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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

THE BEARD PAYNE FAMILY FOUNDATION THE BEARD PAYNE FAMILY FOUNDATION A Temployer selectrication number 26-14 41249 Total part of the control of the contr	For	calend	dar year 2018 or tax year beginning , a	and ending				
Number and particip (in Po to number in rent and observation users) 4130 EAST BROOKHAVEN DRIVE, N.E. 404-261 SAT BRO	Na	me of fou	undation			A Empl	oyer identification number	
Number and particip (in Po to number in rent and observation users) 4130 EAST BROOKHAVEN DRIVE, N.E. 404-261 SAT BRO	T	HE :	BEARD-PAYNE FAMILY FOUNDATION	N		26	-1441249	
Compensation accents, and 20 or foreign postal code ATLANTA GA 30319 Collected all that apply Initial return Initial return of a former public charity D 1 Foreign organization, dreak here Address change Name change D 1 Foreign organization, dreak here Address change Name change D 1 Foreign organization Collected School					om/suite			;)
ATLANTA G. A 30.319 G. Check all that apply	4	130	EAST BROOKHAVEN DRIVE, N.E.			40	<u>4-261-9496 </u>	
G Check all that apply		•	to the state of th			C If exe	mption application is pending,	check here
Final return Annabed deturn Annabe								. \Box
Address change Name change Name change Address ch	G	Check		•	narity	i		
Check type of organization Section 501(c)(3) exempt private foundation February						l.	• •	
Section 4947(a)(1) nonexempt charitable trust	<u>, —</u>					V	w test, check here and attach	computation
Fear market value of all assets at J Accounting method X Carrier F the foundation is in a 60-month termination under section 507(b)(1)(B), chack here F					Ω^{l}	· ·		ninated under
end of year (from Part II, Col. (c), inc 16) > \$ 216,335 Charles (people) Part I Analysis of Revenue and Expenses (the load of subminus including special and products in columns (b), (c), and (c) may not increase and expenses per operations (c) and (c) may not increase and expenses per operations (c) and (c) may not increase and expenses per operations (c) and (c) may not increase and operations per operations (c) and (c) may not increase and operations per operations (c) and (c) may not increase and operations per operations (c) and (c) may not increase and operations per operations (c) and (c) may not increase and operations per operations (c) and (c) may not increase and (c) an						Ų.		ليا م
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1 Contributions, grits, grants, etc., received (attach schedule)			•			1		(d) Disbursements
1 1 1 1 1 1 1 1 1 1	F	411.		expenses per				for charitable
2 Check			the amounts in column (a) (see instructions))	books	iricoi	110	Income	
3 Interest on savings and temporary cash investments 54 54 54 54 54 54 54 5		1	, many	101,500				
## Dividends and interest from securities ## 3,221 3		2	Check ► if the foundation is not required to attach Sch B					
Sa Gross rents		3	Interest on savings and temporary cash investments					
b Net rental income or (loss) 6a Net ganor (loss) from sale of assets not on hise 10 Stmt 1 2,496 5b Gross sales proce for all assets on the 10 Stmt 1 2,496 7c Capital gan net income (from Part IV, line 2) 8 Net short-term capital gan 9 Income modifications 10 Gross sales loss returns and allowances 10 Less Cost of goods sold 11 Cother income (attach schedule) 12 Total. Add lines 1 through 11 107,271 6,833 3,275 13 Compensation of officers, directors, trustees, etc 14 Cother employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 17 Interest RECEIVED 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) (see instructions) 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications DEN, UT 23 Other expenses (att sch) 24 Total operating and administrative expenses. 25 Conhibitions, gits, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 221, 075 3, 825 0 217, 2 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements -113, 804		4	Dividends and interest from securities	3,221		3,221	3,221	
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Net short-term capital gain 0 1 1 1 1 1 1 1 1 1	5	6a						
Net short-term capital gain 0 1 1 1 1 1 1 1 1 1	<u> </u>	il "		·				······································
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26 Total expenses and disbursements. Add lines 24 and 25 221, 075 3, 825 0 217, 2 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements -113, 804	Ш	b		1,500		1,500		
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26 Total expenses and disbursements. Add lines 24 and 25 221, 075 3, 825 0 217, 2 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements -113, 804	tra	17	Interest RECEIVED					
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26 Total expenses and disbursements. Add lines 24 and 25 221, 075 3, 825 0 217, 2 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements -113, 804	₹	20	Occupancy					
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27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements -113,804	ŏ	! "				3 025		
a Excess of revenue over expenses and disbursements -113,804				221,075		3,825	U	211,250
		I		_113 204				
		1 .	•	-113,604		3 008		
c Adjusted net income (if negative, enter -0-) 3,000 3,275		b	· · · · · · · · · · · · · · · · · · ·			3,008		

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5

6

236,450

236,450

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

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

Part IV . Capital Gains a	and Losses for Tax on Investment	Income				
	the kind(s) of property sold (for example, real estate, varehouse, or common stock, 200 shs MLC Co)	•	(b) How acquired P – Purchase D – Donation	(c) Date acc (mo , day,		(d) Date sold (mo , day, yr)
1a Charles Schwab						
b						
_ <u>c</u>		 				
d						
<u>e</u>			1			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	((h) Gain (e) plus (f)) minus (g))
a 3,558						3,558
b						
<u>c</u>						
<u>d</u> '						·
Complete only for assets showing	I Inggain in column (h) and owned by the found	lation on 12/31/6	59			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (ı) (j), ıf any	col (I	k), but not	(h) gain minus less than -0-) or om col (h))
a						3,558
b						
С						
d						
<u>e</u>	<u> </u>					
2 Capital gain net income or (net o	capital loss)					3,558
3. Net short-term capital gain or (lo	If (loss), enter -0- in Part iss) as defined in sections 1222(5) and (6)	1, line /	-	2		3,338
If gain, also enter in Part I, line 8	ss) as defined in sections 1222(3) and (6) 3, column (c) See instructions. If (loss), enter	-0- in				
Part I, line 8	nder Seetien 4040(s) for Deduced	Tow on Not		3		
	nder Section 4940(e) for Reduced			ne		
•	e foundations subject to the section 4940(a) t	ax on het invest	ment income)			
If section 4940(d)(2) applies, leave t	his part blank					
	ction 4942 tax on the distributable amount of fy under section 4940(e) Do not complete th		pase period?			Yes X No
	each column for each year, see the instruction	<u></u>	ng any entries			
(a)		JAS DETOTE THAKII		i		(d)
Base period years Calendar year (or tax year beginning ii	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use assets			ribution ratio fivided by col. (c))
2017	231,6	60	90,7	83	(()	2.551799
2016	188,0		191,7			0.980443
2015	157,7		69,6	58		2.264062
2014	200,6		136,7			1.466834
2013	492,3	88	538,4	21		0.914504
						0 1 = = 610
2 Total of line 1, column (d)				2		8.177642
	5-year base period – divide the total on line 2					1 625500
the number of years the foundat	ion has been in existence if less than 5 years	i		3		1.635528
4. Enter the net value of semelecute	able-use assets for 2018 from Part X, line 5					272,839
4 Enter the net value of nonchants	dole-use assets for 2016 from Part A, line 5			4		212,039
5 Multiply line 4 by line 3				5		446,236
• Manapiy into 4 by into 5						
6 Enter 1% of net investment inco	me (1% of Part I. line 27b)			6		30
	•					
7 Add lines 5 and 6				7		446,266
8 Enter qualifying distributions from	m Part XII, line 4 in line 7, check the box in Part VI, line 1b, and	d complete that	oart using a 1% tay rat	8 te See the		217,250
Part VI instructions	, one on the box in rate vi, into 10, and	a somplete that	comg a 170 tax 1a			

	990-PF (2018) THE BEARD-PAYNE FAMILY FOUNDATION 26-1441249				Page 4
_Pa	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				
	Qate 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	1			<u>60</u>
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0
3	Add lines 1 and 2	3			60
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			60
6	Credits/Payments				
a	2018 estimated tax payments and 2017 overpayment credited to 2018				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d _	Backup withholding erroneously withheld 6d	_			
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			<u>60</u>
10		10			
11		11			
	rt VII-A Statements Regarding Activities			1,,	Т:
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		-	Yes	-
	participate or intervene in any political campaign?	•	· 1	a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			_	.
	instructions for the definition		1	D	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			_	x
C	Did the foundation file Form 1120-POL for this year?		1	<u>c</u>	├ ^
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
_	(1) On the foundation \$ (2) On foundation managers \$ (3) \$ \$ (2) \$ \$ (3) \$ \$ (3) \$ \$ (4) \$ \$ (4) \$ \$ (5) \$ \$ (6) \$ \$	-			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
2	on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?		1.	2	x
2	If "Yes," attach a detailed description of the activities		<u> </u>	-	+~
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			. 1	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/.			+
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-17		5	X
•	If "Yes," attach the statement required by General Instruction T				†
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
-	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		1 6	\mathbf{x}	ſ
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	ΧV	T		+-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions GA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8	b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		ľ	1	\\\ ^
	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"			1	
	complete Part XIV		9	,	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		. 1	o	X
			Form	990-P	F (2018)

Pa	rt VII-A Statements Regarding Activities (continued)			
			Ye	s No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	1.	1	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	1:	_	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1:	3 X	
	Website address ► N/A			
14	The books are in care of ▶ MARTHA B. PAYNE Telephone no ▶ 40	4-261	L-94	96
	4130 East Brookhaven Drive, N.E.			
	Located at ▶ ATLANTA GA ZIP+4 ▶ 3	0319		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	s No
	over a bank, securities, or other financial account in a foreign country?	10	6	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country >			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	s No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? $oxed{X}$	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	I/A 1	b	
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	I/A 10	<u>c </u>	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?	No		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions)	I/A 21	<u> </u>	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
		No		
þ	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or		1	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	.		
	foundation had excess business holdings in 2018)	I/A 3t	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4t		<u> </u>
		Form	990-F	F (2018)

<u>Forn</u>	990-PF (2018) THE BEARD-PAYN			441249			Р	age 6
_P	art VII₂B Statements Regarding /	Activities for Which Form	4720 May Be F	Required (con	tinued)	·····		
5a	During the year did the foundation pay or incu	r any amount to		_	[Yes	No
	(1) Carry on propaganda, or otherwise attem	ot to influence legislation (section	4945(e))?	<u> </u>	Yes 🛚 X No			ĺ
	(2) Influence the outcome of any specific pub	lic election (see section 4955), or	to carry on,	_	_			ĺ
	directly or indirectly, any voter registration	drive?			Yes X No			
	(3) Provide a grant to an individual for travel,	study, or other similar purposes?		<u>.</u>	Yes 🛚 X No			ĺ
	(4) Provide a grant to an organization other the	nan a charitable, etc , organization	n described in					
	section 4945(d)(4)(A)? See instructions			□,	Yes X No			ĺ
	(5) Provide for any purpose other than religio	us, charitable, scientific, literary, o	or educational		-			ĺ
	purposes, or for the prevention of cruelty	to children or animals?			Yes 🗓 No			ĺ
b	If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to qualify und	der the exceptions of	lescribed in	4-			Ė
	Regulations section 53 4945 or in a current no				N/A	5b		
	Organizations relying on a current notice rega	•			▶ 🔲			ĺ
C	If the answer is "Yes" to question 5a(4), does	·	om the tax	/-				ĺ
	because it maintained expenditure responsibilities	•		N/A	Yes ∐ No │			
	If "Yes," attach the statement required by Reg	, ,						ĺ
6а	Did the foundation, during the year, receive an	iy funds, directly or indirectly, to p	ay premiums		, EF			· .
	on a personal benefit contract?				Yes X No			v
b	Did the foundation, during the year, pay prem	iums, directly or indirectly, on a pe	ersonal benefit conti	ract7		6b		X
	If "Yes" to 6b, file Form 8870	lation of markets are selected to	haliani.		Yes 🗓 No			ĺ
7a		, , ,			:			ĺ
ь	If "Yes," did the foundation receive any proceed			ction?	N/A	7b		_
8	is the foundation subject to the section 4960 t	· · ·	n: 000,000, in		Yes X No			ĺ
D.	remuneration or excess parachute payment(s		aundation Man			l		<u> </u>
Pa	art VIII Information About Office and Contractors	is, Directors, Trustees, Fo	Junuation Man	ayers, miginy	Palu Employ	<i>:</i> e5,		
1 1	ist all officers, directors, trustees, and foun	dation managers and their com	nensation See in	structions				
	ist an officers, uncolors, trustees, and roun	dation managers and their con			(d) Contributions to			
	(a) Name and address		(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		pense ad	
	(2, 12.00		devoted to position	enter -0-)	plans and deferred compensation	othe	er allowa	nces
	RTHA B. PAYNE	ATLANTA	PRESIDENT					
	30 EAST BROOKHAVEN DRIVE, N.E.	GA 30319	0.00	۰ ا	٥			0
	LLIAM P. PAYNE	ATLANTA	SECRETARY					
	30 EAST BROOKHAVEN DRIVE, N.E.	GA 30305	0.00	۰ ا				0
						L		
2	Compensation of five highest-paid employ	ees (other than those included	on line 1 - see ins	tructions). If nor	ie, enter			
	"NONE."							
			(b) Title, and average		(d) Contributions to			
	(a) Name and address of each employee paid mo	ore than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		pense ad er allowar	
			devoted to position		compensation	<u> </u>		
NC	NE							
			. 			Ь—		
						—		
						├		
	·					 		
]	1		
Total	I number of other annulations and the second			<u> </u>	L	\vdash		
ota	I number of other employees paid over \$50,000)				<u> </u>		0
					Fo	orm 🖼	0-PF	(2018)

118) THE BEARD-PAYNE FAMILY FOUNDATION	26-1441249		Page 7
Information About Officers, Directors, Trustees, Founda	ition Managers, Highly Paid E	mple	oyees,
	ctions. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
· · · · · · · · · · · · · · · · · · ·			
			
others receiving over \$50,000 for professional services		_	
Summary of Direct Charitable Activities			
s four largest direct charitable activities during the tax year. Include relevant statistical information suc other beneficiaries served, conferences convened, research papers produced, etc	ch as the number of		Expenses
•			
······································			
,			
Summary of Program-Related Investments (see instruc	tions)	<u> </u>	
1 11			Amount
	•		
elated investments. See instructions			
	Information About Officers, Directors, Trustees, Founda and Contractors (continued) est-paid independent contractors for professional services. See instruction (a) Name and address of each person paid more than \$50,000 others receiving over \$50,000 for professional services Summary of Direct Charitable Activities stour largest direct charitable activities during the tax year Include relevant statistical information suther beneficiaries served, conferences convened, research papers produced, etc	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued) Isst-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service others receiving over \$50,000 for professional services Summary of Direct Charitable Activities If our largest direct charitable activities during the tax year include relevant statistical information such as the number of their baneficiaries served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions) post program-related investments made by the foundation during the tax year on lines 1 and 2	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emphand Contractors (continued) sst-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service others receiving over \$50,000 for professional services Summary of Direct Charitable Activities four largest direct charitable activities during the tax year include relevant statistical information such as the number of their beneficiaries served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Summary of Program-Related Investments (see instructions)

Form 990-PF (2018)

Total. Add lines 1 through 3

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

P	art X . Minimum Investment Return (All domestic foundations must complete this part. Foreig	n fou	ndations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	221,209
b	Average of monthly cash balances	1b	55,785
С	Fair market value of all other assets (see instructions)	1c_	0
d	Total (add lines 1a, b, and c)	1d	276,994
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	276,994
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	4,155
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	272,839
6	Minimum investment return. Enter 5% of line 5	6	13,642
Pa	art Xf Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	lations
	and certain foreign organizations, check here ▶ ☐ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	13,642
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	60
3	Distributable amount before adjustments Subtract line 2c from line 1	3	13,582
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	13,582
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	13,582
P:	art XII Qualifying Distributions (see instructions)		
1		[<u>-</u>	
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4-	217,250
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	211,230
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
•	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	217,250
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	211,250
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		^
	Enter 1% of Part I, line 27b See instructions	5	0 217,250
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	211,250
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	lation	

Form 990-PF (2018)

P	art XIII Undistributed Incom	e (see instructions)		*		
			(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part	XI,	Corpus	Years prior to 2017	2017	2018
	line 7				,	13,582
2	Undistributed income, if any, as of the e	nd of 2018				
а	Enter amount for 2017 only					
b	Total for prior years 20, 20	, 20				
3	Excess distributions carryover, if any, to	1				
а	From 2013	465,511				
b	From 2014	193,796				
С	From 2015	154,227				
d	From 2016	178,412				
е	From 2017	227,121				
f	Total of lines 3a through e		1,219,067			
4	Qualifying distributions for 2018 from Pa	art XII,				
	line 4 ▶ \$ 217,250					
а	Applied to 2017, but not more than line	2a				
b	Applied to undistributed income of prior	years				
	(Election required – see instructions)	-				
С	Treated as distributions out of corpus (E	Election				
	required – see instructions)	_				
d	Applied to 2018 distributable amount					13,582
е	Remaining amount distributed out of cor	rpus	203,668			
5	Excess distributions carryover applied to	2018				
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtra	ct line 5	1,422,735			
b	Prior years' undistributed income Subtra	act				
	line 4b from line 2b					
С	Enter the amount of prior years' undistril	buted				
	income for which a notice of deficiency h	nas				
	been issued, or on which the section 49-	42(a)		İ		
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount – see instructions	Ļ				
е	Undistributed income for 2017 Subtract	line				
	4a from line 2a Taxable amount - see					
	instructions].				
f	Undistributed income for 2018 Subtract	lines				
	4d and 5 from line 1 This amount must	be				
	distributed in 2019					C
7	Amounts treated as distributions out of o	•				
	to satisfy requirements imposed by sect	ion				
	170(b)(1)(F) or 4942(g)(3) (Election may	be				
	required—see instructions)					
8	Excess distributions carryover from 2013					
	applied on line 5 or line 7 (see instruction	· · · · · · · · · · · · · · · · · · ·	465,511			
9	Excess distributions carryover to 201	9.				
	Subtract lines 7 and 8 from line 6a	Ļ	957,224			
0	Analysis of line 9	,				
а	Excess from 2014	193,796				
b	Excess from 2015	154,227				
C	Excess from 2016	178,412				
d	Excess from 2017	227,121				
_	Excess from 2018	203.668	ŀ	1		

Part XV **Supplementary Information** (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year UGA Foundation 394 S Milledge Ave., Athens GA 30602 25,000 Peachtree Presbyterian Church 3434 Roswell Rd. Atlanta GA 30305 50,000 NSCDA - Ga 329 Abercorn Street Savannah GA 31401 100 Grand Teton National Park Foundatio 115 E Pearl Ave Ste 201 Jackson WY 83001 100 Skyland Trail 1961 N Druid Hills Rd Atlanta GA 30329 100 Peachtree Presbyterian Church 3434 Roswell Rd NW Atlanta GA 30305 500 Ronald McDonald House 795 N Gatewood Rd NE Atlanta GA 30329 300 Presbyterian Homes of Ga P.O. Box 926 Quitman GA 31643 100 Peachtree Presbyterian Church 3434 Roswell Rd. Atlanta GA 30305 50,000 Cancer Support Community 5775 Peachtree Dunwoody R Atlanta GA 30342 100 217,250 Total ▶ 3a b Approved for future payment N/A

▶ 3b

Total

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year University of Ga. Athletic Assoc. P. O. Box 1472 Athens GA 30603 5,000 A Blessing to the Nations 118 Timberlost Trail Suwanee GA 30024 500 First United Meth Church Alpharetta 69 N Main St Alpharetta GA 30004 25,000 Murphy-Harpst Foundation 740 Fletcher Street Cedartown GA 30125 500 Path Foundation PO Box 14327 Atlanta GA 30324 1,000 Presbyterian Homes of Ga PO Box 926 Ouitman GA 31643 100 Salvation Army PO Box 930188 Norcross GA 30003 -250 Susan G. Komen 3525 Piedmont Road, N.E. Atlanta GA 30305 100 Atlanta Community Food Bank 732 Joseph E., Lowery Atlanta GA 30318 100 -Respite Care Atlanta 2715 Peachtree Road, N.E. Atlanta GA 30305 12,500 Total ▶ 3a b Approved for future payment N/A

▶ 3b

Tota!

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or 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 Cure Childhood Cancer 200 Ashford Ctr N S-250 Atlanta GA 30338 1,000 World War II Museum 945 Magazine Street New Orleans LA 70130 150 Children's Healthcare of Atlanta 3395 NE Expressway Atlanta GA 30341 100 Grateful Hearts Ministries 1266 West Paces Ferry Rd Atlanta GA 30327 500 The Alzheimer's Disease Research Ct 12 Executive Park Drive Atlanta GA 30329 100 YMCA of Greater Spartanburg 151 Ribault Street 25,000 Spartanburg SC 29302 Marist School 3790 Ashford Dunwoody Rd Atlanta GA 30319 2,500 Mercer University 3001 Mercer University Dr Atlanta GA 30341 100 First Baptist Church 3500 Walton Way Ext Augusta GA 30909 100 Consortium of Christian Study Ctrs 485 Hillsdale Drive Charlottesville VA 22901 4,000 Total ▶ 3a **b** Approved for future payment N/A ▶ 3b Total

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year East Lake Foundation 2606 Alston Drive, SE Atlanta GA 30317 10,000 The Levine Children's Hospital 1437 Scott Avenue Charlotte NC 28203 500 Central Baptist Church 14 W Broad Street Newnan GA 30263 250 Champion's Community Foundation 9820 Nesbitt Ferry Road Johns Creek GA 30022 100 Remera 340 Auburn Avenue Atlanta GA 30312 1,000 American Cancer Society 250 Williams Street, NW Atlanta GA 30303 500 Total ▶ 3a b Approved for future payment N/A ▶ 3b Total

Part XVI-	Analysis of Income-Producing Acti	ivities				
	nounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program s	ervice revenue			code		(See instructions)
-						
d						
					_	
f						
g Feesa	nd contracts from government agencies					
2 Membersh	ip dues and assessments			ļ <u>.</u>		
	savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·	ļ	-	54
	and interest from securities			 		3,221
	ncome or (loss) from real estate			ļ		
	nanced property			 		
	bt-financed property			1		
	ncome or (loss) from personal property			-		.
	stment income			26	3 550	1 062
	ss) from sales of assets other than inventory			26	3,558	-1,062
	e or (loss) from special events		-	 	-	
	it or (loss) from sales of inventory					
	nue a			 		
						
e				1		
	dd columns (b), (d), and (e)		C	1	3,558	2,213
	line 12, columns (b), (d), and (e)	L		1	13	
	t in line 13 instructions to verify calculations)					
Part XVI-E		complishm	ent of Exempt P	urpose	es	
Line No.	Explain below how each activity for which income accomplishment of the foundation's exempt purpo	-				ons)
N/A		200 (0	. uy providing railed is			
				•		
				-		
					•	-
			<u>-</u>			
		,				
						
					·-···	
						<u> </u>
		 				
			 			
		_	 -			
					, -	
						
	1					

*** ******* **		8) THE BEARL							ige i
Part 3		_	arding Tra	ansfers To a	nd Transactio	ons and Relationships W	ith Noncharitable Ex	emp	t
4 5		Organizations						- V	LNa
						other organization described		Yes	No
		01(c) (other than secti	on 501(c)(3)	organizations) o	or in section 527, i	elating to political			
	ganization								
		om the reporting found	ation to a no	ncharitable exer	npt organization o	ı	4 - (4)	l	Į.
, ,	Cash						1a(1)	+	X
	Other a						1a(2)		X
	her transa						ļ		
٠,		f assets to a noncharita	•	•			1b(1)		X
		ses of assets from a no			ition		1b(2)		X
		of facilities, equipment,		ets			1b(3)		X
		rsement arrangements	3				1b(4)		X
		r loan guarantees					1b(5)	T	X
		ance of services or me					1b(6)	-	X
	_	acilities, equipment, m	-				<u>1c</u>		X
		•				mn (b) should always show the			
		-				the foundation received less th			
		transaction or sharing	arrangemer	nt, show in colum	nn (d) the value of	the goods, other assets, or ser	vices received		
	ne no	(b) Amount involved	(c) Name	of noncharitable exe	mpt organization	(d) Description of transfers,	transactions, and sharing arrangem	ents	
N/A									
				 			-,- -		
2a is t	the found	ation directly or indirec	tly affiliated	with, or related to	o, one or more tax	c-exempt organizations			
des	scribed in	section 501(c) (other	than section	501(c)(3)) or in s	section 527?		_ Y	es X	No
b If "	Yes," con	nplete the following sci	hedule						
	(#	a) Name of organization		(b) Type of	f organization	(c) Desc	ription of relationship		
N/	A								
•							•		
	•								
						edules and statements, and to the best	of my knowledge and belief, it is tru	e,	
	correct, a	nd complete Declaration of p	oreparer (other ti	han taxpayer) is base	ed on all information of	which preparer has any knowledge	May the IRS discuss this	return	
Sign							with the preparer shown i		٦
lere							See instructions X	Yes	No
	\ \gamma_{\chi}	ha nuhaaaR	limo		12/	28/19 \ PRE	SIDENT		
	Signa	ature of officer or trustee			Date		· · · · · · · · · · · · · · · · · · ·		
	Print/Tv	pe preparer's name			Preparer's sygnatu	ure /	Date,	Ţ <u>.</u> .	$\overline{\Box}$
	''''''	E- hishard a timing			1. /	4/11	1 7 1/2	Check self-en	i if
aid	Alme	r L. Frost			14th	v/ HIA	Q/25//Y	3311-811	
repare	Firm's n		& Bar	e, LLP	-(PTIN P0096	876	7
lse Only	v				Suite 12	<u>/</u>	Firm's EIN ► 46-403		
	Famsa		retta,		05-8860	_	Phone no 404-25		
							1 1101010 292 25	<u> </u>	

404-257-5800

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

26-1441249

THE BEARD-PAYNE	FAMILY	FOUNDATION	26-1441249
Organization type (check one)			
Filers of:	Section:		
Form 990 or 990-EZ [501(c)() (enter number) organization	
]	4947(a)(1) n	onexempt charitable trust not treated as a private foundatio	n
[527 political	organization	
Form 990-PF	X 501(c)(3) exe	empt private foundation	
[4947(a)(1) n	onexempt charitable trust treated as a private foundation	
[501(c)(3) tax	able private foundation	
Check if your organization is cov Note: Only a section 501(c)(7), (instructions	-	eral Rule or a Special Rule. zation can check boxes for both the General Rule and a Sp	ecial Rule See
General Rule			
	pperty) from any	EZ, or 990-PF that received, during the year, contributions to one contributor. Complete Parts I and II. See instructions fo	
Special Rules			
regulations under section 13, 16a, or 16b, and that	ns 509(a)(1) and received from a	501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % sup 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 ny one contributor, during the year, total contributions of the rm 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Compl	D-EZ), Part II, line greater of (1)
contributor, during the ye	ear, total contribu urposes, or for th	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive tions of more than \$1,000 exclusively for religious, charitable prevention of cruelty to children or animals. Complete Paiutor name and address), II, and III	le, scientific,
contributor, during the ye contributions totaled more during the year for an ex-	ear, contributions re than \$1,000 If clusively religiou this organization	601(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive exclusively for religious, charitable, etc., purposes, but no set this box is checked, enter here the total contributions that was, charitable, etc., purpose. Don't complete any of the parts a because it received nonexclusively religious, charitable, etc.	such were received unless the
990-EZ, or 990-PF), but it must a	answer "No" on F	e General Rule and/or the Special Rules doesn't file Schedu Part IV, line 2, of its Form 990, or check the box on line H of I't meet the filing requirements of Schedule B (Form 990, 99	its Form 990-EZ or on its

Name of organization

Employer identification number

26-1441249 THE BEARD-PAYNE FAMILY FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution William P. Payne Martha B. Payne 1 Person 4130 East Brookhaven Drive, N.E. **Payroll** 101,500 Noncash GA 30319 Atlanta (Complete Part II for noncash contributions) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contributions) (a) (b) (c) (d) 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. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

26-1441249		Federal Statements	atements			•	
	Statement 1 -	Form 990-PF, Pa	- Form 990-PF, Part I, Line 6a - Sale of Assets	le of Assets	:	,	· -
Description		How Received	,				
Whom Date Sold Acquired	Date Sold	Sale	_ Cost	Expense Do	Depreciation	Net Gain / Loss	
SHS. FULLER & THALER 1/05/18	EQTY 8 4/12/18 \$	Purchase 19,980 \$	20,878 \$	·	1	868- \$	
/U1.202 SHS. T KOWE FRICE CAP / 1/05/18	AFFR F 4/12/18	Furchase 19,980	20,144			-164	
Total	»	39,960 \$	41,022 \$	\$ 0	0	\$ -1,062	
<u>\$48</u>	Statement 2 - Fo	orm 990-PF, Par	- Form 990-PF, Part I, Line 16b - Accounting Fees	counting Fees			
Description		Total	Net Investment	Adjusted Net		Charitable Purpose	
Indirect Accounting Fees Total	w w	1,500	\$ 1,500	w w		0	
SI	tatement 3 - F	orm 990-PF, Pa	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	er Expenses			
Description		Total	Net Investment	Adjusted Net		Charitable Purpose	
Expenses	⟨v}		_የ	‹	φ		_
INVESTMENT ADVISORY FEES Total	, m	2,325	2,325 \$ 2,325	w.	0	0	
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