DLN: 93491319040539

OMB No 1545-0052

2018

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public Inspection

| or                                    | caler     | ndar year 2018, or tax year beginning 01-01-20  | )18 , a               | nd er    | nding 12-31-             | 2018  |                         |  |  |
|---------------------------------------|-----------|---|-----------------------|----------|--------------------------|---|-------------------------|--|--|
|                                       |           | indation<br>Iverty Foundation Inc   |                       |          | A Employer Id            | entification numbe                            | r                       |  |  |
| 1*10                                  | ily Lilic | iverty Foundation file  |                       |          | 58-6035161               |   |                         |  |  |
|                                       |           | street (or P O box number if mail is not delivered to street address)   | Room/suite            |          | <b>B</b> Telephone nu    | mber (see instruction                         | <br>ns)                 |  |  |
| P                                     | O Box 7   | 1175  |                       |          | (678) 560-0236           |   |                         |  |  |
|                                       |           | , state or province, country, and ZIP or foreign postal code  |                       |          |                          |   |                         |  |  |
| Marı                                  | etta, GA  | A 300071175   |                       |          | C If exemption           | application is pendin                         | g, check here           |  |  |
| G Cł                                  | neck al   | l that apply 🔲 Initial return 🔲 Initial return of a   | former public charity |          | <b>D 1.</b> Foreign or   | ganızatıons, check he                         | ere                     |  |  |
|                                       |           | ☐ Final return ☐ Amended return   |                       |          |                          | ganizations meeting                           |                         |  |  |
|                                       |           | $\square$ Address change $\square$ Name change  |                       |          |                          | k here and attach co                          | · _                     |  |  |
| <b>I</b> Ch                           | neck ty   | pe of organization $\square$ Section 501(c)(3) exempt private   | foundation            |          |                          | ındatıon status was t<br>n 507(b)(1)(A), chec |                         |  |  |
|                                       | Section   | 1 4947(a)(1) nonexempt charitable trust  Other taxabl   | e private foundation  |          | ]                        |   |                         |  |  |
|                                       |           | xet value of all assets at end  J Accounting method   | ☑ Cash ☐ Accru        | ıal      |                          | ation is in a 60-montl                        |                         |  |  |
|                                       |           | rom Part II, col (c),<br>▶\$ 2,777,369 ☐ Other (specify)  | <del> </del>          |          | under sectio             | n 507(b)(1)(B), chec                          | k nere                  |  |  |
|                                       |           | (Part I, column (d) must  | be on cash basis )    |          |                          |   |                         |  |  |
| Pa                                    | rt I      | Analysis of Revenue and Expenses (The total   | (a) Revenue and       | 4.       | Niet                     | (-) ()  | (d) Disbursements       |  |  |
|                                       |           | of amounts in columns (b), (c), and (d) may not necessarily<br>equal the amounts in column (a) (see instructions) ) | expenses per<br>books | (ь)      | Net investment<br>income | (c) Adjusted net income                       | for charitable purposes |  |  |
|                                       |           |   | )                     | <u> </u> |                          |   | (cash basis only)       |  |  |
|                                       | 1         | Contributions, gifts, grants, etc , received (attach schedule)  |                       |          |                          |   |                         |  |  |
|                                       | 2         | Check ▶ ☑ If the foundation is <b>not</b> required to attach  |                       |          |                          |   |                         |  |  |
|                                       |           | Sch B   |                       |          |                          |   |                         |  |  |
|                                       | 3         | Interest on savings and temporary cash investments  | 10,150                | _        | 10,150                   |   |                         |  |  |
|                                       | 4         | Dividends and interest from securities  | 157,660               |          | 157,660                  |   |                         |  |  |
| Revenue                               | 5a        | Gross rents   |                       | <u> </u> |                          |   |                         |  |  |
|                                       | b         | Net rental income or (loss)   | 13,147                | ,        |                          |   |                         |  |  |
|                                       | 6a        | Net gain or (loss) from sale of assets not on line 10   | <u> </u>              | 1        |                          |   |                         |  |  |
|                                       | b         | Gross sales price for all assets on line 6a 237,915  Capital gain net income (from Part IV, line 2)                 |                       | <u> </u> | 13,147                   |   |                         |  |  |
|                                       | 7<br>  8  | Net short-term capital gain   |                       |          | 13,147                   | 0   |                         |  |  |
|                                       | 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)  | <b>9</b>              |          |                          |   |                         |  |  |
|                                       | 12        | Total. Add lines 1 through 11   | 180,957               | ,        | 180,957                  | 0   |                         |  |  |
|                                       | 13        | Compensation of officers, directors, trustees, etc  |                       |          |                          |   |                         |  |  |
|                                       | 14        | Other employee salaries and wages   |                       |          |                          |   |                         |  |  |
| S                                     | 15        | Pension plans, employee benefits  |                       |          |                          |   |                         |  |  |
| 1150                                  | 16a       | Legal fees (attach schedule)  | C                     |          |                          |   |                         |  |  |
| <u>\$</u>                             | ь         | Accounting fees (attach schedule)   | 5,086                 | 5        |                          |   | 5,08                    |  |  |
| Operating and Administrative Expenses | c         | Other professional fees (attach schedule)   | 15,034                | 1        | 13,534                   |   | 1,50                    |  |  |
| Ĭ                                     | 17        | Interest  |                       |          |                          |   |                         |  |  |
| stra                                  | 18        | Taxes (attach schedule) (see instructions)  | 4,482                 | 2        | 71                       |   |                         |  |  |
| Ξ                                     | 19        | Depreciation (attach schedule) and depletion  | C                     |          |                          |   |                         |  |  |
| €                                     | 20        | Occupancy   |                       |          |                          |   |                         |  |  |
| ⋖                                     | 21        | Travel, conferences, and meetings   | 864                   | ļ.       |                          |   |                         |  |  |
| ē                                     | 22        | Printing and publications   |                       |          |                          |   |                         |  |  |
| <u>5</u>                              | 23        | Other expenses (attach schedule)  | <b>9</b> 35           | 5        |                          |   |                         |  |  |
| rat<br>T                              | 24        | Total operating and administrative expenses.  |                       |          |                          |   |                         |  |  |
| <u>g</u>                              |           | Add lines 13 through 23   | 25,501                | _        | 13,605                   |   | 6,58                    |  |  |
| ر                                     | 25        | Contributions, gifts, grants paid   | 167,250               |          |                          |   | 167,25                  |  |  |
|                                       | 26        | <b>Total expenses and disbursements.</b> Add lines 24 and 25  | 100.75                |          | 10.005                   |   | 170.00                  |  |  |
|                                       | 27        | Subtract line 26 from line 12   | 192,751               | +        | 13,605                   |   | 173,83                  |  |  |
|                                       | a         | Excess of revenue over expenses and   |                       |          |                          |   |                         |  |  |
|                                       |           | disbursements   | -11,794               | <u> </u> |                          |   |                         |  |  |
|                                       | Ь         | Net investment income (if negative, enter -0-)  |                       |          | 167,352                  |   |                         |  |  |
|                                       | C         | Adjusted net income (If negative, enter -0-)  |                       |          |                          | 0   | 000 55 455 1            |  |  |

|      | 1   | Cash—non-interest-bearing  | 195,169   | 101,702   | 101,   |
|------|-----|--|-----------|-----------|--------|
|      | 2   | Savings and temporary cash investments   |           |           |        |
|      | 3   | Accounts receivable ▶  |           |           |        |
|      |     | Less allowance for doubtful accounts ▶   |           |           |        |
|      | 4   | Pledges receivable ▶   |           |           |        |
|      |     | Less allowance for doubtful accounts ▶   |           |           |        |
|      | 5   | Grants receivable  |           |           |        |
|      | 6   | Receivables due from officers, directors, trustees, and other  |           |           |        |
|      |     | disqualified persons (attach schedule) (see instructions)  |           | 0         |        |
|      | 7   | Other notes and loans receivable (attach schedule) ▶   |           |           |        |
|      |     | Less allowance for doubtful accounts ▶   |           | 0         |        |
| 2    | 8   | Inventories for sale or use  |           |           |        |
| sets | 9   | Prepaid expenses and deferred charges  |           |           |        |
| As   | 10a | Investments—U S and state government obligations (attach schedule)   |           |           |        |
|      | b   | Investments—corporate stock (attach schedule)  | 1,024,213 | 1,106,967 | 2,280, |
|      | С   | Investments—corporate bonds (attach schedule)  | 427,810   | 425,742   | 394,   |
|      | 11  | Investments—land, buildings, and equipment basis ▶   |           |           |        |
|      |     | Less accumulated depreciation (attach schedule) ▶  |           | 0         |        |
|      | 12  | Investments—mortgage loans   |           |           |        |
|      | 13  | Investments—other (attach schedule)  |           | 0         |        |
|      | 14  | Land, buildings, and equipment basis ▶   |           |           |        |
|      | l   | Language and the state of the s |           |           | 1      |

## 779 888 Liabilities

|            |                |  |           |           | 1         |
|------------|----------------|--|-----------|-----------|-----------|
|            | 13             | Investments—other (attach schedule)                                      |           | 0         |           |
|            | 14             | Land, buildings, and equipment basis ▶                                   |           |           |           |
|            |                | Less accumulated depreciation (attach schedule) ▶                        |           | 0         |           |
|            | 15             | Other assets (describe )   | 0         | 0         | 0         |
|            | 16             | Total assets (to be completed by all filers—see the                      |           |           |           |
|            |                | ınstructions Also, see page 1, item I)                                   | 1,647,192 | 1,634,411 | 2,777,369 |
|            | 17             | Accounts payable and accrued expenses                                    |           |           |           |
|            | 18             | Grants payable   |           |           |           |
| <u>e</u> s | 19             | Deferred revenue   |           |           |           |
| ≝          | 19<br>20<br>21 | Loans from officers, directors, trustees, and other disqualified persons |           | 0         |           |
| <u>e</u>   | 21             | Mortgages and other notes payable (attach schedule)                      |           | 0         |           |
|            | 22             | Other liabilities (describe )  | 0         | 0         |           |
|            | 23             | Total liabilities(add lines 17 through 22)                               |           | 0         |           |

|          |                |  |           | -         | i         |
|----------|----------------|--|-----------|-----------|-----------|
|          | 15             | Other assets (describe )   | 0         | 0         | 0         |
|          | 16             | Total assets (to be completed by all filers—see the                      |           |           |           |
|          |                | instructions Also, see page 1, item I)                                   | 1,647,192 | 1,634,411 | 2,777,369 |
|          | 17             | Accounts payable and accrued expenses                                    |           |           |           |
|          | 18             | Grants payable   |           |           |           |
| <u>8</u> | 19             | Deferred revenue   |           |           |           |
| ≝        | 19<br>20<br>21 | Loans from officers, directors, trustees, and other disqualified persons |           | 0         |           |
| <u> </u> | 21             | Mortgages and other notes payable (attach schedule)                      |           | 0         |           |
| _        | 22             | Other liabilities (describe >)   | 0         | 0         |           |
|          | 23             | Total liabilities(add lines 17 through 22)                               |           | 0         |           |
|          |                |  |           |           |           |

1,647,192

1,647,192

1,647,192

1,634,411

1,634,411

1,634,411

1,647,192 -11,794

1,639,442

1,634,411 Form **990-PF** (2018)

4,044

5,031

1

2

3

4

5

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

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

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

Retained earnings, accumulated income, endowment, or other funds

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

Analysis of Changes in Net Assets or Fund Balances

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

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

Total net assets or fund balances (see instructions) . . .

Net Assets or Fund Balances

24

25

26

27

28

29

30

31

Part III

2

3

4

5

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

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

Decreases not included in line 2 (itemize) ▶

|  | oe the kind(s) of property sold (e g ,<br>arehouse, or common stock, 200 shs     |          |  | How acquired P—Purchase D—Donation | Date acquired (mo , day, yr                      |                                       |
|--|--|----------|--|------------------------------------|--|---------------------------------------|
| 1 a Securities Long Term   |  |          |  | Р                                  | 2010-05-24                                       | 2018-09-28                            |
| <b>b</b> Securites Short Term  |  |          |  | P                                  | 2018-02-16                                       | 2018-06-04                            |
| С  |  |          |  | <u></u>                            |  |                                       |
| d  |  |          |  |                                    |  |                                       |
| e  |  |          |  |                                    |  |                                       |
|  | (f)  |          |  | g)                                 |  | (h)                                   |
| (e)  | Depreciation allowed   |          |  | other basis                        | Gaii   | n or (loss)                           |
| Gross sales price  | (or allowable)   |          | plus expe                                | nse of sale                        |  | (f) minus (g)                         |
| <b>a</b> 2:  | 11,416   | 0        |  | 194,55                             | 55   | 16,861                                |
| b  | 26,499   | 0        |  | 30,21                              | .3   | -3,714                                |
| С  |  |          |  |                                    |  |                                       |
| d  |  |          |  |                                    |  |                                       |
| e  |  |          |  |                                    |  |                                       |
|  | s showing gain in solumn (h) and ow  | nod by   | the foundation of                        | n 12/31/60                         |  | /I)                                   |
| Complete only for asset  | s showing gain in column (h) and ow  | Tied by  |  | k)                                 | Gains (Col                                       | <b>(I)</b><br>  (h) gain minus        |
| (i)  | (j)<br>Adjusted basis  |          | •  | of col (ı)                         |  | ot less than -0-) <b>or</b>           |
| F M V as of 12/31/69   | as of 12/31/69   |          |  | (j), if any                        |  | (from col (h))                        |
| a  | 0  | 0        |  |                                    | 0  | 16,861                                |
| b  | 0  | 0        |  |                                    | 0  | -3,714                                |
| c  |  |          |  |                                    |  | , , , , , , , , , , , , , , , , , , , |
| d  |  |          |  |                                    |  |                                       |
|  |  | -        |  |                                    |  |                                       |
| 2 Capital gain net income  | e or (net capital loss)  |          | , also enter in Pa<br>s), enter -0- in P |                                    | ,  |                                       |
| •  | gain or (loss) as defined in sections : art I, line 8, column (c) (see instructi | ons) If  | (loss), enter -0-                        | ·<br>}                             | 3  | -3,714                                |
| Part V Qualification   | Under Section 4940(e) for Re   | educe    | d Tax on Net                             | Investment I                       | ncome  |                                       |
| (For optional use by domestic <b>i</b>                               | private foundations subject to the sec   | ction 49 | 940(a) tax on ne                         | t investment inco                  | me )   |                                       |
| If section 4940(d)(2) applies, l                                     | eave this part blank   |          |  |                                    | _  | _                                     |
|  | ne section 4942 tax on the distributal ot qualify under section 4940(e) Do       |          |  | in the base perio                  | d? ∐   | Yes 🔽 No                              |
| <ol> <li>Enter the appropriate ar</li> </ol>                         | mount in each column for each year,  | see ins  | structions before                        | making any entri                   | ies  |                                       |
| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions                                  | Net va   | (c)<br>alue of noncharitable             | e-use assets                       | <b>(d)</b><br>Distribution<br>(col (b) divided b |                                       |
| 2017   | 163,044  |          |  | 3,290,218                          | ( , , ,  | 0 049554                              |
| 2016   | 149,900  |          |  | 2,890,925                          |  | 0 051852                              |
| 2015   | 159,757  |          |  | 3,193,787                          |  | 0 050021                              |
| 2014   | 166,129  |          |  | 3,359,896                          |  | 0 049445                              |
| 2013   | 170,452  |          |  | 3,331,091                          |  | 0 051170                              |
|  | d)   | L        |  |                                    |  | 0 252042                              |
|  | o for the 5-year base period—divide  |          |  |                                    |  | 0 2320 12                             |
|  | ndation has been in existence if less  |          |  | 3                                  |  | 0 050408                              |
|  | oncharitable-use assets for 2018 fron  |          |  | 4                                  |  | 2,996,308                             |
| <b>5</b> Multiply line 4 by line 3                                   |  |          |  | 5                                  |  | 151,038                               |
| 6 Enter 1% of net investm  | ent income (1% of Part I, line 27b)  |          |  | 6                                  |  | 1,674                                 |
|  |  |          |  |                                    |  | 152,712                               |
|  | ions from Part XII, line 4 ,   |          |  |                                    |  | 173,836                               |
|  | eater than line 7, check the box in Pa   |          |  |                                    |  | <u> </u>                              |

| Pa   | rt VII-B   | Statements Regard  | ling   | <b>Activities for Which</b>                 | Form 4720 May Be                        | Required (continued)                            |               |         |           |  |
|------|--|--|--------|---|---|---|---------------|---------|-----------|--|
| 5a   | During the   | year did the foundation p                                  | oay o  | r incur any amount to                       |   |   |               | Yes     | No        |  |
|      | (1) Carry  | on propaganda, or otherw                                   | ıse a  | ttempt to influence legisl                  | ation (section 4945(e))?                | ☐ Yes 🗹 No                                      |               |         |           |  |
|      | (2) Influe   | nce the outcome of any sp                                  | ecıfı  | c public election (see sect                 | tion 4955), or to carry                 | L les L No                                      | <b>'</b>      |         |           |  |
|      | on, di   | rectly or indirectly, any vo                               | ter re | egistration drive?                          |   | · · · 🗌 Yes 🗸 No                                | ,             |         |           |  |
|      | (3) Provid   | le a grant to an individual                                | for t  | ravel, study, or other sım                  | ılar purposes?                          | ☐ Yes ☑ No                                      |               |         |           |  |
|      | (4) Provide a grant to an organization other than a charitable, etc., organization described |  |        |   |   |   |               |         |           |  |
|      | ın section 4945(d)(4)(A)? See instructions   |  |        |   |   |   |               |         |           |  |
|      |  | le for any purpose other t                                 |        |   | • |   |               |         |           |  |
|      |  | tional purposes, or for the                                | •      | ,   |   | ∟ Yes 🖭 No                                      | ,             |         |           |  |
| Ь    |  | wer is "Yes" to 5a(1)–(5),                                 |        | -   |   | · ·   |               |         |           |  |
|      | -  | ns section 53 4945 or in a                                 |        | , ,   |   |   | 5b            |         |           |  |
|      | -  | ons relying on a current n                                 |        |   |   | • 📙   |               |         |           |  |
| С    |  | wer is "Yes" to question 5                                 |        |   | •                                       |   |               |         |           |  |
|      |  | se it maintained expenditu                                 |        | . , .                                       |   | · ·   | <b>,</b>      |         |           |  |
| _    |  | ttach the statement requi                                  |        | · -   |   |   |               |         |           |  |
| 6a   |  | undation, during the year,                                 |        |   |   |   |               |         |           |  |
| 1.   |  | benefit contract?  |        |   |   | □ res 🖭 No                                      | )   [         |         | NI -      |  |
| b    |  | undation, during the year,                                 | pay    | premiums, airectly or ind                   | iirectiy, on a personal be              | ment contract/                                  | 6b            |         | No        |  |
| 7a   |  | o <i>6b, file Form 8870</i><br>The during the tax year, wa | c +h   | foundation a navturts a                     | robibited toy chalter to-               | neaction? $\Box$                                |               |         |           |  |
|      |  | the foundation receive ar                                  |        |   |   | ∟ tes 🖭 No                                      | )  <br>  7b   |         |           |  |
| 8    |  | ndation subject to the sect                                |        | •   |   |   | 10            |         |           |  |
|      |  | rachute payment during th                                  |        |   |   |   |               |         |           |  |
|      | елсеза ра  |  |        |   |   |   |               |         | <u> </u>  |  |
| Pai  | rt VIII  | Information About (<br>and Contractors                     | Offic  | ers, Directors, Trust                       | tees, Foundation Ma                     | anagers, Highly Paid Empl                       | loyees        | ,       |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      | List all of  | ficers, directors, truste                                  |        |   |   | (d) Contributions to                            |               |         |           |  |
|      | (a) Na   | me and address   | '      | <b>b)</b> Title, and average hours per week | (c) Compensation (If not paid, enter    | (d) Contributions to employee benefit plans and | e) Exper      |         |           |  |
|      |  |  |        | devoted to position                         | -0-)                                    | deferred compensation                           | other a       | llowand | es<br>    |  |
| See  | Additional D   | ata Table  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      | Compens  | ation of five highest-pa                                   | id er  | nployees (other than th                     | hose included on line :                 | 1-see instructions). If none,                   | enter "       | NONE.   | <u>''</u> |  |
| (a)  | Name and a   | address of each employee                                   | naid   | (b) Title, and average                      |   | (d) Contributions to employee benefit (e        | Expen         | se acco | unt       |  |
| (4)  |  | ore than \$50,000  | pulu   | hours per week devoted to position          | (c) Compensation                        | plans and deferred                              | other al      |         |           |  |
|      |  |  |        | devoted to position                         |   | compensation                                    |               |         |           |  |
| NON  | <u> </u>   |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        | -   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        | -   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
|      |  |  |        |   |   |   |               |         |           |  |
| Tota | I number o   | f other employees paid ov                                  | er \$5 | 0,000                                       |   |   | . 4-          |         | 0         |  |
|      |  |  |        |   |   | F   | orm <b>99</b> | U-PF (  | (2018)    |  |

Page **6** 

| Form 990-PF (2018)  |  | Page <b>7</b>             |
|---|--|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)  | oundation Managers, Highly Pa          | id Employees,             |
| 3 Five highest-paid independent contractors for professional service  | s (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   |  |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include relev<br>organizations and other beneficiaries served, conferences convened, research papers produce |  | of Expenses               |
| 1 None  |  | 0                         |
| 2   |  |                           |
| 3   |  |                           |
| 4   |  |                           |
|   |  |                           |
| Part IX-B Summary of Program-Related Investments (see in  | structions)                            |                           |
| Describe the two largest program-related investments made by the foundation during the  | tax year on lines 1 and 2              | Amount                    |
| 1 None  |  | 0                         |
| 2   |  |                           |
| All other program-related investments See instructions  |  | 0                         |
| Total. Add lines 1 through 3  |  | 0                         |
|   |  | Form <b>990-PF</b> (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

3a 3h

4

5

173.836

1.674

172,162

Form 990-PF (2018)

Amounts set aside for specific charitable projects that satisfy the

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

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

3

4

5

148.141

Form 990-PF (2018)

0

(d)

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| 0-PF (2 | 018)                 |                    |
|---------|----------------------|--------------------|
| XIII    | Undistributed Income | (see instructions) |

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. . . . . . **b** Total for prior years 

Excess distributions carryover, if any, to 2018 a From 2013. . . . . **b** From 2014. . . .

c From 2015. . .

**d** From 2016. . . . e From 2017. . . . .

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) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

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. . .

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

6 Enter the net total of each column as

indicated below:

18.922 7,294 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

same amount must be shown in column (a) )

required—see instructions). . . . . . . . . .

**d** Applied to 2018 distributable amount. . . . .

e Remaining amount distributed out of corpus

3.844 6,669

3 052

6.669 3,052

18.922

7.294

25.695

(a)

Corpus

39.781

25.695

65,476

3.844

61,632

0

(b)

Years prior to 2017

(c)

2017

| H  | Private Operating Found  | ations (see instr     | uctions and Part V     | 11-A, question 9)        |                     |            |
|----|--|-----------------------|------------------------|--------------------------|---------------------|------------|
| La | If the foundation has received a ruling or del<br>foundation, and the ruling is effective for 20 |                       |                        |                          |                     |            |
| b  | Check box to indicate whether the organizati   | on is a private oper  | atıng foundatıon des   | cribed in section        | │ 4942(j)(3) or □   | 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net   | Tax year              |                        | Prior 3 years            |                     |            |
|    | income from Part I or the minimum  | (a) 2018              | <b>(b)</b> 2017        | (c) 2016                 | (d) 2015            | (e) Total  |
|    | Investment return from Part X for each year listed   | (=, ====              | (2) 2027               | (0, 2020                 | (4, 2020            |            |
| h  | 85% of line 2a   |                       |                        |                          |                     |            |
|    | Qualifying distributions from Part XII,  |                       |                        |                          |                     |            |
| •  | line 4 for each year listed  |                       |                        |                          |                     |            |
| d  | Amounts included in line 2c not used directly for active conduct of exempt activities            |                       |                        |                          |                     |            |
| e  | Qualifying distributions made directly for active conduct of exempt activities                   |                       |                        |                          |                     |            |
| 3  | Subtract line 2d from line 2c Complete 3a, b, or c for the                                       |                       |                        |                          |                     |            |
| _  | alternative test relied upon "Assets" alternative test—enter                                     |                       |                        |                          |                     |            |
| a  | (1) Value of all assets  |                       |                        |                          |                     |            |
|    | (2) Value of assets qualifying under section 4942(1)(3)(B)(i)                                    |                       |                        |                          |                     |            |
| b  | "Endowment" alternative test— enter 2/3 of minimum investment return shown in                    |                       |                        |                          |                     |            |
| c  | Part X, line 6 for each year listed "Support" alternative test—enter                             |                       |                        |                          |                     |            |
|    | (1) Total support other than gross   |                       |                        |                          |                     |            |
|    | investment income (interest,   |                       |                        |                          |                     |            |
|    | dividends, rents, payments on securities loans (section  |                       |                        |                          |                     |            |
|    | 512(a)(5)), or royalties)  |                       |                        |                          |                     |            |
|    | (2) Support from general public  |                       |                        |                          |                     |            |
|    | and 5 or more exempt   |                       |                        |                          |                     |            |
|    | organizations as provided in   |                       |                        |                          |                     |            |
|    | section 4942(j)(3)(B)(iii) (3) Largest amount of support   |                       |                        |                          |                     |            |
|    | from an exempt organization  |                       |                        |                          |                     |            |
|    | (4) Gross investment income  |                       |                        |                          |                     |            |
|    | Supplementary Information  | (Complete this        | part only if the       | foundation had s         | 5,000 or more       | n          |
| -6 | assets at any time during th   |                       | ructions.)             |                          |                     |            |
| L_ | Information Regarding Foundation Mana  |                       | than 20/ aftha tata    |                          |                     | _          |
| а  | List any managers of the foundation who hav<br>before the close of any tax year (but only if     |                       |                        |                          |                     | 1          |
|    | Rawson Haverty Sr until his death o  | they have contribut   | ea more than \$5,000   | o) (See Seedion 30)      | (4)(2) /            |            |
| b  | List any managers of the foundation who own  | 10% or more of th     | e stock of a corpora   | tion (or an equally la   | arge portion of the |            |
| -  | ownership of a partnership or other entity)  |                       |                        |                          | inge portion of the |            |
|    | None   |                       |                        |                          |                     |            |
| 2  | Information Regarding Contribution, Gra  | ant, Gift, Loan, Sc   | holarship, etc., Pro   | grams:                   |                     |            |
|    | Check here $\blacktriangleright$ $\square$ if the foundation only mak                            | es contributions to i | preselected charitable | e organizations and      | does not accept     |            |
|    | unsolicited requests for funds If the foundar  |                       |                        |                          |                     |            |
|    | other conditions, complete items 2a, b, c, ai  | nd d See instruction  | ns                     | -                        |                     |            |
| а  | The name, address, and telephone number of   | or e-mail address of  | the person to whom     | applications should      | be addressed        |            |
|    | Ben M Haverty CO Mary E Haverty Fou  |                       |                        |                          |                     |            |
|    | PO Box 71175   |                       |                        |                          |                     |            |
|    | Marietta, GA 300071175   |                       |                        |                          |                     |            |
|    | (678) 560-0236   |                       |                        |                          |                     |            |
| b  | The form in which applications should be sub   | omitted and informa   | ition and materials th | ney should include       |                     |            |
|    | N/A  |                       |                        |                          |                     |            |
| С  | Any submission deadlines   |                       |                        |                          |                     |            |
|    | N/A  |                       |                        |                          |                     |            |
| d  | Any restrictions or limitations on awards, surfactors N/A  | ch as by geographic   | al areas, charitable f | fields, kınds of ınstiti | utions, or other    |            |
|    | 1475   |                       |                        |                          |                     |            |



|   | Activities   |                                | 1                                  |                       | ı                                     |
|---|--|--------------------------------|------------------------------------|-----------------------|---------------------------------------|
| nter gross amounts unless otherwise indicated   |  | isiness income                 |                                    | n 512, 513, or 514    | (e) Related or exempt function income |
| 1 Program service revenue   | (a)<br>Business code                               | ( <b>b)</b><br>Amount          | (c)<br>Exclusion code              | ( <b>d)</b><br>Amount | (See instructions )                   |
| a<br>b  |  |                                |                                    |                       |                                       |
| c   |  |                                |                                    |                       |                                       |
| d   |  |                                |                                    |                       |                                       |
| e   |  |                                |                                    |                       |                                       |
| f g Fees and contracts from government agencies   |  |                                |                                    |                       |                                       |
| 2 Membership dues and assessments   |  |                                |                                    |                       |                                       |
| Interest on savings and temporary cash  |  |                                |                                    |                       |                                       |
| Investments  Dividends and interest from securities   |  |                                | 14                                 | 10,150<br>157,660     |                                       |
| Net rental income or (loss) from real estate  |  |                                | 14                                 | 137,000               |                                       |
| a Debt-financed property  |  |                                |                                    |                       |                                       |
| <b>b</b> Not debt-financed property   |  |                                |                                    |                       |                                       |
| Net rental income or (loss) from personal property  Other investment income.  |  |                                |                                    |                       |                                       |
| Gain or (loss) from sales of assets other than  |  |                                |                                    |                       |                                       |
| inventory   |  |                                | 18                                 | 13,147                |                                       |
| O Net income or (loss) from special events O Gross profit or (loss) from sales of inventory   |  |                                |                                    |                       |                                       |
| 1 Other revenue   |  |                                |                                    |                       |                                       |
| a Income tax refund   |  |                                | 14                                 |                       |                                       |
| b   |  |                                |                                    |                       |                                       |
| d   |  |                                |                                    |                       |                                       |
| e   |  |                                |                                    |                       |                                       |
|   |  |                                |                                    |                       |                                       |
|   |  |                                |                                    | 180,957               |                                       |
| 2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculated).  | ulations )   |                                | 1                                  | 180,957<br><b>3</b>   |                                       |
|   | ulations )   |                                |                                    |                       |                                       |
| Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculated and the color of the colo   | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to tl  Explain below how each activity for which the accomplishment of the foundation's e  | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second by the accomplishment of the foundation of the foundat   | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the accomplishment of the foundation's elinstructions).  | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the accomplishment of the foundation's elinstructions).  | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the accomplishment of the foundation's elinstructions).  | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the accomplishment of the foundation's elinstructions).  | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to tl  Explain below how each activity for which the accomplishment of the foundation's e instructions )   | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to tl  Explain below how each activity for which the accomplishment of the foundation's e instructions )   | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second section of the foundation of the foundation of the foundation of the second section of the foundation of the | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to tl  Explain below how each activity for which the accomplishment of the foundation's e instructions )   | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to tl  Explain below how each activity for which the accomplishment of the foundation's e instructions )   | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the accomplishment of the foundation's elinstructions).  | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to tl  Explain below how each activity for which the accomplishment of the foundation's e instructions )   | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to tl  Explain below how each activity for which the accomplishment of the foundation's e instructions )   | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second section of the foundation of the foundation of the foundation of the second section of the foundation of the | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to tl  Explain below how each activity for which the accomplishment of the foundation's e instructions )   | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's elinstructions )   | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the accomplishment of the foundation's elinstructions).  | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| S Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the accomplishment of the foundation's elinstructions).  (See worksheet in line 13 instructions to verify calcular to the accomplishment of the foundation's elinstructions).  | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |
| Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the accomplishment of the foundation's elinstructions).  | ulations )<br>he Accomplish<br>i income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribu | 3                     | 180,957                               |

| . , | /  |
|-----|--|
|     | Information Regarding Transfers To and Transactions and Relationships With Noncharitable |
|     | Exempt Organizations   |

| Part   | XVII   | Exempt Org                                |                     | rans    | rers to a    | and Iransact              | cion  | is and Relatio     | nsnips with Nor                               | icnarita           | abie          |          |      |
|--|--|---|---------------------|---------|--------------|---------------------------|-------|--------------------|---|--------------------|---------------|----------|------|
|  |  | janization directly<br>than section 501(c |                     |         |              |                           |       |                    | on described in sections?                     | on 501             |               | Yes      | No   |
| a Trai   | nsfers f                                     | rom the reporting                         | foundation to a r   | oncha   | arıtable ex  | empt organizati           | on c  | of                 |   | Ī                  |               |          |      |
| (1)  | Cash.  |   |                     |         |              |                           |       |                    |   | . [                | 1a(1)         |          | No   |
| (2)  | Other  | assets                                    |                     |         |              |                           |       |                    |   | · [:               | 1a(2)         |          | No   |
| <b>b</b> Oth   | er tran                                      | sactions                                  |                     |         |              |                           |       |                    |   |                    |               |          |      |
| (1) Sales of assets to a noncharitable exempt organization       |  |   |                     |         |              |                           |       |                    |   | ·                  | 1b(1)         |          | No   |
| (2) Purchases of assets from a noncharitable exempt organization |  |   |                     |         |              |                           |       |                    |   |                    | 1b(2)         |          | No   |
|  |  |   |                     |         |              |                           |       |                    |   |                    | 1b(3)         |          | No   |
|  |  | oursement arrange                         |                     |         |              |                           |       |                    |   |                    | 1b(4)         |          | No   |
|  |  | or loan guarantee                         |                     |         |              |                           |       |                    |   |                    | 1b(5)         |          | No   |
| ٠,   |  | mance of services                         | •                   |         | -            |                           |       |                    |   |                    | 1b(6)         |          | No   |
|  | -  |   | · ·                 |         |              |                           |       |                    | · · · · · · · · · · · · · · · · · · ·         |                    | 1c            |          | No   |
|  |  |   |                     |         |              |                           |       |                    | ways snow the fair n<br>ed less than fair mar |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    | ts, or services receiv                        |                    |               |          |      |
| (=) line   | No. I  | (h) Amount much o                         | d Lanna e           | . nanah | amtable ave  | mat avasnization          | 1     | (d) Decomption of  | transfero transportions                       | and char           |               |          | .+-  |
| (a) Line   | INO  | (b) Amount involved                       | d (C) Name of       | noncn   | aritable exe | mpt organization          |       | (a) Description or | transfers, transactions,                      | , and snari        | ng arra       | ngemen   | its  |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
| -  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
| -  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
| <b>2a</b> Is t   | ne foun                                      | dation directly or i                      | ndırectly affılıate | d with  | , or relate  | d to, one or mo           | re t  | ax-exempt organ    | ızatıons                                      |                    |               |          |      |
| des  | cribed i                                     | n section 501(c) (d                       | other than sectio   | n 501   | (c)(3)) or i | ın section 527?           |       |                    | 🗆 Ye  | es 🗸               | No            |          |      |
| b If "   | es," co                                      | mplete the follow                         | ng schedule         |         |              |                           |       |                    |   |                    |               |          |      |
|  |  | (a) Name of organ                         | ıızatıon            |         | (1           | <b>b)</b> Type of organiz | ation | n                  | (c) Description                               | of relation        | iship         |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |
|  | Unde   | or penalties of peru                      | ury I declare the   | + I ba  | ve evamin    | ed this return i          | ınclı | Iding accompany    | ng schedules and st                           | atemente           | and           | to the   | hect |
|  |  |   |                     |         |              |                           |       |                    | than taxpayer) is ba                          |                    |               |          |      |
|  | whic   | h preparer has any                        | knowledge           |         |              |                           |       | ,                  | . , ,   |                    |               |          |      |
| Sign   |  | ****                                      |                     |         |              | 2019-11-10                |       | *****              |   | May the            | e IRS di      | scuss th | าเร  |
| Here   | <b>                                     </b> |   |                     |         |              | 2017 11 10                |       | \                  |   | return<br>with the | e prepa       | rer shov | vn   |
|  | <b>/</b> ,                                   | Signature of officer                      | or trustee          |         |              | Date                      |       | Title              |   | below              | _             | _        | _    |
|  |  | nghatare or officer                       | or trustee          |         |              | Date                      |       | Tiere              |   | (see ins           | str )? L      | ✓ Yes    | □ No |
|  |  | Print/Type prepa                          | rer's name          | Pren    | arer's Sıgr  | nature                    |       | Date               |   | PTIN               |               |          |      |
|  |  | Trinity Type prepa                        | irer 3 manne        |         | arc, 5 org.  | ideal c                   |       | Date               | Check if self-                                |                    |               |          |      |
|  |  | Martın J Sıckle                           |                     |         |              |                           |       | 2010 11 15         | employed ▶ 🔲                                  | ۲                  | 200638        | 352      |      |
| Paid   |  | Martin J Sickle                           | :5                  |         |              |                           |       | 2019-11-15         |   |                    |               |          |      |
| Prep   | arer   | Firm's name ▶                             | FINANCIAL PLAN      | NING    | PARTNERS     | <br>5                     |       | <u> </u>           | -   | <b>-</b> · =       |               |          |      |
| Use (  |  |   |                     |         |              | <u> </u>                  |       |                    |   | Fırm's EII         | N <b>&gt;</b> |          |      |
|  | -  | Firm's address ▶                          | 4414 DUNMOR         | E RD    | NE           |                           |       |                    |   |                    |               |          |      |
|  |  |   | MARIETTA, GA        | 3006    | 58           |                           |       |                    |   | Phone no           | (678          | ) 560-0  | 0236 |
| THREETING ON SOCIO   |  |   |                     |         |              |                           |       |                    |   |                    |               |          |      |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position employee benefit plans -0-) and deferred compensation Ben M Haverty Chairman/Trustee 0 2 00 3741 Dumharton Road

| Atlanta, GA 30327                                 |                   |   |   |   |
|---|-------------------|---|---|---|
| J Rawson Haverty Jr                               | Sec/Treas/Trustee | 0 | 0 | 0 |
| 1266 W Paces Ferry Rd NW 685<br>Atlanta, GA 30327 | 1 2 00            |   |   |   |
| Jane M Haverty                                    | Trustee           | 0 | 0 | 0 |

| 1266 W Paces Ferry Rd NW 685<br>Atlanta, GA 30327     | 2 00    |   |   |   |
|---|---------|---|---|---|
| Jane M Haverty  | Trustee | 0 | 0 | 0 |
| 201 41st Avenue South<br>Jacksonville Beach, FL 32250 | 2 00    |   |   |   |

| 1266 W Paces Ferry Rd NW 685<br>Atlanta, GA 30327     | 2 00    |   |   |   |
|---|---------|---|---|---|
| Jane M Haverty  | Trustee | 0 | 0 | 0 |
| 201 41st Avenue South<br>Jacksonville Beach, FL 32250 | 2 00    |   |   |   |
| Margaret H Glover                                     | Trustee | 0 | 0 | 0 |

| Jane M Haverty  | Trustee | 0 | 0 | 0 |
|---|---------|---|---|---|
| 201 41st Avenue South<br>Jacksonville Beach, FL 32250 | 2 00    |   |   |   |
| Margaret H Glover                                     | Trustee | 0 | 0 | 0 |
| 244 Dabla Daad  | 1 00    |   |   |   |

| 201 41st Avenue South<br>Jacksonville Beach, FL 32250 | 2 00    |   |   |   |
|---|---------|---|---|---|
| Margaret H Glover                                     | Trustee | 0 | 0 | 0 |
| 244 Pablo Road  | 1 00    |   |   |   |

| '                                       |         |   |   | 1 |
|---|---------|---|---|---|
| Margaret H Glover                       | Trustee | 0 | 0 | 0 |
| 244 Pablo Road<br>Ponte Vedra, FL 32082 | 1 00    |   |   |   |

| Mary E Haverty   | Trustee | 0 | 0 |  |
|------------------|---------|---|---|--|
| 407 Oceanwalk Dr | 1 00    |   |   |  |

| rially Lillaverty       | Trustee | U | l O |  |
|-------------------------|---------|---|-----|--|
| 407 Oceanwalk Dr        | 1 00    |   |     |  |
| Offantic Boach El 37733 |         |   | l . |  |

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)

| a Paid during the year  |        |                               |        |
|---|--------|-------------------------------|--------|
| Mercy Care Foundation<br>5665 Peachtree Dunwoody Road<br>Atlanta GA 30342 | Exempt | Family HealthGeneral Purposes | 50,000 |

| anta, GA 30342                                     |        |                  |
|--|--------|------------------|
| eer Smart2645 Youth Monroe Road<br>onroe, GA 30655 | Exempt | General Purposes |

or substantial contributor

| Steer Smart2645 Youth Monroe Road<br>Monroe, GA 30655 | Exempt | General Purposes          |   |
|---|--------|---------------------------|---|
| Food for the Poor6401 Lyons Road                      | Exempt | Housing and food for poor | 1 |

| Monroe, GA 30655                 | ,      |                           | _,     |
|----------------------------------|--------|---------------------------|--------|
| Food for the Poor6401 Lyons Road | Exempt | Housing and food for poor | 15,000 |

1.000

|   |        |                           | l . |
|---|--------|---------------------------|-----|
| Food for the Poor6401 Lyons Road<br>Coconut Creek, FL 33073 | Exempt | Housing and food for poor | 15  |

|                         | food for poor 15 | ٠,٠ |
|-------------------------|------------------|-----|
| Coconut Creek, FL 33073 | ·                |     |

| 1 000 101 the F0010401 Lyons Road | Levellibr | I Housing and food for poor | 1.5 |
|-----------------------------------|-----------|-----------------------------|-----|
| Coconut Creek, FL 33073           |           |                             |     |
|                                   |           |                             |     |

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

any foundation manager

or substantial contributor

Name and address (home or business)

Houston, TX 77235

Total .

|   | or substantial contributor |        |                       |        |
|---|----------------------------|--------|-----------------------|--------|
| a Paid during the year  |                            |        |                       |        |
| Mercy Care Foundation<br>5665 Peachtree Dunwoody Road<br>Atlanta, GA 30342    |                            | Exempt | VisionCare Initiative | 10,000 |
| Young Life NW Atlanta<br>3200 Cobb Galleria Pkwy Ste 254<br>Atlanta, GA 30339 |                            | Exempt | General Purposes      | 15,000 |
| New Life Children Home Guatemala<br>PO Box 35857                              |                            | Exempt | Children's Home       | 11,250 |

recipient

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

| Name and address (home or business)                                    | any foundation manager<br>or substantial contributor | recipient |                  |        |
|--|--|-----------|------------------|--------|
| a Paid during the year   |  |           |                  |        |
| Create Your Dreams<br>887 W Marietta Street T-108<br>Atlanta, GA 30318 |  | Exempt    | General Purposes | 10,000 |
| Atlanta Resouce Foundation<br>PO Box 20057<br>Atlanta, GA 30325        |  | Exempt    | General Purposes | 5,000  |
| Young Life Africa Initiative<br>PO Box 724731<br>Atlanta, GA 31139     |  | Exempt    | General Purposes | 5,000  |

Total .

Recipient Purpose of grant or If recipient is an individual, Foundation 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             |                            |        |                  |       |
| Schenck School282 Mt Paran Road NW |                            | Exempt | General Purposes | 5,000 |

| tlanta, GA 30327               | '      | '                |
|--------------------------------|--------|------------------|
| ission House802 Shetter Avenue | Exempt | General Purposes |

or substantial contributor

Total.

| L | 7 total (ta) (27 3 3 3 2 7                                |        |                  | i |
|---|---|--------|------------------|---|
|   | Mission House802 Shetter Avenue<br>Jacksonville, FL 32203 | Exempt | General Purposes | 1 |

| 1 | Pactory School 528 Pomfret Street                         | Evennt | Conoral Burnagas | 2,000  |
|---|---|--------|------------------|--------|
| 1 | Mission House802 Shetter Avenue<br>Jacksonville, FL 32203 | Exempt | General Purposes | 10,000 |

| Jacksonville, FL 32203           |        |                  |       |
|----------------------------------|--------|------------------|-------|
| Rectory School528 Pomfret Street | Exempt | General Purposes | 2,000 |

| Rectory School528 Pomfret Street | Exempt | General Purposes | 2,000 |
|----------------------------------|--------|------------------|-------|
| Pomfret, CT 06258                |        |                  |       |

| Rectory School528 Pomfret Street | Exempt | General Purposes | [ 2,0 |
|----------------------------------|--------|------------------|-------|
| Pomfret, CT 06258                |        |                  |       |

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

| a Paid during the year                                    |        |                  |       |
|---|--------|------------------|-------|
| Emory Ethics Center1531 Dickey Drive<br>Atlanta, GA 30322 | Exempt | General Purposes | 5,000 |
| AU  |        | 6 15             | F 000 |

| Atlanta, GA 30322  | ·      | ·               | ,     |
|--|--------|-----------------|-------|
| Atlanta Legal Aid Society<br>54 Ellis Street NE<br>Atlanta, GA 30303 | Exempt | General Purpose | 5,000 |
| Young Life Latin America Expedition                                  | Exempt | General Purpose | 2,000 |

| Atlanta Legal Aid Society 54 Ellis Street NE Atlanta, GA 30303           | Exempt | General Purpose | 5,000 |
|--|--------|-----------------|-------|
| Young Life Latin America Expedition<br>PO Box 1293<br>Danville, CA 94526 | Exempt | General Purpose | 2,000 |

| -  |        |                 |         |
|--|--------|-----------------|---------|
| Young Life Latin America Expedition<br>PO Box 1293<br>Danville, CA 94526 | Exempt | General Purpose | 2,000   |
| Total  | <br>   | ▶ 3a            | 167,250 |

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)

| Akola2111 Commerce St  |                            | Exempt | General Purpose | 5.00 |
|------------------------|----------------------------|--------|-----------------|------|
| a Paid during the year |                            |        |                 |      |
| (                      | or substantial contributor |        |                 |      |

| Dallas, TX 75201                 | Exempe | deficial rai pose |  |
|----------------------------------|--------|-------------------|--|
| The 410 Bridge3955 Marconi Drive | Exempt | General purpose   |  |

| The 410 Bridge3955 Marconi Drive<br>Alpharetta, GA 30005 | Exempt | General purpose | 2,000 |
|--|--------|-----------------|-------|
| Beaches Museum and History Center                        | Exempt | General purpose | 5,000 |

| Alpharetta, GA 30005  |        |                 |       |
|---|--------|-----------------|-------|
| Beaches Museum and History Center<br>380 Pablo Beach Avenue | Exempt | General purpose | 5,000 |
| Jacksonville, FL 32240                                      |        |                 |       |

| Beaches Museum and History Center<br>380 Pablo Beach Avenue | Exempt | General purpose | 5,000 |
|---|--------|-----------------|-------|
| Jacksonville, FL 32240                                      |        |                 |       |

| Beaches Museum and History Center | Exempt | General purpose | 5,00 |
|-----------------------------------|--------|-----------------|------|
| 380 Pablo Beach Avenue            |        |                 |      |
| Jacksonville, FL 32240            |        |                 |      |
|                                   |        |                 |      |

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

Name and address (home or business)

| A Classic Theatre1332 Flagship Court |                            | Exempt | General purpose | 2,000 |
|--------------------------------------|----------------------------|--------|-----------------|-------|
| a Paid during the year               |                            |        |                 |       |
| ,                                    | or substantial contributor |        |                 |       |

| St Augustine, FL 32080   | Exempt | General purpose | 2,000 |
|--|--------|-----------------|-------|
| Abet Theatre1015 Atlantic Blvd 175<br>Atlantic Beach, FL 32233 | Exempt | General purpose | 2,000 |

| Abet Theatre1015 Atlantic Blvd 175<br>Atlantic Beach, FL 32233 | Exempt | General purpose | 2,000 |
|--|--------|-----------------|-------|
|  |        |                 |       |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491319040539 |   |        |        |                            |  |  |
|--|---|--------|--------|----------------------------|--|--|
| TY 2018 Accounting Fees Schedule   |   |        |        |                            |  |  |
|  |   |        |        |                            |  |  |
| Name: Mary E Haverty Foundation Inc                                      |   |        |        |                            |  |  |
|  | <b>EIN:</b> 58-6035161                                    |        |        |                            |  |  |
| Category   | Category Amount Net Investment Adjusted Net Disbursements |        |        |                            |  |  |
|  |   | Income | Income | for Charitable<br>Purposes |  |  |
| FPP Accounting Services  | 5,086   |        |        |                            |  |  |

| efile GRAPHIC print - DO NOT PROCESS                   | As Filed Data -    |             | DLN: 93491319040 | 539 |  |
|--|--------------------|-------------|------------------|-----|--|
| TY 2018 All Other Program Related Investments Schedule |                    |             |                  |     |  |
| Name:  | Mary E Haverty Fou | ndation Inc |                  |     |  |
| EIN:   | 58-6035161         |             |                  |     |  |
|  | Category           |             | Amount           |     |  |
| None   |                    |             |                  | 0   |  |



26,499

211,416

30,213

194,555

DLN: 93491319040539

-3,714

16,861

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Securities Short Term

Securities Long Term

| efile GRAPHIC print - DO NOT PROCESS         | As Filed Data - | DLN: 93491319040539 |  |  |  |
|--|-----------------|---------------------|--|--|--|
|  |                 |                     |  |  |  |
| TY 2018 Investments Corporate Bonds Schedule |                 |                     |  |  |  |
|  |                 |                     |  |  |  |
| N  | 4               |                     |  |  |  |

| Name: | Mary E Haverty Foundation Inc |
|-------|-------------------------------|
|       | E0 600E464                    |

Rochdale Fixed Income

Corporate Bonds

|   | Name of Bond                         | End of Year Book |
|---|--------------------------------------|------------------|
| , | Investments Corporate Bonds Schedule |                  |
|   | <b>EZIT</b> 30 0033101               |                  |

| 5161 |  |  |  |
|------|--|--|--|
|      |  |  |  |

| EIN:        | 58-6035161 |
|-------------|------------|
| ds Schedule |            |

232,100

193,642

Value

**End of Year Fair** 

**Market Value** 

207,395 187,493

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|--------------------------------------|-----------------|---------------------|
| TY 2018 Investments Corporat         | e Stock Sche    | dule                |

Name: Mary E Haverty Foundation Inc

**EIN:** 58-6035161

FI

| Investments Corporation Stock Schedule |  |                           |                                  |  |  |
|--|--|---------------------------|----------------------------------|--|--|
| Name of Stock                          |  | End of Year Book<br>Value | End of Year Fair<br>Market Value |  |  |
| Large Cap Stock                        |  | 268,094                   | 406,452                          |  |  |
| Mıd Cap Stock                          |  | 360,253                   | 1,352,992                        |  |  |
| High Dividend/Income                   |  | 387,234                   | 434,514                          |  |  |
| International Stock                    |  | 91,386                    | 86,821                           |  |  |

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|--------------------------------------|-----------------|------------------|---------------------|--|--|--|
| TY 2018 Other Decreases Schedule     |                 |                  |                     |  |  |  |
| ı                                    |                 |                  |                     |  |  |  |
| Name:                                | Mary E Havert   | y Foundation Inc |                     |  |  |  |
| EIN:                                 | 58-6035161      |                  |                     |  |  |  |
| De                                   | escription      |                  | Amount              |  |  |  |
| Accrued dividends beginning of year  |                 |                  | 1,745               |  |  |  |
| Accrued interest beginning of year   |                 |                  | 3,286               |  |  |  |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491319040539 |                                      |                          |                        |   |  |  |
|--|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Other Expenses Schedule  |                                      |                          |                        |   |  |  |
| Name   | Mary E Hayarti                       | Foundation Inc           |                        |   |  |  |
| Name: Mary E Haverty Foundation Inc                                      |                                      |                          |                        |   |  |  |
| EIN:   | <b>EIN:</b> 58-6035161               |                          |                        |   |  |  |
| Other Expenses Schedule  |                                      |                          |                        |   |  |  |
| Description  | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |
| Fees   | 35                                   |                          |                        |   |  |  |

| TY 2018 Other Income Schedule |                               |  |  |  |
|-------------------------------|-------------------------------|--|--|--|
| Name:                         | Mary E Haverty Foundation Inc |  |  |  |
| EIN:                          | 58-6035161                    |  |  |  |

DLN: 93491319040539

| Other Income Schedule |                                   |                          |                     |
|-----------------------|-----------------------------------|--------------------------|---------------------|
| Description           | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
| Miscellanous income   |                                   |                          |                     |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -   | DLN: 93491319040539 |  |  |  |
|--------------------------------------|-------------------|---------------------|--|--|--|
| TY 2018 Other Increases Schedule     |                   |                     |  |  |  |
|                                      |                   |                     |  |  |  |
| Name:                                | Mary E Haverty Fo | undation Inc        |  |  |  |
| EIN:                                 | 58-6035161        |                     |  |  |  |
| Description                          |                   | Amount              |  |  |  |
| Accrued dividends end of year        |                   | 1,378               |  |  |  |
| Accrued interest end of year         |                   | 2,666               |  |  |  |

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|---|------|---------------|--------------------------|------------------------|---|
| TY 2018 Other Professional Fees Schedule            |      |               |                          |                        |   |
| Name: Mary E Haverty Foundation Inc EIN: 58-6035161 |      |               |                          |                        |   |
| Category  |      | Amount        | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| Rochdale/Triad Investment Fees                      |      | 13,534        |                          |                        |   |

1,500

FPP Tax Preparation

| efile GRAPHIC print - DO NOT PROCES | SS As Filed Data | -                        | DL                     | N: 93491319040539                           |  |  |
|-------------------------------------|------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Taxes Schedule              |                  |                          |                        |   |  |  |
|                                     |                  |                          |                        |   |  |  |
| Name: Mary E Haverty Foundation Inc |                  |                          |                        |   |  |  |
| <b>EIN:</b> 58-6035161              |                  |                          |                        |   |  |  |
| Category                            | Amount           | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |
| Income tax payments                 | 4,411            |                          |                        |   |  |  |
| Foreign tax paid                    | 71               | 71                       |                        |   |  |  |