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OMB No 1545-0052

2018

Return of Private Foundation

Form 990-PF 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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , ar	nd en	ding 12-31-	2018	
		ndation FRITT FAMILY FOUNDATION			A Employer ide	entification numbe	r
					58-2500822		
		l street (or P O box number if mail is not delivered to street address) LFORD DRIVE	Room/suite		B Telephone nu	mber (see instruction	ns)
					(404) 255-5077		
		, state or province, country, and ZIP or foreign postal code , GA 30338			C If exemption	application is pendin	g, check here
G Ch	eck al	l that apply \Box Initial return \Box Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere 📗
		Final return Amended return				ganizations meeting k here and attach coi	
		Address change Name change			·	ındatıon status was t	· —
		pe of organization Section 501(c)(3) exempt private				n 507(b)(1)(A), chec	
		4947(a)(1) nonexempt charitable trust Other taxable tet value of all assets at end J Accounting method	e private foundation Cash Accru	1	F 75 H- 6		
of y	ear (f	xet value of all assets at end rom Part II, col (c), ▶\$ 5,377,556 J Accounting method □ Other (specify) (Part I, column (d) must		lai		ition is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	Ī '			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
	1	Contributions, gifts, grants, etc , received (attach	1				(cash basis only)
	-	schedule)	19,590)			
	2	Check ► ☐ If the foundation is not required to attach					
	3	Sch B Interest on savings and temporary cash investments	63	<u> </u> 	63		
	4	Dividends and interest from securities	94,079)	93,996		
	5a	Gross rents					
	b	Net rental income or (loss)					
Пе	6a	Net gain or (loss) from sale of assets not on line 10	245,285				
Revenue	b	Gross sales price for all assets on line 6a					
Re	7	Capital gain net income (from Part IV, line 2)			245,285		
	8	Net short-term capital gain			·		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	9 670		670		
	12	Total. Add lines 1 through 11	359,687		340,014		
	13	Compensation of officers, directors, trustees, etc	0	1	0		0
۰.	14 15	Other employee salaries and wages					
Se	16a	Legal fees (attach schedule)					
<u> </u>	ь	Accounting fees (attach schedule)	2,222	!	2,222		0
perating and Administrative Expenses	С	Other professional fees (attach schedule)	30,077		30,077		0
tıve	17	Interest	-				
tra	18	Taxes (attach schedule) (see instructions)	9 10,665		2,894		0
<u>=</u>	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
Ρ	21	Travel, conferences, and meetings					
an	22	Printing and publications					
Eil	23	Other expenses (attach schedule)	1,628	8	1,473		0
er at	24	Total operating and administrative expenses.			25.55		_
<u>a</u> 0	25	Add lines 13 through 23	44,592 441,770	-	36,666		441,770
_	25		441,770				441,770
	26	Total expenses and disbursements. Add lines 24 and 25	486,362	!	36,666		441,770
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-126,675				_
	b	Net investment income (If negative, enter -0-)			303,348		
	С	Adjusted net income (if negative, enter -0-)					
or	Paper	work Reduction Act Notice, see instructions.		C	at No 11289X	C For	m 990-PF (2018)

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

Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule)

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

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Temporarily restricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Permanently restricted . .

Grants payable

		Less allowance for doubtful accounts ▶
	4	Pledges receivable ▶
		Less allowance for doubtful accounts ▶
	5	Grants receivable
	6	Receivables due from officers, directors, trustees, and other
		disqualified persons (attach schedule) (see instructions)
	7	Other notes and loans receivable (attach schedule)
		Less allowance for doubtful accounts ▶
2	8	Inventories for sale or use
Set.	9	Prepaid expenses and deferred charges

10a

h

C

11

12

13 14

15

16

17

18

19

20

21 22

23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

4

5

```
Less accumulated depreciation (attach schedule) ▶ _
Total assets (to be completed by all filers—see the
Accounts payable and accrued expenses . . . . .
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 ▶
Paid-in or capital surplus, or land, bldg, and equipment fund
Retained earnings, accumulated income, endowment, or other funds
```

3,776,139

4,875,091

4,875,091

4,875,091

4,875,091

4,222,085

4,743,658

4,743,658

4,743,658 4,743,658

> 4,875,091 -126,675

4,748,416

4,743,658 Form 990-PF (2018)

4,758

1

2 3

4

5

6

4,855,983

5,377,556

	pe the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs	MLC Co) P—F	(b) acquired Jurchase Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Addıtıonal Data Tabl	le				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of		Gain o	h) r (loss)) minus (g)
a See Addıtıonal Data Tabl	le				
b					
С					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation on 12/3	1/69		1)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (over col (j), if a	, ,	col (k), but not	h) gain minus less than -0-) or om col (h))
a See Addıtıonal Data Tabl	le		•		
b					
С					
d					
e					
·	gain or (loss) as defined in sections : art I, line 8, column (c) (see instruction		}	3	·
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net Inves	tment In	come	
(For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on net invest	ment incom	ne)	
	eave this part blank ne section 4942 tax on the distributal ot qualify under section 4940(e) Do		pase period	? \(\sum_{Y}	es 🗹 No
· · · · · · · · · · · · · · · · · · ·	nount in each column for each year,	<u> </u>	anv entrie	<u> </u>	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as		(d) Distribution rat (col (b) divided by c	
2017	292,059	5,659	,091		0 051609
2016	262,364	5,193		· ·	0 050514
2015	315,964	5,173	,940		0 061068
2014	241,922	5,023	` 		0 048161
2013	236,512	4,765	 	T	0 049629
2 Total of line 1, column (3 Average distribution ratio	d)	the total on line 2 by 5 0, or by	. 2		0 260981
number of years the four	ndation has been in existence if less oncharitable-use assets for 2018 from	than 5 years	. 3		0 052196 3,597,419
5 Multiply line 4 by line 3			. 5		187,771
6 Enter 1% of net investment	ent income (1% of Part I, line 27b)		. 6		3,033
			. 7		190,804
	elons from Part XII, line 4 , eater than line 7, check the box in Pa			ng a 1% tax rate Se	441,770 e the Part VI
				E	rm QQN-PF (201

Page **6**

5a	During the year did the foundation pay or incur any amount to							Yes	No		
	(1) Carry on propaganda, or otherv			, , , , , , , , , , , , , , , , , , , ,	[Yes	✓	No			
	(2) Influence the outcome of any s		•	•		_	_				
	on, directly or indirectly, any voter registration drive?										
	(4) Provide a grant to an organization other than a charitable, etc., organization described										
	In section 4945(d)(4)(A)? See instructions										
	educational purposes, or for the	prev	ention of cruelty to childr	en or anımals?	٠ ٠ ـ ١	Yes	✓	No			
b	If any answer is "Yes" to $5a(1)-(5)$,	dıd a	iny of the transactions fa	ıl to qualıfy under the ex	ceptions descri		ت	140			
	Regulations section 53 4945 or in a	curre	nt notice regarding disast	ter assistance? See instri	uctions				5b		
	Organizations relying on a current r		-			. ▶					
С	If the answer is "Yes" to question 5			•			_				
	tax because it maintained expenditu				٠ ٠ ا	Yes	Ш	No			
c _	If "Yes," attach the statement requi		_								
6а	Did the foundation, during the year, a personal benefit contract?					_					
b	Did the foundation, during the year,					_ Yes	✓	No	6b		No
_	If "Yes" to 6b, file Form 8870	, F-,	p , , , , ,	,, a polociiai 20.			•				-110
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trar	nsaction? [Yes		N -			
b	If yes, did the foundation receive ar	ny pro	ceeds or have any net in	come attributable to the	transaction? .	res		MO	7b		
В	Is the foundation subject to the sec	tion 4	960 tax on payment(s) o	f more than \$1,000,000	ın remuneratio	n or					
	excess parachute payment during the	he ye	ar ⁹			Yes	✓	No			
Da	Information About (Offic	ers, Directors, Trust	ees, Foundation Ma	nagers, Hig				yees,		
	and Contractors										
1	List all officers, directors, truste										
	(a) Name and address	(b) Title, and average hours per week 	(c) Compensation (If not paid, enter	(d) Contri employee ben					se acc	
	(a) Name and address		devoted to position	-0-)	deferred co			٥	ther al	lowand	ces
AMI	E A TRITT	DIRE 5 00	CTOR/CEO	0			C				C
	HALLFORD DRIVE WOODY, GA 30338	3 00									
	E TRITT	DIRE	CTOR	0				1			
	HALLFORD DRIVE	5 00		-							
	WOODY, GA 30338	DIDE	CTOR								
	E TRITT HALLFORD DRIVE	2 00	CTOR	0			C]			C
	WOODY, GA 30338										
2	Compensation of five highest-pa	id er	ployees (other than th	ose included on line 1	.—see instruc	tions). :	If no	ne, ei	nter "I	NONE.	."
(~)	Name and address of each employee	paid	(b) Title, and average		(d) Contri employe			(0)	Evnone	se acco	.unt
(4)	more than \$50,000	para	hours per week devoted to position	(c) Compensation	plans and					owanc	-
			devoted to position		compe	nsation					
ION	E										
ota	I number of other employees paid ov	er \$5	0,000								
)_DE /	/2010

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	nid Employees,
3 Five highest-paid independent contractors for professional service	es (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		- 0
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving anizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2018)

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

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

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

3

4

5

2

3a 3h

4

5

441.770

3.033

438.737

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b Total for prior years

a From 2013. **b** From 2014. c From 2015. . . d From 2016. e From 2017. Page 9

176,838

176,838

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0

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Pa	rt XIII	1

0-PF	(2	018)		
V	Į	-		_	

-PF	(2	018)
411		1	Inc

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018

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).

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 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 applied on line 5 or line 7 (see instructions) . . .

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

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

Undistributed Income (see instructions) (a)

(b)

Years prior to 2017

Corpus

142.060

142,060

142,060

142.060

(c)

2017

122,872



Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section	(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					
	ership dues and assessments					
3 Interes	st on savings and temporary cash ments			14	63	
	nds and interest from securities			14	94,079	
	ntal income or (loss) from real estate					
	-financed property					
	debt-financed property.					
	ntal income or (loss) from personal property	-		1.4	670	
	r (loss) from sales of assets other than			14	670	
invento	, ,			18	245,285	
9 Net ind	come or (loss) from special events			10	2 13,203	
	profit or (loss) from sales of inventory					
1 Other	revenue a					
b						
	_					
	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		340,097	340,097
.s iotai.				13	3	340,097
						,
(See w	orksheet in line 13 instructions to verify calcu	lations)				,
(See w Part XV	orksheet in line 13 instructions to verify calcu	lations) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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) ie Accomplish income is report	iment of Exem	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	Exempt Organia		ransters To a	and Transaction	ons and I	Relatio	nships With Non	icharitable		
		ganization directly or in than section 501(c)(3)	directly enga						on 501	Yes	No
` '	`	` ` ` ` ` `	-	,	, , ,	-	amzadon	٥.			
a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash											No
(1) Cash									. 1a(1) . 1a(2)		No
b Other transactions											
(1)	Sales	of assets to a nonchar	table exemp	t organization.					. 1b(1)		No
(2)	Purch	ases of assets from a n	oncharitable	exempt organiz	zation				1b(2)		No
(3)	Renta	al of facilities, equipmen	nt, or other a	ssets					1b(3)		No
		bursement arrangemen							. 1b(4)		No
		or loan guarantees.							. 1b(5)		No
		mance of services or m		-					1b(6)		No
	-	facilities, equipment, n		-							No
		ver to any of the above ds, other assets, or ser									
ın a	ny trar	saction or sharing arra	ngement, sh	ow in column (c	d) the value of the	e goods, ot	ther asse	ts, or services receiv	/ed		
(a) Line	No I	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Desc	crintion of	transfers, transactions,	and sharing arra	naemen:	ts
(2) 2	,,,,	(2) runioani mivorioa	(c) Hame of	nonananabie aka	pc organizacion	(4) 500	oriperori or	cranstersy transactions,	and onaring arra	ngomon.	
		ndation directly or indire	•		•				_		
des	cribed	ın section 501(c) (other	than section	n 501(c)(3)) or	ın section 527? .			∐Ye	es 🔽 No		
b If "	res," co	omplete the following so									
		(a) Name of organization	n	(1	b) Type of organizat	ion		(c) Description	of relationship		
	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, c								
Sign		*****	-		2019-11-11	*	****		May the IRS di	scuss th	115
Here					2019-11-11	\			return with the prepa	rer show	vn
	7 ,	Signature of officer or to	rustee		Date		ītle		below	_	
	,	signature of officer of the				<u> </u>			(see instr)?	✓ Yes [□ No
		Print/Type preparer's	name	Preparer's Sign	nature	Date			PTIN		
								Check if self-	P00546	3438	
		CHRISTOPHER B D	AVIS			2019-	-11-11	employed ▶ ☐	, , , ,		
Paid		СРА									
Prep		Firm's name ► APRI	O LLP					F	rm's EIN ▶57	-11575	23
Use (Unity	Firm's address ► FI	VE CONCOUR	RSE PARKWAY S	UITE 1000						
								l _p	Phone no (404) 892-9	9651
		AT AT	LANTA, GA	30328				'	(,	
		1									

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation Р FIDELITY INVESTMENTS 2018-12-31 FIDELITY INVESTMENTS Р 2018-12-31 MORGAN STANLEY #9660 Ρ 2018-12-31 MORGAN STANLEY #7432 Р 2018-12-31 TMI TRUST COMPANY #3217 Ρ 2018-12-31 LOSS ON DISPOSAL OF K-1 INTEREST - CHILDS CAPITAL PARTNERS Ρ 2018-12-31 Р WELLS FARGO 2854 2018-12-31 CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Cost or other basis Gain or (loss) (e) Gross sales price (f) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) 50.096 49.417 679 289,891 250,119 39,772 25,701 10,120 15,581 113,168 41,669 71,499 35,000 34,646 354 8,366 -8,366 350,427 350,427 125,766 125,766 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 679 39,772 15,581 71,499 354 -8,366 125,766

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			
AMERICAN HEART ASSOCIATION 1101 NORTHCASE PWKY SE MARIETTA, GA 30067	PC	UNRESTRICTED	250

11/11(2211/1/ 0/1 0000/			
AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA	PC	UNRESTRICTED	5,000
80 BROAD STREET SUITE 2102			

UNIVERSITY OF HAIFA 80 BROAD STREET SUITE 2102 NEW YORK, NY 10004			,
ATLANTA JEWISH ACADEMY	PC	UNRESTRICTED	500

NEW YORK, NY 10004			
ATLANTA JEWISH ACADEMY 5200 NORTHLAND DR	PC	UNRESTRICTED	500
	PC	UNRESTRICTED	_

•			
ATLANTA JEWISH ACADEMY	PC	UNRESTRICTED	500
5200 NORTHLAND DR			
ATLANTA, GA 30342			

ATLANTA JEWISH ACADEMY	PC	UNRESTRICTED	50
5200 NORTHLAND DR			
ATLANTA, GA 30342			

441,770

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 husiness)

10180 JONES BRIDGE ROAD ALPHARETTA, GA 30022

Total .

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
ATLANTA JEWISH FILM FESTIVAL 3525 PIEDMONT RD NE ATLANTA, GA 30305		PC	UNRESTRICTED	1,620
ATLANTA SCHOLARS KOLLEL 1959 LAVISTA RD NE ATLANTA, GA 30329		PC	UNRESTRICTED	18,000

recipient

ATLANTA, GA 30305			
ATLANTA SCHOLARS KOLLEL 1959 LAVISTA RD NE ATLANTA, GA 30329	PC	UNRESTRICTED	18,000
CHABAD OF NORTH FULTON	PC	UNRESTRICTED	1,800

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			
CONGREGATION ETZ CHAIM 1190 INDIAN HILLS PKWY NE MARIETTA, GA 30068	PC	UNRESTRICTED	25,000
CREATING CONNECTED COMMUNITIES	PC	UNRESTRICTED	5,000

MARIETTA, GA 30000			
CREATING CONNECTED COMMUNITIES PO BOX 500247 ATLANTA, GA 31150	PC	UNRESTRICTED	5,000
CURE CHILDHOOD CANCER 1117 PERIMETER CENTER WEST SUTIE N-402	PC	UNRESTRICTED	10,000

ATLANTA, GA 31150			
CURE CHILDHOOD CANCER 1117 PERIMETER CENTER WEST SUTIE N-402 ATLANTA, GA 30338	PC	UNRESTRICTED	10,000

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

FRIENDS OF THE ISRAEL DEFENSE

FORCES

a Paid during the year			
EASTER SEALS OF NORTH GA 53 PERIMETER CENTER E 550 ATLANTA, GA 30346	PC	UNRESTRICTED	250

D.C. LINDECTRICTER

PC	UNRESTRICTED	5,100
PC	UNRESTRICTED	720

1430 BROADWAY NEW YORK, NY 10018			
FRIENDS UNITED WITH HATZALAH 208 EAST 51ST STREET SUITE 303 NEW YORK, NY 10022	PC	UNRESTRICTED	7

FRIENDS UNITED WITH HATZALAH 208 EAST 51ST STREET SUITE 303 NEW YORK, NY 10022	PC	UNRESTRICTED	720
Total	 	▶ 3a	441,770

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			
HERITAGE RETREATS557 FENLON BLVD CLIFTON, NJ 07014	PC	UNRESTRICTED	1,500

		l	
IAN'S FRIENDS FOUNDATION 855 MARSEILLES DR ATLANTA, GA 30327	PC	UNRESTRICTED	2,500

ATLANTA, GA 30327			
JEWISH FAMILY AND CAREER SERVICES 4549 CHAMBLEE DUNWOODY RD	PC	UNRESTRICTED	51,000

IEWISH FAMILY AND CAREER SERVICES 4549 CHAMBLEE DUNWOODY RD ATLANTA, GA 30338	PC	UNRESTRICTED	51,00

Total .

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

,	or substantial contributor			
a Paid during the year				
JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET NE ATLANTA. GA 30309		PC	UNRESTRICTED	225,000

recipient

441,770

ATLANTA, GA 30309			
JEWISH NATIONAL FUND 902 CLINT MOORE RD STE 128 BOCA RATON, FL 33487	PC	UNRESTRICTED	

any foundation manager

Name and address (home or business)

JEWISH NATIONAL FUND 902 CLINT MOORE RD STE 128 BOCA RATON, FL 33487	PC	UNRESTRICTED	1,000
MACOM700-A MOUNT VERNON HWY NE	PC	UNRESTRICTED	5,000

BOCA RATON, FL 33487			
MACOM700-A MOUNT VERNON HWY NE	PC	UNRESTRICTED	5,000

4	_			
MACOM700-A MOUNT VERNON HWY NE SANDY SPRINGS, GA 30328		PC	UNRESTRICTED	5,0

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			
MARCUS JEWISH COMMUNITY CENTER OF ATLANTA	PC	UNRESTRICTED	5,000
5342 TILLY MILL RD			
ATLANTA GA 30338			

ATLANTA, GA 30338			
MEOR MANHATTANPOBOX 279 NEW YORK, NY 10970	PC	UNRESTRICTED	1,0

MEOR MANHATTANPOBOX 279 NEW YORK, NY 10970	PC	UNRESTRICTED	1,000
MICHIGAN HILLEL1429 HILL ST	PC	UNRESTRICTED	250

NEW YORK, NY 10970			
MICHIGAN HILLEL1429 HILL ST	PC	UNRESTRICTED	250

441,770

MICHIGAN HILLEL1429 HILL ST	PC	UNRESTRICTED	25
ANN ARROR MT 48104			

Recipient Foundation Purpose of grant or If recipient is an individual, 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			
NER HAMIZRACH1858 LAVISTA RD NE	PC	UNRESTRICTED	į

ATLANTA, GA 30329			,
PIRCHEI OF ATLANTA1351 JODY LN NE	PC	UNRESTRICTED	500

5.000

441,770

ĺ				
	PIRCHEI OF ATLANTA1351 JODY LN NE ATLANTA, GA 30329	PC	UNRESTRICTED	500

ATLANTA, GA 30329				
RAMAH DAROM70 CAMP DAROM		PC	UNRESTRICTED	2,500
CLANTON CA BOERE	I	1		1

RAMAH DAROM70 CAMP DAROM	PC	UNRESTRICTED	2,500
CLAYTON, GA 30525			

	l .	ı · •	0.11.120.1120.22	, -,-
LAYTON, GA 30525				
				í

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

or substantial contributor

Total .

a Paid during the year			
SSO GEMACH INC1255 HOLLY LANE NE ATLANTA, GA 30329	PC	UNRESTRICTED	2,000
TEMINA HIGH SCHOOL	PC	UNRESTRICTED	5.300

1839 LAVISTA ROAD ATLANTA, GA 30329		OINCO INCOLED	3,300
THE EPSTEIN SCHOOL	PC	UNRESTRICTED	16,000

ATLANTA, GA 30329			1
THE EPSTEIN SCHOOL	PC	UNRESTRICTED	16,000
335 COLEWOOD WAY NW			1
SANDY SPRINGS, GA 30328			ĺ

THE EPSTEIN SCHOOL	PC	UNKESTRICTED	16,00
335 COLEWOOD WAY NW			
SANDY SPRINGS, GA 30328			

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
TORAH DAY SCHOOL OF ATLANTA 1985 LAVISTA RD NE ATLANTA, GA 30329		PC	UNRESTRICTED	15,000
CONGREGATION OF ARIEL 5237 TILLY MILL ROAD DUNWOODY, GA 30338		PC	UNRESTRICTED	450
CONGREGATION BETH JACOB 1855 LAVISTA RD NE ATLANTA, GA 30329		PC	UNRESTRICTED	9,000

441,770

Total . .

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			
CHAI LIFELINE151 WEST 30TH STREET NEW YORK, NY 10001	PC	UNRESTRICTED	250
			·

CAREER UP NOW 2358 MARKET STREET 2ND FLOOR SAN FRANCISCO, CA 94108	PC	UNRESTRICTED	5,000
FRIENDSHIP CIRCLE	PC	UNRESTRICTED	5,680

SAN FRANCISCO, CA 94108			
FRIENDSHIP CIRCLE 1412 LACHONA CT NE	PC	UNRESTRICTED	5,680
AT ANTA CA 30330			

441,770

FRIENDSHIP CIRCLE	PC	UNRESTRICTED	5,680
1412 LACHONA CT NE			
ATLANTA, GA 30329			

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

recipient

441,770

any foundation manager

Total . .

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
GEORGIA TRANSPLANT FOUNDATION 2201 MACY DRIVE ROSWELL, GA 30076		PC	UNRESTRICTED	1,500
IN THE CITY CAMP 2897 NORTH DRUID HILLS ROAD NE ATLANTA, GA 30329		PC	UNRESTRICTED	5,000
JEWISH EDUCATION LOAN FUND 4549 CHAMBLEE DUNWOODY RD DUNWOODY, GA 30338		PC	UNRESTRICTED	2,000

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 contribution show any relationship to status of any foundation manager recipient

or cubetantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
TAG ATLANTA 75 FIFTH STREET NW SUITE 625 ATLANTA, GA 30308		PC	UNRESTRICTED	500

711B (1171), G71 30300			
TURNING POINT BREAST CANCER 8010 ROSWELL ROAD 120	PC	UNRESTRICTED	600
ATLANTA. GA 30350			

TURNING POINT BREAST CANCER	PC	UNRESTRICTED	600
8010 ROSWELL ROAD 120			
ATLANTA, GA 30350			

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -		DLN: 93491318016849			
TY 2018 Accounting Fees Schedule								
3								
		RAMIE A 58-25008	TRITT FAMILY FO	UNDATION				
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES		2,222	2,22	2	0			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318016849
TY 2018 Investments - Other S	Schedule	

336,709

350,196

Name: RAMIE A TRITT FAMILY FOUNDATION

EIN: 58-2500822

WELLS FARGO 2854

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FIDELITY INVESTMENTS	AT COST	570,889	777,355
TMI TRUST COMPANY #3217	AT COST	589,241	774,898
IM TRUST COMPANY #3253	AT COST	2,711,759	2,967,021

AT COST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491318016849			
TY 2018 Other Decreases Schedule						
Name:	RAMIE A TRIT	T FAMILY FOUNDATION				
EIN:	58-2500822					
De	Amount					

COST BASIS ADJUSTMENT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491318016849		
TY 2018 Other Expenses Schedule						
	: RAMIE A TRITT : 58-2500822	FAMILY FOUNDA	TION			
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FROM K-1 - CHILD'S CAPITAL PARTNERS	1,473	1,473	·	0		
ANNUAL MEMBERSHIP FEES	125	0		0		
SECRETARY OF STATE DUES	30	0		0		

DLN: 93491318016849

Name: RAMIE A TRITT FAMILY FOUNDATION

EIN: 58-2500822

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
AIG	33	33	33			
MISCELLANEOUS	637	637	637			

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491318016849		
TY 2018 Other Professional Fees Schedule						
Name: RAMIE A TRITT FAMILY FOUNDATION						
EIN: 58-2500822						
Category	Amount	Net Investment	Adjusted Net	Disbursements		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

30,077

INVESTMENT FEES

efile GRAPHIC print - DO NOT PR	OCESS	As Filed Data	-	DL	N: 93491318016849		
TY 2018 Taxes Schedule							
Category	EIN:	RAMIE A TR: 58-2500822	ITT FAMILY FOUND	OATION Adjusted Net	Disbursements		
category	_	amount	Income	Income	for Charitable Purposes		
FOREIGN TAXES		2,894	2,894		0		
TAXES		7,771	0		0		

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -				DLN: 93491318016849	
Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990 o <u>v/Form990</u> for the latest i			2018	
Name of the organizat					Employer id	entification number	
					58-2500822		
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 polit	ical organization					
Form 990-PF	✓ 501(c)(3) exempt private fo	undation				
	☐ 4947(a)(1) nonexempt char	ritable trust treated as a p	orivate foundation			
	☐ 501(c)(3) taxable private fo	undation				
			PF that received, during on the property of the property on the property of th				
Special Rules							
under sections received from a	509(a)(1) and 170(b))(1)(A)(vi), that che luring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions of	f more than \$1,000	or (10) filing Form 990 of the control of the contr	, charitable, scient			
during the year, If this box is che purpose Don't	contributions exclused ecked, enter here the complete any of the	sively for religious, e total contributions parts unless the G o	or (10) filing Form 990 of charitable, etc., purpose that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an e ns organization be	tributions tota e <i>xclusively</i> rel cause it receiv	led more than \$1,000 igious, charitable, etc, ved nonexclusively	
990-EZ, or 990-PF), bu	t it must answer "No	o" on Part IV, line 2	lle and/or the Special Ru , of its Form 990, or che it it doesn't meet the filing	ck the box on line I	H of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9		tructions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2018)	

Contributors (see menutuone) Use depictore copies of Part II additional Space in needed Contribution Cont	Name of organi RAMIE A TRITT F	zation AMILY FOUNDATION	Employer identification 58-2500822	Employer identification number 58-2500822			
No. Name, address, and ZIP + 4 ANATOMY SUPPLY PARTINERS LLC 3450 ATLANTA INDUSTRIAL PARKWAY NW (a) No. Name, address, and ZIP + 4 Complete Part II for noncash contributions (b) No. Name, address, and ZIP + 4 (c) Total contributions (c) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) Type of contribution Person Payroll Noncash (c) Type of contribution (c) Type of contributio	Part I	Contributors (See instructions) Use duplicate copies of Part I if a	dditional space is needed				
ANATOMY SUPPLY PARTINERS LLC 3450 ATLANTA INDUSTRIAL PARKWAY NW ATLANTA, GA 30331 (a) Name, address, and ZIP + 4 CARLY DAVID 3450 ATLANTA INDUSTRIAL PARKWAY NW ATLANTA, GA 30328 (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions (c) Type of contribution Payroll (c) Type of contribution Person Payroll (a) No. Name, address, and ZIP + 4 (c) Total contributions (c) Type of contribution Person Payroll (c) Type of contribution (complete Part II for noncash contributions) (c) Type of contribution Person Payroll (c) Type of contribution Person Payroll Noncash (complete Part II for noncash contributions)			(c) Total contributions	(d) Type of contribution			
Sapple S	1	ANATOMY SUPPLY PARTNERS LLC		Person 🗸			
(a) No. Name, address, and ZIP + 4 Total contributions Type of contribution ATLANTA, GA 30328 (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Person Payroll No. No. Name, address, and ZIP + 4 (c) Total contributions (d) No. Name, address, and ZIP + 4 (d) Total contributions (e) Type of contributions (c) Type of contributions Type of contributions (c) Type of contributions (c) Type of contributions Type of contributions (c) Type of contributions (c) Type of contributions Type of contributions (c) Type of contributions (c) Type of contributions Type of contributions (c) Ty	-	3450 ATLANTA INDUSTRIAL PARKWAY NW	\$ 19,340				
No. Name, address, and ZIP + 4 Carly DAVID		ATLANTA, GA 30331					
Canplete Part II for noncash contributions Canplete Part II fo			(c) Total contributions				
ATLANTA, GA 30328 S		CARLY DAVID		Person 🗸			
ATLANTA, GA 30328 (a) No. Name, address, and ZIP + 4 Complete Part II for noncash contributions Type of contribution Person Payroll Noncash Complete Part II for noncash contributions Person Payroll Noncash Person Payroll Payroll Noncash Person Payroll Person Payroll Noncash Person Payroll Person Payroll	2			Payroll			
(a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 Complete Part II for noncash contributions Person		ATLANTA, GA 30328	\$ 250	Noncash			
No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash Complete Part II for noncash contributions Person Payroll Noncash Payroll Noncash Payroll Noncash Payroll Noncash Payroll Noncash Payroll Payroll							
Payroll Noncash Complete Part II for noncash contributions Noncash Noncash Complete Part II for noncash contributions Noncash Noncash Complete Part II for noncash contributions Noncash Complete Part II for non			(c) Total contributions	(d) Type of contribution			
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S Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions)							
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No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions)				contributions)			
Payroll Noncash (Complete Part II for noncash contributions)			(c) Total contributions				
S Noncash (Complete Part II for noncash contributions)				Person			
(Complete Part II for noncash contributions)	-			Payroll			
contributions)			\$	Noncash			
C_L_J.J. D /F 000 CO E7 000 BE\ (0040\				contributions)			

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