Form **990-PF**

Return of Private Foundation

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

| For calendar year 2017 or tax year beginning | | , and ending | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------|----------------------------------------------------|--------------------------------------------------|
| Name of foundation | | , | A Employer identification | on number |
| JUDITH A. THOMAS CHARITAE | | <u> </u> | 82-226580 | 2 |
| Number and street (or P O box number if mail is not delivered to str | eet address) | Room/suite | B Telephone number | |
| 3080 HIGHLAND PARKWAY | | <u>B</u> | (770) 437 | |
| City or town, state or province, country, and ZIP or foreign SMYRNA, GA 30082 | i postai code | | C If exemption application is | pending, check here |
| G. Check all that apply: X Initial return | Initial return of a fe | ormer public charity | D 1. Foreign organizatio | ns. check here |
| Final return | Amended return | , | | , |
| Address change | Name change | | 2 Foreign organizations r check here and attach | neeting the 85% test, computation |
| | exempt private foundation | | E If private foundation s | tatus was terminated |
| Section 4947(a)(1) nonexempt charitable trust | Other taxable private found | | under section 507(b)(| 1)(A), check here |
| · | nting method: Cash | X Accrual | F If the foundation is in | |
| | Other (specify) umn (d) must be on cash bas | is.) | under section 507(b)(| 1)(B), check here |
| | | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | expenses per books | income | income | for charitable purposes (cash basis only) |
| 1 Contributions, gifts, grants, etc., received | 471,057. | | N/A | |
| 2 Check It the foundation is not required to attach Sch B | | | | |
| 3 Interest on savings and temporary cash investments | 0.00 | | | |
| 4 Dividends and interest from securities | 2,397. | 2,397. | | STATEMENT 1 |
| 5a Gross rents | | | | |
| b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 | 10,386. | | | |
| b Gross sales price for all 10,386. | | | | - |
| b Gross sales price for all 10,386. 7 Capital gain net income (from Part IV, line 2) | | 10,386. | | |
| 8 Net short-term capital gain | | | | |
| 9 Income modifications | | | | |
| Gross sales less returns and allowances | | | | |
| b Less Cost of goods sold | | | | <u> </u> |
| c Gross profit or (loss) 11 Other income | | <u> </u> | | |
| 12 Total. Add lines 1 through 11 | 483,840. | 12,783. | | |
| 13 Compensation of officers, directors, trustees, etc | 0. | 0. | | 0. |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees | 7 | | | |
| b Accounting fees RECEIVED | | | | |
| c Other professional lees 77 Interest 18 Taxes 9 MAY 1 5 STMT 20 | 311 | | | |
| Taxes MAY 1 5 STMT 2 | 103. | 103. | | 0. |
| 19 Depreciation and depletion | | 103. | | |
| E 20 Occupancy | | | | |
| 20 Occupancy Conferences, and meetings, UT | | | | |
| 22 Printing and publications | | | | |
| 23 Other expenses STMT 3 | 269. | 266. | ļ | 0. |
| 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes MAY 1 5 SOMT 20 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings; 22 Printing and publications 23 Other expenses Contributions 24 Total operating and administrative expenses. Add lines 13 through 23 Contributions Contributions | 372. | 369. | | 0. |
| expenses. Add lines 13 through 23 Contributions, gifts, grants paid | 200,000. | 309. | | 0. |
| 26 Total expenses and disbursements. | 200,000. | - | | |
| Add lines 24 and 25 | 200,372. | 369. | | 0. |
| 27 Subtract line 26 from line 12: | | | | |
| 8 Excess of revenue over expenses and disbursements | 283,468. | | | |
| b Net investment income (if negative, enter -0-) | | 12,414. | | |
| c Adjusted net income (if negative, enter -0-) | <u> </u> | <u></u> | N/A | |

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

| \equiv | == | Attached schedules and amounts in the description | Beginning of year | End o | f year |
|-------------|------|----------------------------------------------------------------------------------------------------------------|--------------------|----------------|-----------------------|
| <u>LP</u> | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | (,, | 221,053. | 221,053. |
| | | Savings and temporary cash investments | | | |
| - | | Accounts receivable | | | |
| | Ĭ | Less; allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ► | | - <u></u> - | |
| | • | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | | Receivables due from officers, directors, trustees, and other | | | |
| | Ů | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | • | Less; allowance for doubtful accounts | | | |
| | Q | Inventories for sale or use | | | |
| Assets | | Prepaid expenses and deferred charges | | · | |
| Ass | 100 | Investments - U.S. and state government obligations | | | |
| - | | | 0. | 262,415. | 254,933. |
| | | | - 0. | 202,413. | 434,333. |
| | | Investments - corporate bonds | | | |
| | 11 | Investments land, buildings, and equipment basis | | | |
| | 4.0 | Less accumulated depreciation | | | <u> </u> |
| | | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment; basis | - | | |
| | | Less accumulated depreciation | | | |
| | 1 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - see the | | 402 460 | 175 006 |
| _ | | instructions. Also, see page 1, item I) | 0. | 483,468. | 475,986. |
| | 17 | , , | | 200 000 | 1 |
| | 18 | | | 200,000. | |
| ies | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| iai | 21 | Mortgages and other notes payable | | | 1 |
| _ | 22 | Other liabilities (describe | | | , |
| | | | 0. | 200,000. | • |
| | 23 | Total liabilities (add lines 17 through 22) | U • | 200,000. | |
| | ļ | Foundations that follow SFAS 117, check here | | | |
| S | ١ | and complete lines 24 through 26, and lines 30 and 31. | | | |
| ances | | Unrestricted | | | |
| | ì | Temporarily restricted | | | |
| d B | 26 | | | | |
| Ę | | Foundations that do not follow SFAS 117, check here | | | i. |
| or Fund Bal | | and complete lines 27 through 31. | 0. | ^ | |
| ts | 27 | | 0. | 0. 471,096. | |
| SS | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | <187,628. | L |
| Net Assets | 29 | Retained earnings, accumulated income, endowment, or other funds | 0. | 283,468. | P |
| ž | 30 | Total net assets or fund balances | | 203,400. | |
| | | T-A 1 (1-b (1)A) | 0. | 483,468. | |
| _ | 31 | Total liabilities and net assets/fund balances | | 403,400. | <u> </u> |
| P | art | III Analysis of Changes in Net Assets or Fund B | Balances | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 0. |
| 2 | • | r amount from Part I, line 27a | | 2 | 283,468. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 283,468. |
| | | reases not included in line 2 (itemize) | | 5 | 0. |
| | | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | olumn (b), line 30 | 6 | 283,468. |
| _ | | | | | Form 990-DE (2017) |

| | TH A. THOMAS | | | AT: | ION | | 82-226 | 5802 Page 3 |
|------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|--------------------------------------|--------------------------------------------------|------------------------------------------|---------|--------------------------------------------|----------------------------------|
| | ind Losses for Tax o | | | 17651 | low acquired | 1 | | (1) 5 |
| 2-story brick war | he kind(s) of property sold (fo ehouse; or common stock, 20 | r example, real esta 10 shs. MLC Co.) | te, | D (0) | low acquired - Purchase - Donation | (c) | Date acquired mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a CAPITAL GAINS I | DIVIDENDS | | | | | | | |
| <u>*************************************</u> | ··· | | - | <u> </u> | | | | |
| <u> </u> | | | | ļ | | | | |
| <u>d</u> | | | | ╁ | | + | | |
| <u>e </u> | (f) Depreciation allowed | (a) Cos | st or other basis | | | | (h) Gain or (loss) | |
| (e) Gross sales price | (or allowable) | | expense of sale | | | ((| e) plus (f) minus (| |
| a 10,386. | | | | - | | | | 10,386. |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | • | | |
| e | | | | | | | | |
| Complete only for assets showing | g gain in column (h) and owne | ed by the foundation | on 12/31/69. | | | (1) Ga | ains (Col. (h) gain | minus |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (j), if any | | | col. (k |), but not less thar osses (from col. (| n -0-) or h)) |
| a | | | | | | | | 10,386. |
| b | | | | | | | | |
| C | | | | | | | | |
| d | | | |] | | | | |
| e | | | | | | | | |
| 2 Capital gain net income or (net cap | oital loss) { If gain, also | enter in Part I, line iter -0- in Part I, line | 7 : 7 | }[| 2 | | | 10,386. |
| 3 Net short-term capital gain or (los | s) as defined in sections 1222 | (5) and (6). | | | | | | |
| If gain, also enter in Part I, line 8, o | | ., ., | | - } | | | / - | |
| If (loss), enter -0- in Part I, line 8 | | Z B-d | Town and No. | ال | 3 | l | N/A | |
| | nder Section 4940(e | | | | | inco | ne | N/A |
| (For optional use by domestic private | foundations subject to the sec | ction 4940(a) tax or | net investment i | ncome | 9.) | | | N/A |
| If section 4940(d)(2) applies, leave th | is part blank. | | | | | | | |
| Was the foundation liable for the sect | ion 4042 tay on the distributal | hio amount of any v | aar in tha haca na | riod2 | | | | Yes No |
| If "Yes." the foundation doesn't qualify | | | | 11001 | | | | |
| 1 Enter the appropriate amount in e | | | | entries | S. | | | |
| (a) | (b | | Ţ | (c) | | | Dietrik | (d) oution ratio |
| Base periód years Calendar year (or tax year beginnir | برأطامين فمعمليناها | | Net value of n | | | sets | | ided by col. (c)) |
| 2016 | | - | | | | | | |
| 2015 | | | | | - | | | · |
| 2014 | | | | | | | | |
| 2013 | | | | | | | | <u></u> |
| 2012 | | | <u>.</u> | | | | | |
| | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | |
| 3 Average distribution ratio for the 5 | | total on line 2 by 5 | .u, or by the numi | oer or | years | | 3 | |
| the foundation has been in exister | ice it less than 5 years | | | | | | - | |
| 4 Enter the net value of noncharitab | le-use assets for 2017 from P | art X line 5 | | | | | 4 | |
| - Enter the net value of noncharitati | 10 030 033013 101 20 17 1101111 | arry, mio o | | | | | | - |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | |
| | | | | | | | | |
| 6 Enter 1% of net investment incom | ne (1% of Part I, line 27b) | | | | | | 6 | |
| | | | | | | | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | |
| Q. Enter qualifying distributions from | n Part VII. line 4 | | | | | | 8 | |
| 8 Enter qualifying distributions from | | Ul line the and acco | mlata that want | na - 4 | O/ tou rota | | | |
| If line 8 is equal to or greater than See the Part VI instructions. | i lille 7, check the box in Part 1 | vi, lille 10, and com | piete mat part usi | ny a 1 | 10 Lax Fall. | | | |
| Oct the Falt VI mandendia. | | | | _ | | | | Form 990-PF (2017 |

| | 2265802 Page 4 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - | see instructions) |
| - 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | |
| Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ 🔲 and enter 1% | 248. |
| of Part I, line 27b | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 0. |
| 3 Add lines 1 and 2 | 248. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 248. |
| 6 Credits/Payments. | |
| a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0. | |
| b Exempt foreign organizations - tax withheld at source 6b 0. | |
| c Tax paid with application for extension of time to file (Form 8868) | |
| d Backup withholding erroneously withheld 6d 0 . | _ |
| 7 Total credits and payments. Add lines 6a through 6d | 0. |
| 8 Enter any penalty 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 | 248. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | |
| 11 Enter the amount of line 10 to be; Credited to 2018 estimated tax ▶ Refunded ▶ 11 | |
| Part VII-A Statements Regarding Activities | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | Yes No |
| any political campaign? | 1a X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | |
| distributed by the foundation in connection with the activities. | |
| c Did the foundation file Form 1120-POL for this year? | 1c X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | |
| (1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 . | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | |
| managers. ► \$ 0. | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 X |
| If "Yes," attach a detailed description of the activities. | |
| 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 X 4a X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 X |
| If "Yes," attach the statement required by General Instruction T | |
| Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | |
| By language in the governing instrument, or Report to be a few which are and the control of the contr | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | 6 X |
| remain in the governing instrument? | $\frac{1}{7}$ $\frac{x}{x}$ |
| 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 | ' ^ - |
| On Finder the states to which the foundation reports or with which it is requisitored. Can instructions | 1 1 |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. | |
| GA If the answer is "Vise" to line 7, here the foundation furnished a copy of Form 000 PE to the Attorney Copyrel (or decignate) | |
| 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) | 8b X |
| of each state as required by General Instruction G? If "No," attach explanation | 8b X |
| 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 | 5 10 X X |
| 10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT | 5 10 X |

section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here

before the first day of the tax year beginning in 2017?

defined in section 4942(j)(3) or 4942(j)(5));

before 2017?

statement - see instructions)

c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation

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

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

| 723541 01-03-18 |
|-----------------|
|-----------------|

1b

10

2b

3ь

4a

Form **990-PF** (2017)

Yes X No

Yes X No

N/A

N/A

X

X

| Form 990-PF (2017) JUDITH A. THOMAS CHARITABLE FOUNDATION 82-22 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) | 226580 | 02 | Page 6 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|--------------------------------------------------------------------|
| 5a During the year, did the foundation pay or incur any amount to: | | Y | es No |
| - (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X | l No | + | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | | | |
| any voter registration drive? | l No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section | , | | |
| 4945(d)(4)(A)? See instructions Yes X | No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for | , | | |
| the prevention of cruelty to children or animals? | 1 No. | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations | , "" | - { | |
| section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A | / A | 5Ь | |
| Organizations relying on a current notice regarding disaster assistance, check here | <u>^</u> | - | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained | _ | | |
| | 1 No | | |
| expenditure responsibility for the grant? N/AYesN If "Yes," attach the statement required by Regulations section 53.4945-5(d). | ן יייי | | |
| | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X | 1 No. | l | |
| | ן טאינ | | ٠,, |
| h Did the ferradation driving the rises and premiums dispating a indiventity on a personal bandis analysis? | | Ch i | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | Ļ | 6b | X |
| If "Yes" to 6b, file Form 8870. | | 6b | X_ |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X |] No | | <u> </u> |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A |] No | 6b 7b | X |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X |] No | | X |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors |] No | | X |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. |] No | 7b (e) | Expense |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (b) Title, and average hours per week devoted (if not paid, and detemployee beautiful and detemployee) and detemployee beautiful and | No / A 7 | 7b (e) | Expense |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/2 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (fi not paid, enter -0-) (d) Compensation of the provided to position (d) Compensation of the provided to position of the provided to provided the provided to provided to position of the provided to provided the provided to provided to provided the provided to provided the provided to provided to provided the pr |] No | 7b (e) | Expense |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (ff not paid, enter -0-) and defined to position PRESIDENT | No / A 7 | 7b (e) | Expense |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) JUDITH THOMAS 3080 HIGHLANDS PARKWAY, SUITE B | No / A | 7b (e) | Expense bunt, other owances |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) JUDITH THOMAS 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 1.00 0. | No / A 7 | 7b (e) | Expense |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) JUDITH THOMAS JUDITH THOMAS 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR VICE PRESIDENT | No / A | 7b (e) | Expense bunt, other owances |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter -0-) JUDITH THOMAS JUDITH THOMAS 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR JUCE PRESIDENT VICE PRESIDENT AUCE PRESIDENT | No / A | 7b (e) | Expense bunt, other owances |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? **Description** **Description** **Description** **Pert VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. **(a) Name and address** **(b) Title, and average hours per week devoiled to position (if not paid, enter -0-) **JUDITH THOMAS** JUDITH THOMAS** 3080 HIGHLANDS PARKWAY, SUITE B **SMYRNA, GA 30082** LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B **SMYRNA, GA 30082** **SMYRNA, GA 30082** **SMYRNA, GA 30082** **JODE TO THE SIDENT** **JODE TO THE | No / A | 7b (e) | Expense bunt, other owances |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter -0-) IDUDITH THOMAS JUDITH THOMAS 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR JOO 0. LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 DIRECTOR | No / A | 7b (e) | Expense bunt, other owances |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if not paid, enter | No /A 7 | 7b (e) | Expense bunt, other owances 0. |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (mot paid, enter | No / A | 7b (e) | Expense bunt, other owances |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted ours per week devoted to position out the managers and their compensation. JUDITH THOMAS PRESIDENT 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR VICE PRESIDENT 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 1.00 0. MARK FINLEY DIRECTOR DIRECTOR DIRECTOR DIRECTOR | No /A 7 | 7b (e) | Expense bunt, other owances 0. |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/2 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) employee be and determined to position of enter -0-) employee be and determined to position of enter -0-) enter - | No /A 7 | 7b (e) | Expense bunt, other owances O • |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/Z Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (fi not paid, enter -0-) (fi not paid, e | No /A 7 | 7b (e) | Expense bunt, other owances 0. |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (a) Name and address PRESIDENT JUDITH THOMAS 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 ARK FINLEY DIRECTOR 1.00 0. DANIEL PEREGRIN 425 W. CAPITOL AVE., SUITE 3300 LITTLE ROCK, AR 72201 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." | No /A 7 | (e acciding | Expense ount, other owances 0. 0. 0. |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (a) Name and address PRESIDENT JUDITH THOMAS 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 ARK FINLEY DIRECTOR 1.00 0. DANIEL PEREGRIN 425 W. CAPITOL AVE., SUITE 3300 LITTLE ROCK, AR 72201 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." | No /A 7 | (e accidate | Expense ount, other owances 0. |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (a) Name and address PRESIDENT 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LOO MARK FINLEY DIRECTOR 1.00 0. MARK FINLEY DIRECTOR DIRECTOR 425 W. CAPITOL AVE., SUITE 3300 LITTLE ROCK, AR 72201 1.00 0. Compensation (If not paid, enter -0-) PRESIDENT 1.00 0. LITTLE ROCK, AR 72201 1.00 0. COMPENSATION (C) Compensation (I) If none, enter "NONE." (d) Compensation (I) Compensation (I) (I) It none, enter "NONE." (d) Compensation (I) Compensation (I) (I) It none, enter "NONE." (e) Compensation (I) Compensation (I) (I) C | No / A | (e accidate | Expense ount, other owances O . O . Expense ount, other owances |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (a) Name and address PRESIDENT JUDITH THOMAS 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 ARK FINLEY DIRECTOR 1.00 0. DANIEL PEREGRIN 425 W. CAPITOL AVE., SUITE 3300 LITTLE ROCK, AR 72201 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." | No /A 7 | (e accidate | Expense ount, other owances O . O . Expense ount, other owances |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (a) Name and address PRESIDENT 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LOO MARK FINLEY DIRECTOR 1.00 0. MARK FINLEY DIRECTOR DIRECTOR 425 W. CAPITOL AVE., SUITE 3300 LITTLE ROCK, AR 72201 1.00 0. Compensation (If not paid, enter -0-) PRESIDENT 1.00 0. LITTLE ROCK, AR 72201 1.00 0. COMPENSATION (C) Compensation (I) If none, enter "NONE." (d) Compensation (I) Compensation (I) (I) It none, enter "NONE." (d) Compensation (I) Compensation (I) (I) It none, enter "NONE." (e) Compensation (I) Compensation (I) (I) C | No /A 7 | (e accidate | Expense ount, other owances O . O . Expense ount, other owances |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (a) Name and address PRESIDENT 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LOO MARK FINLEY DIRECTOR 1.00 0. MARK FINLEY DIRECTOR DIRECTOR 425 W. CAPITOL AVE., SUITE 3300 LITTLE ROCK, AR 72201 1.00 0. Compensation (If not paid, enter -0-) PRESIDENT 1.00 0. LITTLE ROCK, AR 72201 1.00 0. COMPENSATION (C) Compensation (I) If none, enter "NONE." (d) Compensation (I) Compensation (I) (I) It none, enter "NONE." (d) Compensation (I) Compensation (I) (I) It none, enter "NONE." (e) Compensation (I) Compensation (I) (I) C | No /A 7 | (e accidate | Expense ount, other owances O . O . Expense ount, other owances |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (a) Name and address PRESIDENT 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LAUREL RUTH THOMAS LAULKAR 3080 HIGHLANDS PARKWAY, SUITE B SMYRNA, GA 30082 LOO MARK FINLEY DIRECTOR 1.00 0. MARK FINLEY DIRECTOR DIRECTOR 425 W. CAPITOL AVE., SUITE 3300 LITTLE ROCK, AR 72201 1.00 0. Compensation (If not paid, enter -0-) PRESIDENT 1.00 0. LITTLE ROCK, AR 72201 1.00 0. COMPENSATION (C) Compensation (I) If none, enter "NONE." (d) Compensation (I) Compensation (I) (I) It none, enter "NONE." (d) Compensation (I) Compensation (I) (I) It none, enter "NONE." (e) Compensation (I) Compensation (I) (I) C | No /A 7 | (e accidate | Expense ount, other owances O. O. Expense ount, other |

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

| Form 990-PF (2017) JUDITH A. THOMAS CHARITABLE FOUNDAT | | 2265802 Page 7 |
|------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation I Paid Employees, and Contractors (continued) | Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NON | E." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| · NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 1 |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info | rmation such as the | F |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, e | c. | Expenses |
| 1N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| × | | |
| | } | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 | and 2. | Amount |
| 1 N/A | | |
| | | |
| 2 | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| Total Add lines 1 through 3 | | 0. |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, se | e instructions.) |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 58,025. 67,492. |
| -p | Average of monthly cash balances | 1b | 67,492. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 125,517. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 • | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 125,517. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,883. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 123,634. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 6,182. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.) | d certain | <u></u> |
| 1 | Minimum investment return from Part X, line 6 | 1 | 6,182. |
| 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.) | | |
| C | Add lines 2a and 2b | 2c | 248. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 5,934. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 5,934. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 5,934. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| 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 | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 0. |
| 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 | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 0. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years | qualifies for th | ne section |

| | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|---------------------|
| -1 Distributable amount for 2017 from Part XI, | | | | |
| line 7 | | | | 5,934. |
| 2 Undistributed income, if any, as of the end of 2017 | | | | |
| a Enter amount for 2016 only | | | 0. | |
| b Total for prior years; | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2017: | | | | |
| a From 2012 | | | | |
| b From 2013 | | | | |
| c From 2014 | | 1 | | |
| d From 2015 | | | | |
| e From 2016 | 0. | | | |
| f Total of lines 3a through e | 0.1 | | | |
| 4 Qualifying distributions for 2017 from Part XII, line 4: ▶\$ | | | | |
| Part XII, line 4: ►\$ 0 • a Applied to 2016, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2017 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2017 | 0. | | | 0. |
| (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: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2016. Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2017. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | 5,934 |
| be distributed in 2018 | | | | 3,334 |
| 7 Amounts treated as distributions out of | | 1 | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | 0. | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2018. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9; | | | | |
| a Excess from 2013 | | | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | | | | |
| d Excess from 2016 | • | | | |
| e Excess from 2017 | | | | |

723581 01-03-18

| | A. THOMAS C | | | 82-22 | 65802 Page_10 |
|----------------------------------------------------------------------------|-----------------------------|-----------------------------|---------------------------------------------------|------------------------------|--------------------|
| Part XIV Private Operating F | oundations (see ins | structions and Part VII | -A, question 9) | N/A | |
| _1 a If the foundation has received a ruling or | r determination letter that | it is a private operating | | | |
| foundation, and the ruling is effective for | 2017, enter the date of t | he ruling | ▶ | | |
| b Check box to indicate whether the found | ation is a private operatin | ig foundation described i | | 4942(j)(3) or 49 | 42(1)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | pr. | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | V | |
| d Amounts included in line 2c not | | | 1 | | |
| used directly for active conduct of | | | J , | | |
| exempt activities | | | / | | |
| e Qualifying distributions made directly | | | <i>'</i> | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | | / | - | |
| alternative test relied upon: | | | J. | | |
| a "Assets" alternative test - enter: | | / | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying | | <i>J</i> | | | |
| under section 4942(j)(3)(B)(i) | | / | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6 for each year | | 1 | | | |
| listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | ľ | | | |
| 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 Info | rmation (Comple | te this part only | if the foundation | n had \$5,000 or mo | re in assets |
| at any time during t | he year-see insti | ructions.) | | | |
| 1 Information Regarding Foundation | | | | | |
| a List any managers of the foundation wh | - | than 2% of the total cont | tributions received by th | e foundation before the clos | se of any tax |
| year (but only if they have contributed in | | | • | | |
| JUDITH THOMAS | | | | | |
| b List any managers of the foundation wh | o own 10% or more of th | e stock of a corporation | or an equally large port | ion of the ownership of a pa | artnership or |
| other entity) of which the foundation ha | s a 10% or greater intere | st. | | | |
| NONE | | | | | |
| 2 Information Regarding Contribut | ion, Grant, Gift, Loan | Scholarship, etc., P | rograms: | | |
| Check here 🕨 🗓 if the foundation of | | | | not accept unsolicited requ | ests for funds. If |
| the foundation makes gifts, grants, etc., | to individuals or organiz | ations under other condi | tions, complete items 2a | ı, b, c, and d. | |
| a The name, address, and telephone num | ber or email address of the | he person to whom appli | cations should be addre | ssed; | |
| ,, | | | | | |
| | | | | | |
| b The form in which applications should t | e submitted and informa | tion and materials they s | hould include: | | |
| | | | <u> </u> | | |
| c Any submission deadlines; | | | | | |
| d Any restrictions or limitations on award | s, such as by geographic | al areas, charitable fields | , kinds of institutions, or | other factors: | |
| - | | | | | |

| Part XVI-A Analysis of Income-Producing Activit |
|-------------------------------------------------|
|-------------------------------------------------|

| nter gross amounts unless otherwise indicated. | Unrelated | i business income | | by section 512, 513, or 514 | (e) |
|---------------------------------------------------------------|------------------|-------------------|---------------|-----------------------------|-------------------|
| • | (a) | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | Business code | Amount | code | Amount | function income |
| a | <u> </u> | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| е | | | | | |
| 1 | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 2,397. | |
| 5 Net rental income or (loss) from real estate: | | - | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | <u> </u> | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 14 | 10,386. | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a | 1 1 | | | | |
| b | | | | | |
| G | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | 0. | 12,783. | |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 12,78 |
| See worksheet in line 13 instructions to verify calculations. |) | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · |
| | |
| | |
| | |

| Part XVII | Information Re Exempt Organ | | sfers to a | nd Transactions a | and Relationsh | ips With Nonchari | table | • | |
|---------------------|------------------------------------------------------------------------------------------|-------------------------|---------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|------------------------------|------|
| 1 Did the or | ganization directly or indir | rectly engage in any | of the following | g with any other organizat | ion described in secti | on 501(c) | | Yes | No |
| | | | | to political organizations? | | () | | | |
| a Transfers | from the reporting founda | ation to a noncharita | ble exempt org | janization of: | | | | | |
| (1) Cash | | | | | | | 1a(1) | | Х |
| (2) Other | assets | | | | | | 1a(2) | | X |
| b Other tran | sactions: | | | | | | | | |
| (1) Sales | of assets to a noncharital | ble exempt organiza | tion | | | | 1b(1) | | X |
| (2) Purc | nases of assets from a no | ncharitable exempt o | organization | | | | 1b(2) | | X |
| (3) Renta | al of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| | bursement arrangements | | | | | | 1b(4) | | Х |
| | s or loan guarantees | | | | | | 16(5) | | Х |
| _ | rmance of services or me | | | | | | 1b(6) | | X |
| = | f facilities, equipment, ma | = | | = | | | 10 | | X |
| | | | - | • • | • | arket value of the goods, ot | | ets, | |
| | | | | ed less than fair market val | lue in any transaction | or sharing arrangement, sh | ow in | | |
| (a)Line no | i) the value of the goods, (b) Amount involved | | | exempt organization | (d) December | | | | |
| (B/LING NO | (b) Amount involved | (C) Name O | N/A | exempt or yamzation | (u) Description | of transfers, transactions, and st | aring an | rangeme | nts |
| | | | N/A | | | | | | |
| -+ | | | · - | ···· | - | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | - | | | | |
| - | | <u> </u> | | | | | | | |
| -+ | | | | | - | | | | |
| | | | | - · · · · · - · · · · · · · | | | | | |
| | <u> </u> | | | • | | · | | | |
| | | | | | | | | | |
| | · ··· | | | | | | | | |
| | | | <u></u> | | _ | | | | |
| | | | - | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ın section | ndation directly or indirect 501(c) (other than section complete the following sch | in 501(c)(3)) or in se | • | or more tax-exempt organ | nizations described | |] Yes | X |] No |
| 103, 0 | (a) Name of org | | | (b) Type of organization | Ţ | (c) Description of relationsh | ID QI | | |
| | N/A | <u></u> | | | | ., | <u>. </u> | | |
| | | | | | | | | | |
| | | | | | | | - | | |
| | | | | | | | | | |
| | | | | | | 1GP) | | | |
| Sign Here | penalties of perjury, I declare elief, it is type, correct, and cor | molete Declaration of p | reparer (other than | g accompanying schedules an n taxpayer) is based on all info | and statements, and to form the office of which property of which property of title | retur show | the IRS on with the vin below | e prepar ? Se <u>e in</u> | rer |
| | Print/Type preparer's na | | Preparer's su | | T Date T | Check if PTIN | | | |
| C | 1 | . | | Eresm CPA | | self- employed | | | |
| Paid | DANIEL M. | PEREGRIN | DANIEL | // | 05/08/18 | , , | 287 | 884 | |
| Preparer | Firm's name ► FRO | | | | 1-0, -0, -0 | Firm's EIN ► 71-08 | | | |
| Use Only | | , | | | | | • | | |
| • | | 5 WEST CA | APITOL. | SUITE 3300 | | | | • | |
| | | TTLE ROCE | | | | Phone no. (501)3 | 76- | 924 | 1 |

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

JUDITH A. THOMAS CHARITABLE FOUNDATION 82-2265802 Organization type (check one) Filers of: Section: Form 990 or 990-EZ) (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 33 1/3% 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. year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

TUDITH A. THOMAS CHARITARLE FOUNDATION

82-2265802

| 00011 | A. THOMAS CHARTTABLE FOUNDATION | | 2-2203802 |
|-------------|------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------|
| Part I | Contributors (see instructions) Use duplicate copies of Part I if addi | itional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JUDITH THOMAS 2341 HABERSHAM DRIVE SW MARIETTA , GA 30064 | \$471,057. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| 723452 11-0 | 1-17 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2017) |

Employer identification number

JUDITH A. THOMAS CHARITABLE FOUNDATION

82-2265802

| Noncash Property (see instructions) Use duplicate copies of Pai | t II if additional space is needed | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | s | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | (b) Description of noncash property given (b) (b) Description of noncash property given | (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) |

| me of org | anization | Employer identification number | | | | | |
|---------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| ייידענ | A. THOMAS CHARITABLE | EQUIND A TOM | 82-2265802 | | | | |
| art III | Exclusively religious, charitable, etc., con- | ributions to organizations described | in section 501(c)(7), (8), or (10) that total more than \$1,000 to | | | | |
| | the year from any one contributor. Complete completing Part III, enter the total of exclusively religious | COIUMNS (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 o | WING INTERPRETATIONS INTO CONTROL STATE OF THE STATE OF T | | | | |
|) No. | Use duplicate copies of Part III if addition | al space is needed | | | | | |
| rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | (e) Transfer of gif | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| n) No. From Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| - | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
|) No. rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| - | | | | | | | |
| - | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, a | Relationship of transferor to transferee | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | | | | | | |

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

| FORM 990-PF DIVIDEN | DS AND INTER | EST FROM SECUR | RITIES S | STATEMENT 1 |
|--------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| GROSS SOURCE AMOUNT | CAPITAL GAINS DIVIDEND | REVENUE | | |
| RAYMOND JAMES & ASSOCIATES INC 12,78 | 3. 10,38 | 6. 2,397. | 2,397 | • |
| TO PART I, LINE 4 12,78 | 3. 10,38 | 2,397. | 2,397 | • |
| FORM 990-PF | TAX | ES | | STATEMENT 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | |
| FOREIGN INVESTMENT TAXES | 103. | 103. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 103. | 103. | | 0. |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| BANK FEES AND EXPENSES | 269. | 266. | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 269. | 266. | | 0. |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT 4 |
| DESCRIPTION | | вос | OK VALUE | FAIR MARKET VALUE |
| DEBCRITTION | RAYMOND JAMES & ASSOCIATES | | | |
| | | | 262,415. | 254,933. |

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 5

NAME OF CONTRIBUTOR

ADDRESS

JUDITH THOMAS

3080 HIGHLAND PARKWAY, STE B

SMYRNA, GA 30082