Jain or (loss) as defined in sections 1  t I, line 8, column (c) (see instruction in the column in the co	If (loss), enter -0- in l 222(5) and (6) ons) If (loss), enter -0 one on Net	Part I, line 7	3 come	122,650
3 Net short-term capital of If gain, also enter in Pair In Part I, line 8  Part V Qualification L (For optional use by domestic p  If section 4940(d)(2) applies, le Was the foundation liable for th	or (net capital loss)  Jain or (loss) as defined in sections 1  t I, line 8, column (c) (see instruction in the column in the co	If (loss), enter -0- in lace 222(5) and (6) ons) If (loss), enter -0- on the constant of the constant of any year of the constant of any year of the constant of any year of the constant of t	Part I, line 7	come	122,650 es
3 Net short-term capital of If gain, also enter in Pair In Part I, line 8  Part V Qualification L (For optional use by domestic p  If section 4940(d)(2) applies, let Was the foundation liable for the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If	or (net capital loss)  Jain or (loss) as defined in sections 1  It I, line 8, column (c) (see instruction of the column (	If (loss), enter -0- in lace 222(5) and (6) ons) If (loss), enter -0- on lace 222(5) and (6) ons) If (loss), enter -0- on lace 222(5) and (loss), enter -0- on lace 222(5) and (loss) and (loss), enter -0- on lace 222(5) and (loss) and (loss), enter -0- on lace 222(5) and (loss) and (loss), enter -0- on lace 222(5) and (loss), enter -0- on lace 222(5) and (loss), enter -0- on lace 222(5) and (6) on lace 222(5) and (10) on la	Part I, line 7	3 come ne )	
3 Net short-term capital of If gain, also enter in Pair In Part I, line 8  Part V Qualification L (For optional use by domestic p  If section 4940(d)(2) applies, let Was the foundation liable for the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If "Yes," the foundation does not be seen as a section of the If	or (net capital loss)  Jain or (loss) as defined in sections 1  It I, line 8, column (c) (see instruction of the column (	If (loss), enter -0- in lace 222(5) and (6) ons) If (loss), enter -0- on lace 222(5) and (6) ons) If (loss), enter -0- on lace 222(5) and (loss), enter -0- on lace 222(5) and (loss) and (loss), enter -0- on lace 222(5) and (loss) and (loss), enter -0- on lace 222(5) and (loss) and (loss), enter -0- on lace 222(5) and (loss), enter -0- on lace 222(5) and (loss), enter -0- on lace 222(5) and (6) on lace 222(5) and (10) on la	Part I, line 7  Investment In the base period a making any entries	3 come ne )	es 🔽 No
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3 Net short-term capital of If gain, also enter in Parl In Part I, line 8  Part V Qualification Law (For optional use by domestic part of Section 4940(d)(2) applies, let was the foundation liable for the if "Yes," the foundation does not a contact the propriate among the section 4940(d) (a)  Base period years Calendar year (or tax year beginning in)	ann or (loss) as defined in sections 1 Int I, line 8, column (c) (see instruction of the section	If (loss), enter -0- in logical part (lo	Part I, line 7  Investment In the base period a making any entries ole-use assets	come ne )  2	es  No
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3 Net short-term capital of If gain, also enter in Parl in Part I, line 8  Part V Qualification L (For optional use by domestic point of Section 4940(d)(2) applies, let was the foundation liable for the If "Yes," the foundation does not contain the If the appropriate arm (a)  Base period years Calendar year (or tax year beginning in)  2016 2015 2014 2013	or (net capital loss)  Jain or (loss) as defined in sections 1  It I, line 8, column (c) (see instruction of the section of th	If (loss), enter -0- in logical part (lo	Part I, line 7  Car Investment Income in the base period e making any entries ble-use assets  4,663,000  4,836,855  5,141,558  8,350,398	come ne )  2	es No    O   O   O
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3 Net short-term capital of If gain, also enter in Parl in Part I, line 8  Part V Qualification L (For optional use by domestic point of section 4940(d)(2) applies, let was the foundation liable for the option of I are the appropriate ame (a)  Base period years Calendar year (or tax year beginning in)  2016  2015  2014  2013  2012  2 Total of line 1, column (of a Average distribution ration number of years the foundation ration number of years the foundation of the section of the s	Jain or (loss) as defined in sections 1 tt I, line 8, column (c) (see instruction of the section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributable qualify under section 4940(e) Domination of the section 4942 tax on the distributable qualify under section 4940(e) Domination of the section of the secti	If (loss), enter -0- in land 222(5) and (6) cas) If (loss), enter -0- in land 222(5) and (6) cas) If (loss), enter -0- in land 240(a) tax on new complete this part is see instructions before (c)  Net value of noncharitation in land 2 by 5 chan 5 years	Part I, line 7  Carry In the base period e making any entries ole-use assets 4,663,000 4,836,855 5,141,558 8,350,398 4,550,314 2 , or by the 3	come ne )  2	es No  No  10 10 10 10 10 10 10 10 10 10 10 10 10
3 Net short-term capital of If gain, also enter in Parl in Part I, line 8  Part V Qualification L (For optional use by domestic point of section 4940(d)(2) applies, let was the foundation liable for the option of I enter the appropriate ameginary (a)  Base period years Calendary year (or tax year beginning in)  2016  2015  2014  2013  2012  2 Total of line 1, column (of I and	Jain or (loss) as defined in sections 1 at I, line 8, column (c) (see instruction of the I, line 8, column (c)) (see instruction of the I, line 8, column (c)) (see instruction of the I, line 8, column (c)) (see instruction of the Section 4940(e)) for Region of the Section 4940(e) for Region of the Section 4940(e) for Region of the Section 4940(e) for the Section 4940(e) for the 5-year base period—divide the Incharitable-use assets for 2017 from the III of th	If (loss), enter -0- in land 222(5) and (6) ons) If (loss), enter -0 ons) If (loss), enter -0 ons on the second se	Part I, line 7  Carry II, line 7  Carry III III III III III III III III III	come ne )  2	es No    O   O   O
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3 Net short-term capital of If gain, also enter in Parl in Part I, line 8  Part V Qualification L (For optional use by domestic point of Section 4940(d)(2) applies, let the section 4 enter the appropriate and (a)  Base period years Calendar year (or tax year beginning in)  2016 2015 2014 2013 2012  2 Total of line 1, column (continuation of years the foun of years the foun the section of years the foun the section of the sect	Jain or (loss) as defined in sections 1 at I, line 8, column (c) (see instruction of the section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributable qualify under section 4940(e) Do a section 4942 tax on the distributable qualify under section 4940(e) Do a section 494	If (loss), enter -0- in land (loss), enter -	Part I, line 7  Carlon Standard Standar	come ne )  2	es No  No  0 061782 0 056758 0 073888 0 048844 0 064523 0 305795 0 061159 5,175,689 316,540 1,702 318,242
3 Net short-term capital of If gain, also enter in Parin Part I, line 8  Part V Qualification L (For optional use by domestic point of Section 4940(d)(2) applies, let the section 4 appropriate and (a)  Base period years Calendar year (or tax year beginning in)  2016 2015 2014 2013 2012  2 Total of line 1, column (c) 3 Average distribution ration number of years the foun 4 Enter the net value of noins 5 Multiply line 4 by line 3 6 Enter 1% of net investmen 7 Add lines 5 and 6	Jain or (loss) as defined in sections 1 at I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the Section 4940(e) for Region of the Section 4940(e) for Region of the Section 4940(e) for the Section 4940(e) for the 5-year base period—divide the Indian of the Section	If (loss), enter -0- in land (loss), enter -0.  222(5) and (6) ons) If (loss), enter -0.  duced Tax on Net tion 4940(a) tax on near tion 4940(a) tax on near tion 4940(a) tax on near tion to complete this part see instructions before (c)  Net value of noncharitation (c)  Net value of noncharitation (c)  he total on line 2 by 5 than 5 years  Part X, line 5	Part I, line 7  Carry II, line 7  Carry III III III III III III III III III	Come ne )  2	es No    No   No

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	
	<del></del>			
<b>Total</b> 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				
<b>-</b>				
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				
<del></del>				
2				
All II	<u> </u>			
All other program-related investments  3	See instructions			
Total. Add lines 1 through 3 .		· · · · · <del>· · ·</del>		000 <b>PE</b> (2017)

2 Amounts set aside for specific charitable projects that satisfy the

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

3a 3h

4

5

346.350

1.702

344.648

Form **990-PF** (2017)

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. . . . . . . . . .

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

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

3

4

5

257,082

Form 990-PF (2017)

0

(d)

2017

Form 990-PF (20	017)
Part XIII	Undi

Form 990-PF (2017)							
Part XIII	Undistributed Income (see instructions)						

**b** Total for prior years

From 2012. . . . .

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

From 2015. . . .

e From 2016. . . . .

Distributable amount for 2017 from Part XI, line 7

72.443 836

137 622

35.264 56,069

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

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. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

**b** Excess from 2014. .

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

6 Enter the net total of each column as

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

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). . . . . . . . . (a)

Corpus

302.234

89.268

391,502

72.443

319,059

836 137,622

35.264

56.069

89.268

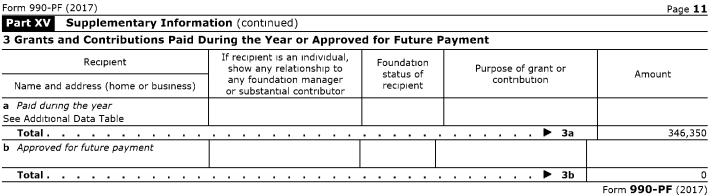
0

(b)

Years prior to 2016

(c)

2016



	<ul> <li>Analysis of Income-Producing</li> </ul>	Activities				
nter gross	amounts unless otherwise indicated		isiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
<b>1</b> Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
a						
<b>g</b> Fees a	nd contracts from government agencies					
	ship dues and assessments					
	t on savings and temporary cash					
	s and interest from securities.			14	140,817	
	al income or (loss) from real estate				•	
a Debt-fi	nanced property					
	bt-financed property					
	ital income or (loss) from personal property					
	vestment income					
	(loss) from sales of assets other than			18	122,650	
	me or (loss) from special events				·	
	rofit or (loss) from sales of inventory					
	evenue <b>a</b>					
	Add columns (b), (d), and (e).		0		263,467	
	dd line 12, columns (b), (d), and (e)				3	263,467
See wor Part XVI-	rksheet in line 13 instructions to verify calcule.  B Relationship of Activities to th	lations )				
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions )	income is report	ed in column (e) of	f Part XVI-A contribi		

orm 9	90-PI	F (2017)						Pa	ge <b>13</b>
Part	XV:	Information Re Exempt Organi		fers To and Transact	ions and I	Relationships With Nonchar	itable		
				any of the following with zations) or in section 527		ganızatıon described in section 501 political organizations?		Yes	No
<b>a</b> Tra	nsfer	s from the reporting foun	idation to a noncha	rıtable exempt organizatı	on of				
(1)	Cas	sh					1a(1)		No
		ner assets					1a(2)		No
		ansactions							
		les of assets to a nonchar	· -				1b(1)		No
		chases of assets from a r					1b(2)		No
		ntal of facilities, equipmen	•				1b(3) 1b(4)		No No
		mbursement arrangemen ans or loan quarantees.					1b(4)		No
		-		raising solicitations.			1b(6)		No
٠,				assets, or paid employees			1c		No
of t in a	he go ny ti	oods, other assets, or ser ransaction or sharing arra	vices given by the ingement, show in	reporting foundation If the column (d) the value of t	ne foundation he goods, ot	should always show the fair market in received less than fair market val ther assets, or services received	ue		to.
(a) Line	· NO	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(a) Desc	cription of transfers, transactions, and sh	arıng arra	ngemen	ts
des	cribe	·	Code (other than	, or related to, one or mo section 501(c)(3)) or in s			☐Yes	<b>✓</b>	No
		(a) Name of organization		(b) Type of organiz	ation	(c) Description of relat	ionship		
	Ur	nder penalties of perjury,	I declare that I hav	ve examined this return, i	ncluding acc	I companying schedules and statemer	nts, and	to the	best

(a) Line No	(b) Amount involved	(c) Name of noncharitable exe	mpt organization	(d) Description of	transfers, transactions, a	and sharing arrangements
	•	ectly affiliated with, or relate : Code (other than section 50	•			. 🗆 Yes 🔽 No
<b>b</b> If "Yes,	," complete the following s	chedule				
	(a) Name of organization	on (I	<b>)</b> Type of organization	on	(c) Description o	f relationship
0 4		I I declare that I have examin , it is true, correct, and compowledge				
Sign Here	*****		2018-10-24	*****		May the IRS discuss this return with the preparer shown
	Signature of officer or t	rustee	Date	Title		below (see ınstr )? 🗹 Yes 🗆 No
				1		

Date

2018-10-24

Preparer's Signature

Print/Type preparer's name

Firm's name ▶ WARREN AVERETT LLC

Firm's address ► SIX CONCOURSE PARKWAY SUITE 600

ATLANTA, GA 30328

SUSAN HILL

Paid **Preparer** 

**Use Only** 

Form **990-PF** (2017)

P00846200

Firm's EIN ▶45-4084437

Phone no (770) 396-1100

PTIN

Check if self-

employed ▶ □

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 UBS #56109 SHORT TERM UBS #56109 LONG TERM CHARLES SCHWAB #4923 SHORT TERM **ASSETMARK ASSETMARK** CAPITAL GAINS DIVIDENDS Ρ 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) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 5,226 82 5,144 218,896 198,007 20,889 169,429 4,021 165,408 116,886 84,489 32,397 24,242 25,487 -1,24566,506 66,506 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) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (1), if any 82 20,889 4,021 32,397 -1,24566,506

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation HUGH M INMAN JR CHAIRMAN. TREASURER 2922 ORCHARD KNOB 0.00 ATLANTA, GA 30339 **JOHN S INMAN** SECRETARY, TRUSTEE 0.00 1740 MT PARAN ROAD NW ATLANTA, GA 30327 11640 N TATUM BLVD 1054 PHOENIX, AZ 85028 BETTY ANN INMAN TRUSTEE

WILLIAM E INMAN	TRUSTEE	0	0	1
1405 PARADISE PARK ROAD CORNELIA, GA 30531	0 00			
MARGARET I WILSON	TRUSTEE 0 00	0	0	

0.00

4091 PARAN POINTE DRIVE NW

ATLANTA, GA 30327

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

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

a Paid during the year				
300 CLUB OF ATLANTACLUB DR NE ATLANTA, GA 30319	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	300
ALTHEMED'S ASSOCIATION	NONE	DUDLIC	DDOVIDE ODERATING FUNDS	F00

ATLANTA, GA 30319		CHARITI	FOR THE CHARITY	
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE FLOOR 17 CHICAGO, IL 60601	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	500
ANGELS AMONG HE BET BESSUE	NONE	BUBLIC	DDOVEDE ODEDATING FUNDS	2 500

225 N MICHIGAN AVE FLOOR 17 CHICAGO, IL 60601		CHARITY	FOR THE CHARITY	
ANGELS AMONG US PET RESCUE PO BOX 821 ALPHARETTA, GA 30009	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,500

,				
ANGELS AMONG US PET RESCUE PO BOX 821 ALPHARETTA, GA 30009	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,500
Total				346,350

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, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
APARTMENT LIFE CHRISTIAN MINISTRIES 610 S INDUSTRIAL BLVD EULESS, TX 76040	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,500	
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	600	
ATLANTA DANCE CONNECTION 2954 ELEANOR TERRACE NW ATLANTA GA 30318	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	100	

ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	600
ATLANTA DANCE CONNECTION 2954 ELEANOR TERRACE NW ATLANTA, GA 30318	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	100

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

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

a Paid during the year

Total . За

CAMP SOUTHERN GROUND 101 GARDNER PARK PEACHTREE, GA 30269	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	10,000
CANTALE ACCIOTANGEDAGO EDANGIO DE	NONE	BUBUTO	DDOUGDE ODED ATTING FUNDS	4 000

CANINE ASSISTANCE3160 FRANCIS RD ALPHARETTA, GA 30004	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	1,000
CHILDREN'S HEALTHCARE OF ATLANTA	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	750

CHILDREN'S HEALTHCARE OF ATLANTA 1405 CLIFTON RD ATLANTA, GA 30329	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	7

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CLEMSON UNIVERSITY FOUNDATION CLEMSON UNIVERSITY FOUNDATION CLEMSON, SC 29631	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	10,000
FAITH LUTHERAN CHURCH 2111 LOWER ROSWELL MARIETTA, GA 30068	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	10,000
FAMILIES AND COMMUNITIES TOGETHER RELIEF FOUNDATION	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	1,000

2111 LOWER ROSWELL MARIETTA, GA 30068		CHARITY	FOR THE CHARITY	
FAMILIES AND COMMUNITIES TOGETHER RELIEF FOUNDATION 1776 PEACHTREE STREET NE SUITE 400S ATLANTA GA 30309	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	1,000

MARIETTA, GA 30068				
FAMILIES AND COMMUNITIES TOGETHER RELIEF FOUNDATION 1776 PEACHTREE STREET NE SUITE 400S	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	1,

TAMELES AND COMMONTHES	INOINE	FODLIC	I FROVIDE OF ERATING FORDS	1,00
TOGETHER RELIEF FOUNDATION		CHARITY	FOR THE CHARITY	
1776 PEACHTREE STREET NE SUITE				
400S				
ATLANTA, GA 30309				

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

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

BIRMINGHAM, AL 35205		CHARITY	FOR THE CHARITY	
FRIENDS OF CHILDREN'S HEALTHCARE 931 E 32ND ST JOPLIN, MO 64804	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	3,000

JOPLIN, MO 64804		Crin and 11	TOTAL OF WALLET	
FRIENDS OF ENGLISH AVENUE 2141 POWERS FERRY RD MARIETTA, GA 30067	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,000

301 2211,7110 0 1001				
FRIENDS OF ENGLISH AVENUE 2141 POWERS FERRY RD MARIETTA, GA 30067	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,000

FRIENDS OF ENGLISH AVENUE 2141 POWERS FERRY RD MARIETTA, GA 30067	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,000
· · · · · · · · · · · · · · · · · · ·				

MARIETTA, GA 30067	CHARITY	FOR THE CHARITY	1
Total			346,350

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FUTURE FOR KIDS 6991 EAST CAMELBACK ROAD SUITE B-100 SCOTTSDALE, AZ 85251	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	35,000
GUIDEPOSTS FOUNDATION- ANGEL'S ON EARTH 39 OLD RIDGEBURY ROAD SUITE 27 DANBURY, CT 06810	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	1,000

GUIDEPOSTS FOUNDATION- ANGEL'S ON EARTH 39 OLD RIDGEBURY ROAD SUITE 27 DANBURY, CT 06810	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	1,000
IPTAY SCHOLARSHIP FUND CLEMSON UNIVERSITY FOUNDATION	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	10,500

IPTAY SCHOLARSHIP FUND CLEMSON UNIVERSITY FOUNDATION CLEMSON, SC 29634  NONE PUBLIC CHARITY FOR THE CHARITY	DANBORT, CT 00810			
, and the second	CLEMSON UNIVERSITY FOUNDATION	NONE	 	

Total .

За

Brittbolti, el 00010				
IPTAY SCHOLARSHIP FUND CLEMSON UNIVERSITY FOUNDATION CLEMSON, SC 29634	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	10,500

IPTAY SCHOLARSHIP FUND CLEMSON UNIVERSITY FOUNDATION CLEMSON, SC 29634	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	10,50
CLEMSON, SC 29634				

orm 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
JEWISH FERTILITY FOUNDATION 60 LENOX POINTE NE ATLANTA, GA 30324	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,500
LES FELDICK MINISTRIES 30706 W LONA VALLEY ROAD KINTA, OK 74552	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	8,000

LES FELDICK MINISTRIES 30706 W LONA VALLEY ROAD KINTA, OK 74552	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	8,000
LEUKEMIA & LYMPHOMA SOCIETY	NONE	PUBLIC	PROVIDE OPERATING FUNDS	500

FUNCTION OF LYMPHOMA COCKETY NO.	
LEUKEMIA & LYMPHOMA SOCIETY NONE PUBLIC PROVIDE OPERATING FUNDS CHARITY FOR THE CHARITY  ATLANTA, GA 30339 PUBLIC PROVIDE OPERATING FUNDS FOR THE CHARITY	

Total . . . .

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LEUKEMIA & LYMPHOMA SOCIETY 2859 PACES FERRY RD SE 725	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	5
ATLANTA, GA 30339				

NONE	PUBLIC	PROVIDE OPERATING FUNDS	Ì
	CHARITY	FOR THE CHARITY	Ì
			İ
	NONE		

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	Purpose of grant or contribution	Amount
Name and address (home or business)		recipient	nt	
a Paid during the year				
MIDTOWN ASSISTANCE CENTER 30 PORTER PL NE ATLANTA, GA 30308	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	5,000
MOUNT VERNON PIONEER TOMORROW CAMPAIGN 471 MOUNT VERNON HWY ATLANTA, GA 30328	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,000

MOUNT VERNON PIONEER TOMORROW CAMPAIGN 471 MOUNT VERNON HWY ATLANTA, GA 30328	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,000
MT VERONON PRESBYTERIAN 471 MOUNT VERNON HWY	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,000

471 MOUNT VERNON HWY ATLANTA, GA 30328				
MT VERONON PRESBYTERIAN 471 MOUNT VERNON HWY ATLANTA, GA 30328	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,00

ATLANTA, GA 30328				
MT VERONON PRESBYTERIAN 471 MOUNT VERNON HWY ATLANTA, GA 30328	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,00

MT VERONON PRESBYTERIAN 471 MOUNT VERNON HWY ATLANTA, GA 30328  NONE PUBLIC CHARITY PROVIDE OPERATING FUNDS FOR THE CHARITY				i
	471 MOUNT VERNON HWY	NONE		2,0

Total			<b>.</b>	346,350
471 MOUNT VERNON HWY ATLANTA, GA 30328		CHARITY	FOR THE CHARITY	
TI VERONON TRESDITERIAN	NONE	1 OPLIC	I I KOVIDE OI EKATING TONDS	2,000

ATLANTA, GA 30328		
Total	 	346.350

'		
Total	 	346,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
NORTHEAST GEORGIA FOODBANK 861 NEWTON BRIDGE RD ATHENS, GA 30607	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	3,000	
NSORO FOUNDATION 2500 CUMBERLAND PKWY STE 100 ATLANTA, GA 30339	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	30,200	
PACE ACADEMY	NONE	PUBLIC	PROVIDE OPERATING FUNDS	2,500	

NSORO FOUNDATION 2500 CUMBERLAND PKWY STE 100 ATLANTA, GA 30339	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	30,200
PACE ACADEMY 966 WEST PACES FERRY ROAD	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,500

= 4 = = = = = =				
PACE ACADEMY 966 WEST PACES FERRY ROAD ATLANTA, GA 30327	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,50

PACE ACADEMY 966 WEST PACES FERRY ROAD ATLANTA, GA 30327	NONE	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,50

ATLANTA, GA 30327	CHARITY	FOR THE CHARITY	
Total	 		346,350

ATLANTA, GA 30327			
Total		•	346 350

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PEACHTREE PRESBYTERIAN CHURCH 3434 ROSWELL RD NW ATLANTA, GA 30305	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	25,000
PINEWOOD FIRE DEPARTMENT AUXILIARY 301 CHIPLEY ST PINE MOUNTAIN, GA 31822	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	5,000
PRESBYTERIAN COLLEGE	NONE	PUBLIC	PROVIDE OPERATING FUNDS	20,000

AUXILIARY 301 CHIPLEY ST PINE MOUNTAIN, GA 31822	NONE	CHARITY	FOR THE CHARITY	3,000
PRESBYTERIAN COLLEGE 503 SOUTH BROAD STREET	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	20,000

PRESBYTERIAN COLLEGE 503 SOUTH BROAD STREET CLINTON, SC 29325	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	20,00

PRESBYTERIAN COLLEGE	NONE	PUBLIC	PROVIDE OPERATING FUNDS	20
503 SOUTH BROAD STREET		CHARITY	FOR THE CHARITY	
CLINTON, SC 29325				

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

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

a Paid during the year				
RED CROSS53 GORDON PLAZA SW ATLANTA, GA 30310	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	5,000
RED RIVER VALLEY EDUCATIONAL FOUNDATION	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	30,000

RED RIVER VALLEY EDUCATIONAL FOUNDATION PO BOX 5 RED RIVER, NM 87558	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	30,00
SAMARITAN'S PURSE801 BAMBOO RD	NONE	PUBLIC	PROVIDE OPERATING FUNDS	5,00

RED RIVER, NM 87558				l
SAMARITAN'S PURSE801 BAMBOO RD BOONE, NC 28607	NONE		PROVIDE OPERATING FUNDS FOR THE CHARITY	5,00

RED RIVER, NM 87558				
SAMARITAN'S PURSE801 BAMBOO RD BOONE, NC 28607	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	5,0

3a

KED KIVEK, IIII 07550				
SAMARITAN'S PURSE801 BAMBOO RD BOONE, NC 28607	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	5,000
Total				346,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SHARING AND CARING 126 BEAL PARKWAY SW FORT WALTON BEACH, FL 32548	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	5,000
SHEPHERD CENTER RESEARCH FUND IN HONOR OF ALANA SHEPHERD 2045 PEACHTREE RD NE 200 ATLANTA, GA 30309	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	10,000
		i e		

SHEPHERD CENTER RESEARCH FUND IN HONOR OF ALANA SHEPHERD 2045 PEACHTREE RD NE 200 ATLANTA, GA 30309	NONE	PUBLIC CHARITY	FOR THE CHARITY	10,000
SKYLAND TRAIL 1961 N DRUID HILLS RD NE ATLANTA, GA 30329	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	75,200

		PROVIDE OPERATING FUNDS FOR THE CHARITY	75,2
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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)		recipient		
a Paid during the year				
SOQUE RIVER WATERSHED ASSOCIATION PO BOX 1901 CLARKESVILLE, GA 30523	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	1,000
ST BALDRICK'S FOUNDATION 1333 S MAYFLOWER AVE 400 MONROVIA, CA 91016	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	200
THE MUSTARD SEED	NONE	PUBLIC	PROVIDE OPERATING FUNDS	2 500

CLARRESVILLE, OA 30323		1		
ST BALDRICK'S FOUNDATION 1333 S MAYFLOWER AVE 400 MONROVIA, CA 91016	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	200
THE MUSTARD SEED 1085 LUCKNEY ROAD	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,500

MONROVIA, CA 91016				
THE MUSTARD SEED 1085 LUCKNEY ROAD BRANDON. MS 39047	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,5

THE MUSTARD SEED 1085 LUCKNEY ROAD BRANDON, MS 39047	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,5

THE MOSTARD SEED	INONE	LODLIC	I I KOVIDE OI EKATING I ONDS	2,3
1085 LUCKNEY ROAD		CHARITY	FOR THE CHARITY	1
BRANDON, MS 39047				1

BRANDON, MS 39047	CHA	FOR THE CHARITY	
Total			346,350

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE WOMAN'S AUXILIARY OF PIEDMONT HOSIPITAL 1968 PEACHTREE RD NW ATLANTA, GA 30309	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	2,500
THETA CHI FOUNDATIONPO BOX 503 CARMEL, IN 46082	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	1,500
WESLEY MONUMENTAL UNITED METHODIST CHURCH(JANE SHIRAH)	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	500

THETA CHI FOUNDATIONPO BOX 503 CARMEL, IN 46082	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	1,500
WESLEY MONUMENTAL UNITED METHODIST CHURCH(JANE SHIRAH) 429 ABERCORN ST SAVANNAH, GA 31401	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	500

ı	C/ ((( 1 E E, 1)) 1000 E		CHART	TORTHE CHARLETT	
	WESLEY MONUMENTAL UNITED METHODIST CHURCH(JANE SHIRAH) 429 ABERCORN ST	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	50
ı	SAVANNAH, GA 31401				

SAVANNAH, GA 31401		
Total	 	346,350

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				
ZOO ATLANTA 800 CHEROKEE AVENUE SE	NONE	PUBLIC CHARITY	PROVIDE OPERATING FUNDS FOR THE CHARITY	1,500
ATLANTA CA 2021E				

T-1-1	•	•		246
BOO CHEROKEE AVENUE SE ATLANTA, GA 30315		CHARITY	FOR THE CHARITY	

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

ATLANTA, GA 30315	CHARIT	FOR THE CHARITY	
Total			346 350

efile GRAPHIC print - DO NOT P	ROCESS A	As Filed Data -		D	LN: 93491303001178		
TY 2017 Accounting Fees Schedule							
	Name: HUGH M INMAN FOUNDATION INC						
	<b>EIN:</b> 5	58-2588890					
Accounting Fees Schedule							
Category	Amou		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

3,870

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491303001178				
TY 2017 Investments Corporat	TY 2017 Investments Corporate Stock Schedule					
-						

Name: HUGH M INMAN FOUNDATION INC **EIN:** 58-2588890

		<u> </u>
Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS	59,550	375,570

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491303001178
TY 2017 Investments - Other S	Schedule	

2,587,146

2,057,341

Name: HUGH M INMAN FOUNDATION INC

EIN:	58-2588890

CHARLES SCHWAB

Investments Other Schedule 2				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
ASSETMARK	AT COST	982,957	1,261,104	
UBS EQUITIES	AT COST	1,353,944	1,380,336	

AT COST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	DLN: 93491303001178					
TY 2017 Mortgages and Notes	TY 2017 Mortgages and Notes Payable Schedule						
Name: HUGH M INMAN FOUNDATION INC							
	58-2588890						
Total Mortgage Amount:	55 25555						
	Item No.	1					
Lende	r's Name UB	S MARGIN ACCOUNT					
Lend	er's Title						
Relationship to	o Insider						
Original Amoun	t of Loan						
Bala	ance Due	194,599					
Date	e of Note						
Matu	rity Date						
Repayme	nt Terms						
Inter	rest Rate						
Security Provided by I	Borrower						
Purpose		MAKE CHARITABLE CONTRIBUTIONS WITHOUT SALES OF OCK.					
Description of Lender Cons	ideration						
Considera	tion FMV						

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 934913030011 <b>7</b> 8
TY 2017 Other Expenses Sche	dule			_
Name:	HUGH M INMAN	N FOUNDATION IN	IC	
EIN:	58-2588890			
Other Expenses Schedule				
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for

Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
INVESTMENT INTEREST EXPENSE	4,438	4,438		0			

TRAVEL EXPENSES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491303001178
TY 2017 Other Liabilities Sche	dule			
Name:	HUGH M INMA	N FOUNDATI	ON INC	
EIN:	58-2588890			
Description	n		Beginning of Year - Book Value	End of Year - Book Value
CREDIT CARDS			0	2,500

<b>EIN:</b> 58-2588890					
TY 2017 Other Professional Fees Schedule  Name: HUGH M INMAN FOUNDATION INC					
TV 2017 Other Professions	J Food Cahadu	lo			
efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 93491303001178	

ı	<b>EIN:</b> 58-2588890	)		,
Category	Amount		•	Disbursements for Charitable Purposes

16,683

50,532

16,683

INVESTMENT ADMINISTRATIVE FEES

**BOARD OF TRUSTEES MEETINGS** 

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DL	N: 93491303001178
TY 2017 Taxes Schedule				_
		MAN FOUNDATION	INC	
E1	IN: 58-2588890	)		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	1,520	1,520		0
2016 FEDERAL TAXES PAID IN 2017	228	228		0

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -				DLN: 93491303001178	
Schedule B		Schedi	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	Attach to Form 990, 990-EZ, or 990-PF shedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>				
Name of the organizat					Employer id	entification number	
					58-2588890		
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	organization				
	☐ 4947(a)(	1) nonexempt cha	ritable trust <b>not</b> treated as	s a private founda	ition		
	☐ 527 polit	ıcal organızatıon					
Form 990-PF	<b>✓</b> 501(c)(3	) exempt private fo	oundation				
	☐ 4947(a)(	1) nonexempt cha	ritable trust treated as a p	rivate foundation			
	☐ 501(c)(3	) taxable private fo	oundation				
			PF that received, during t Complete Parts I and II Se				
Special Rules							
under sections received from a	509(a)(1) and 170(b)	)(1)(A)(vı), that che luring the year, tot	g Form 990 or 990-EZ that ecked Schedule A (Form 9 al contributions of the gre aplete 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 o 0 <i>exclusively</i> for religious, r animals Complete Parts	, charitable, scien			
during the year If this box is che purpose Don't	, contributions <i>exclus</i> ecked, enter here the complete any of the	sively for religious, e total contributions parts unless the <b>G</b>	, or (10) filing Form 990 o charitable, etc., purposes s that were received durin eneral Rule applies to th or more during the year.	s, but no such con ig the year for an is organization be	ntributions tota exclusively re ecause it recei	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	ıt ıt <b>must</b> answer "No	o" on Part IV, line 2	ule and/or the Special Rul 2, of its Form 990, or chec at it doesn't meet the filing	k the box on line	H of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9		tructions	Cat No 30613X	Schedu	ıle B (Form 990,	, 990-EZ, or 990-PF) (2017)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization **Employer identification number** HUGH M INMAN FOUNDATION INC 58-2588890 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 THE ESTATE OF HUGH M INMAN Person **Payroll** C/O HUGH M INMAN JR 3715 NORTHSIDE \$ 303,000 Noncash ATLANTA, GA 30327 (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)