Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491316016989

OMB No 1545-0052

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.

Return of Private Foundation

		► Go to <u>www.irs.gov/Form990PF</u>	for instructions an	id the I	atest informa	ation.	Inspection
or	caler	ndar year 2018, or tax year beginning 01-01-20)18 , aı	nd end	ling 12-31-	2018	
		Indation FOUNDATION			A Employer id	entification numbe	r
					26-6106908		
		l street (or P O box number if mail is not delivered to street address) THEL ROAD NW	Room/suite		B Telephone nu	mber (see instruction	ıs)
					(770) 483-5512	2	
		, state or province, country, and ZIP or foreign postal code SA 30012			C If exemption	application is pendin	g, check here
G Ch	neck al	I that apply Initial return Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere 🗀
		Final return Amended return	, ,			ganizations meeting	
		Address change Name change			•	k here and attach co	· _
l Ch	eck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), chec	
	Section	4947(a)(1) nonexempt charitable trust Other taxabl	e private foundation				
		xet value of all assets at end rom Part II, col (c),	✓ Cash ☐ Accru	lal		ation is in a 60-mont <mark>i</mark> n 507(b)(1)(B), chec	
		◆\$ 518,863	ho on cash hasis		under Section	11 307 (B)(1)(B), clice	K Here
			The off Cash Dasis)				Г
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b) N	et investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions)	expenses per books		ıncome	income	purposes (cash basis only
	1	Contributions, gifts, grants, etc , received (attach					,
		schedule)	101,000				
	2	Check ► ☐ If the foundation is not required to attach					
	3	Sch B Interest on savings and temporary cash investments	35	5	35	35	
	4	Dividends and interest from securities	7,514	1	7,514	7,514	
	5a	Gross rents					
	b	Net rental income or (loss)	-				
Ж	6a	Net gain or (loss) from sale of assets not on line 10	9,673	3			
Revenue	b	Gross sales price for all assets on line 6a 71,092					
2	7	Capital gain net income (from Part IV, line 2)			9,673		
	8	Net short-term capital gain					
	9 10a	Income modifications					
	b	Gross sales less returns and allowances Less Cost of goods sold	<u> </u>				
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	118,222	2	17,222	7,549	
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
es	15	Pension plans, employee benefits					
Š	16a	Legal fees (attach schedule)					
ă ×	b	Accounting fees (attach schedule)	9 616	5			
ō T	С	Other professional fees (attach schedule)					
<u>۾</u>	17	Interest					
<u> </u>	18	Taxes (attach schedule) (see instructions)	476	5			
Ξ	19	Depreciation (attach schedule) and depletion					
AG	20	Occupancy					
ב ב	21 22	Travel, conferences, and meetings		<u> </u>			
ਲ ਹ	23	Other expenses (attach schedule)	237	,			
Operating and Administrative Expenses	24	Total operating and administrative expenses.	237				
ě		Add lines 13 through 23	1,329		0		
5	25	Contributions, gifts, grants paid	35,897				35,89
	26	Total expenses and disbursements. Add lines 24 and					
		25	37,226	5	0		35,89
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	80,996	5			
	b	Net investment income (If negative, enter -0-)			17,222		
	С	Adjusted net income (If negative, enter -0-)	[1		7,549	

322,772

449.910

449,910

449,910

449,910

414.986

530,906

530.906

530,906

530,906

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449,910

80,996

530,906

530,906 Form 990-PF (2018)

402,943

518,863

sets	
Ass	

6

7

8

9

10a

b

C

11

12

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18

19

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21 22

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31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30 Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted . . .

Permanently restricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) > ____

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Temporarily restricted

Grants payable

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

```
Less accumulated depreciation (attach schedule)
Less accumulated depreciation (attach schedule)
Total assets (to be completed by all filers—see the
Loans from officers, directors, trustees, and other disqualified persons
Mortgages and other notes payable (attach schedule). . . . . .
Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .
Foundations that follow SFAS 117, check here ▶
and complete lines 24 through 26 and lines 30 and 31.
Foundations that do not follow SFAS 117, check here ▶ ✓
```

	e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs		ase	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1a See Additional Data Tabl	e				
b					
С					
d					
 e					
	(f)	(g)		(1	1)
(e)	Depreciation allowed	Cost or other basis		,	r (loss)
Gross sales price	(or allowable)	plus expense of sale		(e) plus (f	minus (g)
a See Additional Data Table	e				
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation on 12/31/69		(I)
	(i)	(k)			n) gain minus
(i) F M V as of 12/31/69	Adjusted basis	Excess of col (ı)			less than -0-) or
	as of 12/31/69	over col (j), if any		Losses (fro	om col (h))
a See Additional Data Tabl	e				
b					
С					
d					
e					
2 Capital gain net income	or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	}	2	9,673
If gain, also enter in Pa	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi		1	_	
ın Part I, line 8			• }	3	
Part V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net Investme	nt In	come	
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on net investmen	ıncom	ie)	
f section 4940(d)(2) applies, le	eave this part blank	, ,			
Was the foundation liable for th	e section 4942 tax on the distributa		period?	P	es 🗹 No
·	ot qualify under section 4940(e) Do	•			
* * * * * * * * * * * * * * * * * * * *	nount in each column for each year,	see instructions before making any	entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution rati (col (b) divided by c	
2017	28,194	340,188			0 082878
2016	41,515	244,900			0 169518
2015	30,373	171,216	i		0 177396
2014	22,321	120,940			0 184563
2013	32,517	114,317	'		0 284446
2 Total of line 1, column (d)		2		0 898801
3 Average distribution ratio	for the 5-year base period—divide	the total on line 2 by 5 0, or by the			
	ndation has been in existence if less		3		0 179760
	ncharitable-use assets for 2018 fron	•	4		455,658
5 Multiply line 4 by line 3			5		81,909
	ent income (1% of Part I, line 27b)		6		172
			7		82,081
8 Enter qualifying distributi If line 8 is equal to or gre instructions	ons from Part XII, line 4 , eater than line 7, check the box in Pa	art VI, line 1b, and complete that pa	8 art usin	 g a 1% tax rate Se	35,897 e the Part VI
mad actions				Fc	rm 990-PF (2018

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Part VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional s	ervices (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Included.	de relevant statistical information such as the numbe	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation du	·	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (2018)

2

3a 3h

4

5

35.897

35.897

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

Page 9

22,439

22,439

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Form 990-PF (2	01
Part XIII	

0-PF (2	018)
VTTT	l lin

b Total for prior years

a From 2013.

b From 2014. . . . c From 2015. . .

d From 2016.

e From 2017.

Undistributed Income (see instructions) 1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018

26.801 16,364

21 953

29,462 11,539

16.364 21,953

29,462

11,539

13.458

a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2018 distributable amount.

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 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 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not

indicated below:

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

d Excess from 2017. . .

e Excess from 2018. .

c Excess from 2016. . . .

b Excess from 2015. .

same amount must be shown in column (a))

(a)

Corpus

106.119

13.458

119,577

26,801

92,776

(b)

Years prior to 2017

(c)



	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
-	and contracts from government agencies					
2 Memb	ership dues and assessments					
3 Intere	st on savings and temporary cash ments			14	25	
	nds and interest from securities			14	7,514	
5 Net re	ntal income or (loss) from real estate					
	-financed property					
	ntal income or (loss) from personal property					
7 Other	investment income					
8 Gain o	r (loss) from sales of assets other than ory			18	9,673	
	come or (loss) from special events			10	9,073	
	profit or (loss) from sales of inventory					
11 Other	revenue a					
					47.222	
12 Subto	al Add columns (b), (d), and (e).			1 1	17,222	l17,222
L3 Total.	Add line 12 , columns (b), (d), and (e))	11,222
(See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			3	17,222
(See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the instructions (b), (d), and (e)	lations) e Accomplish income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	
(See w Part XV Line No.	orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation.	lations) e Accomplish income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	
(See w Part XV Line No.	orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation.	lations) e Accomplish income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	
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(See w Part XV Line No.	orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation.	lations) e Accomplish income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	
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(See w Part XV Line No.	orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation.	lations) e Accomplish income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	
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(See w	orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation.	lations) e Accomplish income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	

(=0	, 20 /
+4	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Information Re		ransters To a	and Transaction	ons and	Relatio	nships With Non	charitable		
		ganization directly or in than section 501(c)(3)	directly enga						n 501	Yes	No
` '	`	from the reporting foun	-	′	, , ,	-	amzadon	J .			
		· · · · · · · · ·							1a(1)		No
		rassets					· . · . · .		. 1a(2)		No
		isactions							- (-/		
(1)	Sales	of assets to a nonchar	table exemp	t organization.					. 1b(1)		No
		nases of assets from a r	•	-					. 1b(2)		No
		al of facilities, equipmer							. 1b(3)		No
(4)	Reım	bursement arrangemen	ts						1b(4)		No
(5)	Loan	s or loan guarantees.							. 1b(5)		No
(6) Performance of services or membership or fundraising solicitations.									. 1b(6)		No
c Sha	c Sharing of facilities, equipment, mailing lists, other assets, or paid employees										No
		wer to any of the above ds, other assets, or ser									
		ids, other assets, or ser nsaction or sharing arra									
	٠.	•		•		,		•			
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Des	cription of	transfers, transactions, a	and sharing arra	ngemen	ts
	_										
	_										
	_										
2a Is t	he foui	ndation directly or indire	ectly affiliated	d with, or relate	d to, one or more	tax-exem	pt organi	zations			
des	cribed	ın section 501(c) (othei	than section	501(c)(3)) or i	in section 527? .			🗆 Yes	s 🔽 No		
b If "	res," c	omplete the following s	chedule								
		(a) Name of organization	n	(1	b) Type of organizat	ion		(c) Description of	of relationship		
	Und	er penalties of perjury,	I declare tha	t I have evamin	ed this return in	cluding acc	rompanyi	ng schedules and sta	tements and	to the l	hest
		ny knowledge and belief									
<u></u>	whic	ch preparer has any kno	wledge		ı						
Sign		****			2019-10-28			May the IRS di return	scuss th	IIS	
Here						b-			with the prepa	rer show	vn
	,	Signature of officer or t	rustee		Date	7	ītle		below	7 1	_ I
									(see instr)?	Y Yes	⊔ No
		Print/Type preparer's	name	Preparer's Sigr	nature	Date			TIN		
								Check if self-	P00038	1578	
		ALAN K CLARK				2010.	-10-28	employed ▶ 🔲	F00030	,,,,	
Paid						1 2019.	10-20				
Prep		I I II I I I I I I I I I I I I I I I I	TH ADCOCK A	ND COMPANY L	_LP			'	ırm's EIN ▶58	-00700	ISO
Use	Only							F	≥ ETIN ►2Q	-09/90	100
		Firm's address ► 90	W WIEUCA	RD SUITE 100							
		AT	LANTA, GA	30342				P	hone no (404) 252-2	2208

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation AMERICAN MUTUAL FUND Р 2018-01-17 BRIGHTHOUSE FINANCIAL Ρ 2018-01-17 CENTURY LINK INC Р 2018-01-17 INTERMEDIATE BOND FD AMERICA Р 2018-01-17 LORD ABBETT INVT TR ST CL C Ρ 2018-01-17 Ρ AMERICAN MUTUAL FD INC 2018-01-17 Ρ BRIGHTHOUSE FINL INC 2016-01-13 2018-01-17 Р 2016-01-13 CENTURY LINK INC 2018-01-17 INTERMEDIATE BOND FD CL A Ρ 2018-01-17 LORD ABBETT INVT ST CL C Р 2018-01-17 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 3,487 3,138 349 18 18 791 928 -137 85 86 -1 839 848 -9 10,459 8,731 1,728 1,226 1,036 190 7,120 9,966 -2,8467,640 7,816 -176 27,276 28,852 -1,576Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 349 -137 -1 1,728 190 -2,846 -176 -1,576

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

,			
ALLIANCE DEFENDING FREEDOM 15100 N 90TH STREET SCOTTSDALE, AZ 85260	PUBLIC	OPERATIONS	500
AMERICAN CENTER FOR LAW AND	PUBLIC	OPERATIONS	500

MERICAN CENTER FOR LAW AND USTICE	PUBLIC	OPERATIONS	
O BOX 90555			
VASHINGTON, DC 200900555			

a Paid during the year

OUSTICE PO BOX 90555 WASHINGTON, DC 200900555			
AMERICAN FAMILY ASSN	PUBLIC	OPERATIONS	50

WASHINGTON, DC 200900555			
AMERICAN FAMILY ASSN PO DRAWER 2440 TUPELO, MS 388039988	PUBLIC	OPERATIONS	500

Total			▶ 3a	35,897	
PO DRAWER 2440 TUPELO, MS 388039988					
AMERICAN FAMILY ASSN	1	PUBLIC	OPERATIONS	500	

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

a Paid during the year				
ARTISTS IN CHRISTIAN TESTIMONY PO BOX 1649 BRENTWOOD, TN 370271649		PUBLIC	OPERATIONS	750
	·			

BRENTWOOD, 111 370271013			
ATLANTA MISSIONPO BOX 1807 ATLANTA, GA 30301	PUBLIC	OPERATIONS	1,000
BALM OF GILEAD	PUBLIC	OPERATIONS	249

ATLANTA, GA 30301			
BALM OF GILEAD 1684 DECOTO RD STE 261 UNION CITY, CA 94587	PUBLIC	OPERATIONS	249

,			
BALM OF GILEAD 1684 DECOTO RD STE 261 UNION CITY, CA 94587	PUBLIC	OPERATIONS	249

Total .

Recipient If recipient is an individual, show any relationship to status of contribution Status of status

recipient

35,897

any foundation manager

or substantial contributor

Name and address (home or business)

ATLANTA, GA 30309

Total .

a Paid during the year			
BERRY COLLEGE 2277 MARTHA BERRY HWY MT BERRY, GA 30149	PUBLIC	OPERATIONS	250
BUILDING YOUR LEGACY 1300 JOSEPH E BOONE BLVD ATLANTA, GA 303142032	PUBLIC	OPERATIONS	250
CAMP TWIN LAKES 1100 SPRING ST STE 260	PUBLIC	OPERATIONS	500

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

or substantial contributor

ATLANTA, GA 30329

Total .

a Paid during the year			
CAMPUS OUTREACHPO BOX 43737 BIRMINGHAM, AL 35243	PUBLIC	OPERATIONS	1,002
CHATTANOOGA MEMORIAL 6230 VANCE ROAD CHATTANOOGA, TN 37421	PUBLIC	OPERATIONS	249
CHILDRENS HEALTHCARE OF ATLANTA FDN	PUBLIC	OPERATIONS	249

6230 VANCE ROAD CHATTANOOGA, TN 37421	FOBLIC	OFERATIONS	2
CHILDRENS HEALTHCARE OF ATLANTA FDN 1577 NE EXPRESSWAY	PUBLIC	OPERATIONS	2

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

a Paid during the year

a Talu during the year			
CORNERSTONE CHRISTIAN ACADEMY 1600 MCCURDY AVE NORTH RAINESVILLE, AL 35986	PUBLIC	OPERATIONS	3,502
CREATIVE MINISTRIESPO BOX 90	PUBLIC	OPERATIONS	1,000

RAINESVILLE, AL 35986			
CREATIVE MINISTRIESPO BOX 90 CONYERS, GA 30012	PUBLIC	OPERATIONS	1,000
DOCTORS WITHOUT BORDERS	PUBLIC	OPERATIONS	500

CREATIVE MINISTRIESPO BOX 90 CONYERS, GA 30012	PUBLIC	OPERATIONS	1,000
DOCTORS WITHOUT BORDERS 40 RECTOR STREET 16TH FL NEW YORK, NY 10006	PUBLIC	OPERATIONS	500

DOCTORS WITHOUT BORDERS 40 RECTOR STREET 16TH FL NEW YORK, NY 10006	PUBLIC	OPERATIONS	500
Total	 	▶ 3a	35,897

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

Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
FAITH COMES BY HEARING 2421 AZTEC ROAD NE ALBUQUERQUE, NM 87107		PUBLIC	OPERATIONS	500
FRIENDS OF DISABLED ADULTS & CHILDREN4900 LEWIS ROAD STONE MOUNTAIN, GA 30083		PUBLIC	OPERATIONS	500
GA SHERIFFS YOUTH HOMES PO BOX 1000 STOCKBRIDGE, GA 30281		PUBLIC	OPERATIONS	250
Total	35,897			

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

a Paid during the year			
HANCOCK EDUCATION SOCIETY 9157 SADDLEBROOK WAY DOUGLASVILLE, GA 30135	PUBLIC	OPERATIONS	4,000

DOUGLASVILLE, GA 30135			
INTL PRAYER MINISTRIES 705B SE MELODY LANE 343 LEES SUMMIT, MO 64063	PUBLIC	OPERATIONS	3,400
JUDICIAL WATCH	PUBLIC	OPERATIONS	600

705B SE MELODY LANE 343 LEES SUMMIT, MO 64063			
JUDICIAL WATCH 425 THIRD STREET SW STE 800	PUBLIC	OPERATIONS	600
WASHINGTON, DC 20024			

LEES SUMMIT, MO 64063			
JUDICIAL WATCH 425 THIRD STREET SW STE 800 WASHINGTON, DC 20024	PUBLIC	OPERATIONS	600
Total	 	> 3a	35,897

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

a Paid during the year			
LINC-UP MISSIONSPO BOX 181002 TALLAHASSEE, FL 32318	PUBLIC	OPERATIONS	250

LOGANVILLE CHRISTIAN ACADEMY 2575 HWY 81 LOGANVILLE, GA 30052	PUBLIC	OPERATIONS	5,900
17122 11713322,12 32310			

2575 HWY 81 LOGANVILLE, GA 30052			
MISSISSIPPI STATE UNIVERSITY FDN PO BOX 6149 MISS STATE, MS 39762	PUBLIC	OPERATIONS	250

LOGANVILLE, OA SOOSE	1			
MISSISSIPPI STATE UNIVERSITY FDN PO BOX 6149 MISS STATE, MS 39762		PUBLIC	OPERATIONS	250
Total			▶ 3a	35,897

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

OPEN DOORSPO BOX 27001

SANTA ANA, CA 92799

Total .

· ·	or substantial contributor			
a Paid during the year				
NAVY-MARINE CORP RELIEF SOCIETY 875 N RANDOLPH STREET SUITE 225 ARLINGTON, VA 22203		PUBLIC	OPERATIONS	500
NRTW LEGAL FOUNDATION 8001 BRADDOCK ROAD SPRINGETELD, VA. 22160		PUBLIC	OPERATIONS	249

PUBLIC

recipient

OPERATIONS

500

ARLINGTON, VA 22203			
NRTW LEGAL FOUNDATION 8001 BRADDOCK ROAD SPRINGFIELD, VA 22160	PUBLIC	OPERATIONS	:
			4

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

a Paid during the year			
PREGNANCY RESOURCE CTR OF WALTON 3060 HIGHWAY 81	PUBLIC	OPERATIONS	3,400

LOGANVILLE, GA 30052			
RAINBOW OMEGAPO BOX 740 EASTABOGA, AL 36260	PUBLIC	OPERATIONS	500

RAINBOW OMEGAPO BOX 740	PUBLIC	OPERATIONS	500
EASTABOGA, AL 36260			
SAMARITAN'S PURSEDO BOY 3000	PLIBLIC	OPERATIONS	500

EASTABOGA, AL 36260			
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607	PUBLIC	OPERATIONS	500

SAMARITAN'S PURSEPO BOX 3000	PUBLIC	OPERATIONS	500
300NE, NC 28607			

Total .

35,897

▶ 3a

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

a Faid duffing the year			
SAVE-THE-CHILD MINISTRIES PO BOX 1341 WINDER, GA 30680	PUBLIC	OPERATIONS	500

249

35,897

UDE CHILDRENS RESEARCH	PUBLIC	OPERATIONS
PITAL		
ST JUDE PLACE		
PHIS, TN 38105		

a Paid during the year

Total .

ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	PUBLIC	OPERATIONS	
SUMMIT BAPTIST CHURCH	PUBLIC	OPERATIONS	

501 ST JUDE PLACE MEMPHIS, TN 38105			
SUMMIT BAPTIST CHURCH 3080 HWY 81 SOUTH	PUBLIC	OPERATIONS	50

4EMPH13, TN 38103			
SUMMIT BAPTIST CHURCH 3080 HWY 81 SOUTH LOGANVILLE, GA 30052	PUBLIC	OPERATIONS	500

SUMMIT BAPTIST CHURCH	PUBLIC	OPERATIONS	5
3080 HWY 81 SOUTH			
LOGANVILLE, GA 30052			

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

a Paid during the year			
THE SALVATION ARMY 1000 CENTER PLACE NORCROSS, GA 30093	PUBLIC	OPERATIONS	1,000
VISION 2 HEAR2046 KHYBER PASS	PUBLIC	OPERATIONS	249

	· ·			1
	VISION 2 HEAR2046 KHYBER PASS SNELLVILLE, GA 30039	PUBLIC	OPERATIONS	
-1				1

SNELLVILLE, GA 30039	FUBLIC	OFERATIONS	2
WALLBUILDERSPO BOX 397	PUBLIC	OPERATIONS	2

SNELLVILLE, GA 30039			
WALLBUILDERSPO BOX 397	PUBLIC	OPERATIONS	24

			1	
WALLBUILDERSPO BOX 397		PUBLIC	OPERATIONS	249
ALEDO, TX 76008			,	

ALEDO, TX 76008			
		_	

ALEDO, TX 76008	1		
Total		3a	35,897

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Name and address (home or business)

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year			
WALTON COUNTY CHRISTIAN LEARNING CENTERPO BOX 678 MONROE, GA 30655	PUBLIC	OPERATIONS	500

WOODLAND CHRISTIAN CAMP 90 WOODLAND CAMP ROAD TEMPLE, GA 30179 PUBLIC OPERATIONS 350	MONROE, GA 30655			
	90 WOODLAND CAMP ROAD	PUBLIC	OPERATIONS	350

Total .

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491316016989						
TY 2018 Accounting	Fees Sche	edule			_	
_						
Name: BIG HILL FOUNDATION EIN: 26-6106908						
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INDIRECT ACCOUNTING FEES		616				

effile GRAPHIC print - DO NOT PROCESS As File	ed Data - DLN: 93491316016989
TY 2018 Investments Corporate Sto	ck Schedule
Name: BIG HILI	FOUNDATION
EIN: 26-6106	908

DIN. 02404246046000

165,835

165,545

Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
MUTUAL FUNDS	249,151	237,398		

COMMON STOCK

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491316016989						
TY 2018 Other Expenses Sche	dule					
-						
Name: BIG HILL FOUNDATION						
EIN: 26-6106908						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES EXPENSES						
BANK CHARGES	60					
SUPPLIES	177					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN: 93491316016989					
TY 2018 Taxes Schedule								
Name: BIG HILL FOUNDATION								
EIN: 26-6106908								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
INDIRECT TAXES/LICENSES	476							

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -			DLN: 93491316016989			
Schedule B	Schedul	Schedule of Contributors		OMB No 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		form 990, 990-EZ, or 990-PF / <u>/Form990</u> for the latest inform	nation	2018			
Name of the organizatio BIG HILL FOUNDATION			Employer i	dentification number			
Organization type (chec	one)		26-6106908	1			
	,						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) org	ganization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 political organization	☐ 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						
	on filing Form 990, 990-EZ, or 990-PF roperty) from any one contributor Cor						
Special Rules							
under sections 50 received from any	n described in section 501(c)(3) filing fig. (a)(1) and 170(b)(1)(A)(vi), that check one contributor, during the year, total 1h, or (ii) Form 990-EZ, line 1 Comple	ked Schedule A (Form 990 contributions of the greater	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that			
during the year, to	n described in section 501(c)(7), (8), o al contributions of more than \$1,000 e e prevention of cruelty to children or a	exclusively for religious, cha	aritable, scientific, literary, d				
during the year, could be during the year, could be during the year, could be during the during the year, could be during the year.	n described in section 501(c)(7), (8), o ntributions <i>exclusively</i> for religious, ched, enter here the total contributions the nplete any of the parts unless the Gen e, etc., contributions totaling \$5,000 or	naritable, etc , purposes, bu hat were received during the neral Rule applies to this or	t no such contributions tota e year for an <i>exclusively</i> re ganization because it rece	aled more than \$1,000 eligious, charitable, etc , eved <i>nonexclusively</i>			
990-EZ, or 990-PF), but i	that isn't covered by the General Rule must answer "No" on Part IV, line 2, on 990PF, Part I, line 2, to certify that i	of its Form 990, or check the	e box on line H of its				
For Paperwork Reduction Action Form 990, 990-EZ, or 990-		Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)			

Name of organization

BIG HILL FOUNDATION

Employer identification number

26-6106908

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person BIG HILL INVESTMENTS LLC Payroll 1041 BETHEL ROAD \$ 101,000 Noncash CONYERS, GA 300122155 (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) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)