Form 990-PF

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

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<u>For</u>	calend	ar year 2018 or tax year beginning	07-01 , 2018 , a	nd ending		06	-30 , 20 19
Na	me of fo	oundation			A Employer	dentification number	
_F	cost	Foundation			31-1494	564	
Ni	ımber a	nd street (or PO box number if mail is not delivered to street address)	Ro	com/suite	B Telephone	number (see instructions)
P	D Box	3400			(770)53		
Cı	ty or tow	m, state or province, country, and ZIP or foreign postal code			C If evemoti	on application is pending	check here
G	aines	sville, GA 30503			O il exempo	on application is pending	, crick fiele
G	Check a	ill that apply: Initial return Initial return o	of a former public charit	у	D 1. Foreigr	n organizations, check he	ere · · · · ▶
		Final return Amended ret	um	-	-	•	
		Address change Name change	e			n organizations meeting t here and attach computa	
H	heck t	ype of organization: Section 501(c)(3) exempt pnva	ite foundation	ΛU		•	_
\perp	Section		axable private foundation			oundation status was ter)7(b)(1)(A), check here	
J F		rket value of all assets at J Accounting method:		Accrual			_
e	nd of y	ear (from Part II, col. (c), Other (specify)				dation is in a 60-month to tion 507(b)(1)(B), check i	
	ne 16)	▶ \$ 743,660 (Part I, column (d) must be	on cash basis.)				_
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Daysaya and				(d) Disbursements
_		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		nvestment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions).)	books	l in	come	Income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	110,000				
2	2	Check ▶ ☐ if the foundation is not required to attach Sch. B · ·					
1	3	Interest on savings and temporary cash investments	52		52	5:	2
1	4	Dividends and interest from securities	13,948		13,948	13,940	3
	5a	Gross rents					
	ь	Net rental income or (loss)					
9	6a	Net gain or (loss) from sale of assets not on line 10 · · · · ·	4,385				
Revenue	ь	Gross sales price for all assets on line 6a 409.395					
Š	7	Capital gain net income (from Part IV, line 2)			4,385		
œ	8	Net short-term capital gain · · · · · · · · · · · ·					
	9	Income modifications					
	10a	Gross sales less returns and allowances · ·					
	ь	Less: Cost of goods sold · · · · · · ·					
	С	Gross profit or (loss) (attach schedule)		ļ			
ব	11	Other income (attach schedule)	IN ACOPES				ļ.,
4064	12	Total. Add lines 1 through 11 · · · · · · · · · RECEIVED	IN COULTER, 385		18,385	14,00	0
	13	Compensation of officers, directors, trustees, etc ··· IRS- Y	SC - 11	1			<u> </u>
r 7	14	Other employee salaries and wages	d 2021	ļ			ļ
- e	15	Pension plans, employee benefits FEB (14 (0/1	ļ			
Experi	16a	Legal fees (attach schedule)	}				
و	b	Accounting fees (attach schedule)	N. UTAH	RFC	EIVER]	
\ ≩	_ C			+ <i>></i> /-		<u> </u>	
Operating and Administrative	17	Interest	6.09	/	2020	 ŏ 	
ξË	18	Taxes (attach schedule) (see instructions)		كالل	2 2020	88-00	
SE	19	Depreciation (attach schedule) and depletion	u				+
NA V	20	Occupancy	 	MAGE.	EN, C		
g	21	Travel, conferences, and meetings			<u> </u>	2 24	
6	22	Printing and publications	8,016	 		8,01	9
Ę	23	Other expenses (attach schedule)	<u></u>				
ī	24	Total operating and administrative expenses.		_	_		
) De	-	Add lines 13 through 23	8.016		0	8,01	
J	1	Contributions, gifts, grants paid	20,000			2 22	20,000
_	26	Total expenses and disbursements. Add lines 24 and 25	28,010	-	<u>C</u>	8,01	6 20,000
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	100,369	4	18,385		+
	Ь	not into time in the control of the control of		+	10,362	5,96	14
For	Paper	Adjusted net income (if negative, enter -0-)	<u> </u>	•		1 3,30	Form 990-PF (2018)

Part III 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-of-year figure reported on prior year's return) 21,163 2 Enter amount from Part I, line 27a 2 100,369 3 581,<u>153</u> 3 Other increases not included in line 2 (itemize) 4 702,<u>685</u> 5 Decreases not included in line 2 (itemize) 5 6 702,685 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

21,163

702,685

EEA

30

Total liabilities and net assets/fund balances (see

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Part VI Instructions.

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7

184

20,000

orm	990-PF (2018) Frost Foundation 31-149456	4	Pa	ige 4	
Par					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	<u>-</u>			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			184	
	here X and enter 1% of Part I, line 27b				
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of				
	Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0	
3	Add lines 1 and 2			184	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4			0	
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-			184	
6	Credits/Payments:			104	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 · · · 6a				
b	Exempt foreign organizations - tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			184	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			104	
1	Enter the amount of line 10 to be: Credited to 2019 estimated tax Refunded 11				
	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No	
	participate or intervene in any political campaign?	1a	-	X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition	1b	- 1	X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.	- 1			
c	Did the foundation file Form 1120-POL for this year?	1c		Х	
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
	(1) On the foundation. > \$ (2) On foundation managers. > \$		- 1		
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1	ŀ		
	on foundation managers. > \$	1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>	
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	ı			
	of Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>	
	If "Yes," attach the statement required by General Instruction T.	. 1			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	. !			
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	, [
	conflict with the state law remain in the governing instrument?	6			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<u>X</u>		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			}	
	GA	j			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(i)(5) for calendar year 2018 or the tax year beginning in 2018? See instructions for Part XIV)? If "Yes,"				1
	complete Part XIV	9		X	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		 	}	
	names and addresses · · · · · · · · · · · · · · · · ·	10	X	(0040)	

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	_
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See Instructions	12		
13	Did the foundation comply with the public Inspection requirements for its annual returns and exemption application?	13	X	
	Website address > N/A			
14	The books are in care of ▶ Jack Frost Telephone no. ▶ 770-53	32-04	78	
	Located at ▶ PO Box 3400, Gainesville, GA ZIP+4 ▶ 30503			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	
	over a bank, secunties, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			•
	the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·		•
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	•
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		
	disqualified person? · · · · · · · · · · · · · · · · · · ·			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1 1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1 1		
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that]		
	were not corrected before the first day of the tax year beginning in 2018?	1c		_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and		i	
	6e, Part XIII) for tax year(s) beginning before 2018? X Yes No		1	
	If "Yes," list the years ►	1		
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1	1	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	-		
	all years listed, answer "No" and attach statement - see instructions.)	2b		-
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		i	
	·			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
		}		
Ь	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or		1	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	25	1	
	foundation had excess business holdings in 2018.)	3b	+-	-
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	┼	-
b		1		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	1	_

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Part VII-B `Statements Rega	arding Activities for \	Which Form	4720 N	May Be R	equire	d (continued)			
During the year, did the foundation	pay or incur any amount to:				_			Yes	No
(1) Carry on propaganda, or other	wise attempt to influence leg	islation (section 4	1945(e)) ⁴	γ	[Yes X No			
(2) Influence the outcome of any s	specific public election (see s	ection 4955); or t	o carry o	on,	_		l		
directly or indirectly, any voter i	•		-		٠ ٢	Yes X No			
(3) Provide a grant to an individual	•	milar purposes?				Yes X No		·	
(4) Provide a grant to an organizat	• •				L	نتا ل	1		
section 4945(d)(4)(A)? See ins	-				Г	Yes X No			
(5) Provide for any purpose other									
purposes, or for the prevention	- '				Г	Yes X No			
b If any answer is "Yes" to 5a(1)-(5), o	•								
in Regulations section 53.4945 or i			-				5b		
Organizations relying on a current i	_						100	1	
	- -						1	i	İ
		<u>=</u>				T., C.,		İ	
because it maintained expenditure				• • • • •	٠٠٠ لـ	Yes No		ĺ	
If "Yes," attach the statement requi		• •						Ì	
Did the foundation, during the year	•				_	m			i
on a personal benefit contract?					£.	Yes X No		1	
b Did the foundation, during the year,	r, pay premiums, directly or in	ndirectly, on a per	sonal be	nefit contrac	1 ?	• • • • • • • •	6b		X
If "Yes" to 6b, file Form 8870.					-	T	1	ŀ	
At any time during the tax year, wa	• •	•			· · · Ł	Yes X No			
b If "Yes," did the foundation receive	• • • • • • • • • • • • • • • • • • • •				?חי	• • • • • • • •	7b	-	<u> </u>
Is the foundation subject to the sec							l	1	
remuneration or excess parachute						Yes X No			<u></u>
	it Officers, Directors	, irustees, r	ounga	ition wan	agers	, Highly Paid	Emplo	yees	•
and Contractors									
1 List all officers, directors, truste			· ····································			1.15			
(a) Name and address	s ho	hours per week (if not paid, emp		emplo	(d) Contributions to employee benefit plans		(e) Expense acco		
		devoted to position		enter -0-) and de		and deferred compensation		 	
ack Frost		President				_			_
O Box 3400, Gainesville,		0.00	0		0				0_
ack Frost		ident		_		_			_
O Box 3400, Gainesville,	GA 30503	1.00		0					0
		ļ							
							+		
		44 31	!!	4) If none onter	ــــــــــــــــــــــــــــــــــــــ		
2 Compensation of five highest-p	ald employees (other than	mose included	on une	1 - 500 insu	ucuons). Il none, enter			
"NONE."									
						140 0-4-6-4	. I		
	20 20 de la constanta de la co	(b) Title, end a		(2) 02		(d) Contributions to employee benefit	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	(b) Title, and a hours per widevoted to po	eek 🐪	(c) Comper	sation	employee benefit plans and deferred	(e) Exp	ense ad	
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Comper	sation	employee benefit	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Comper	sation	employee benefit plans and deferred	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Comper	sation	employee benefit plans and deferred	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Comper	sation	employee benefit plans and deferred	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Comper	sation	employee benefit plans and deferred	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Compet	sation	employee benefit plans and deferred	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Compet	sation	employee benefit plans and deferred	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Compet	isation	employee benefit plans and deferred	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Compet	isation	employee benefit plans and deferred	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Compet	isation	employee benefit plans and deferred	(e) Exp		
(a) Name and address of each employe	ee paid more than \$50,000	hours per w	eek 🐪	(c) Comper	isation	employee benefit plans and deferred compensation	(e) Exp		nces
(a) Name and address of each employe		hours per w	eek sition			employee benefit plans and deferred compensation	(e) Exp	allowa	o
		hours per widevoted to po	eek sition			employee benefit plans and deferred compensation	(e) Exp	allowa	o

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art VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Pa	id Employees,
Five highest-paid independent contractors for professional services. See inst	ructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NE '		
· · · · · · · · · · · · · · · · · · ·		-
al number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · •	
art IX-A Summary of Direct Charitable Activities		<u> </u>
outilities of Direct Originable Activities		·
ist the foundation's four largest direct charitable activities during the tax year. Include relevant sta organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
		ļ
art IX-B Summary of Program-Related Investments (see ins		
escribe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
Il other program-related investments. See instructions.		<u> </u>
otal. Add lines 1 through 3		
A		Form 990-PF (20
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orm	990-PF (2018) . Frost Foundation	31-1494564	Page 8
Pai	TX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	
	sèe instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	60,000
b	Average of monthly cash balances	1b	1,000
c	Fair market value of all other assets (see instructions)	1c	0
ď	Total (add lines 1a, b, and c)	1d	61,000
0	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3	61,000
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	915
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	60,085
6	Minimum investment return. Enter 5% of line 5	6 /	3,004
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found	dations	3/001
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	3,004
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	184
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,820
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,820
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	fine 1 · · · · · · · · · · · · · · · · · ·	7	2,820
Pa	rt XII Qualifying Distributions (see instructions)		
	Coamying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	20,000
þ	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	[]	
	purposes · · · · · · · · · · · · · · · · · ·	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1 1	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines ta through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	20,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	1 _ 1	
	Enter 1% of Part I, line 27b. See instructions	5	184
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	19,816
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the form	oundation	
	qualifies for the section 4940(e) reduction of tax in those years.		
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		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI,				
	line 7	1		1	2,820
2	Undistributed income, if any, as of the end of 2018		··		2,020
а	Enter amount for 2017 only · · · · · · · · · · · · · · · · · · ·			ł	
b	Total for prior years:				
3	Excess distributions carryover, if any, to 2018:				
а	From 2013				
Ь	From 2014	j		}	
C	From 2015				
đ	From 2016				Į
е	From 2017				
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII,			 	
	line 4. ▶\$ 20,000				
a	Applied to 2017, but not more than line 2a · · ·			ļ.	1
	Applied to undistributed income of prior years				
	(Election required - see instructions)			Ì	
c	Treated as distributions out of corpus (Election				
	required - see instructions)	į			
ď	Applied to 2018 distributable amount	•	<u> </u>		2,820
0	Remaining amount distributed out of corpus	17,180			
5	Excess distributions carryover applied to 2018				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				•
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	17,180			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b			<u> </u>	
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)	İ			
	tax has been previously assessed			<u> </u>	<u> </u>
ď	Subtract line 6c from line 6b. Taxable				
	amount - see instructions · · · · · · · · · · · · · · · · · · ·	<u> </u>		 	
6	Undistributed income for 2017. Subtract line			Ϊ	
	4a from line 2a. Taxable amount - see				
_	instructions				
f	Undistributed income for 2018. Subtract lines	İ			
	4d and 5 from line 1. This amount must be				
_	distributed in 2019	<u> </u>		 	
7	Amounts treated as distributions out of corpus	ļ			i
	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)	<u> </u>		 	
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	17,180			
10	Analysis of line 9:	17,180		 	-
	Excess from 2014]		1	
a	Excess from 2015	1			
b	Excess from 2016	{			
c d	Excess from 2017	-		1	
8	Excess from 2018 · · · · 17,180	1			
		·			Form 990-PF (2018)

	990-PF (2018) Frost Four		tructions and Part	VII-A guestion 9)	31-14945	64 Page 10
1a	If the foundation has received a ruling or o	`			· ·	
ıa	· · · · · · · · · · · · · · · · · · ·		•	y		
	foundation, and the ruling is effective for 2		-		2000	<u></u>
b	Check box to indicate whether the founda	•	ing foundation describe		2(j)(3) or 4942(j)	(5)
2a	Enter the lesser of the adjusted net	Тах уеаг		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	each year listed					
b	85% of line 2a					
b	05 % Of lifte 2a			<u> </u>	 	
С	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	-				
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
	Subtract line 2d from line 2c		-		+	
3	Complete 3a, b, or c for the					
•	alternative test relied upon					
а	"Assets" alternative test - enter					
a	(1) Value of all assets					
	(1) Value of all assets			/		·
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test - enter 2/3			· · ·		
	of minimum investment return shown in Part X, line 6 for each year listed					
•	"Support" alternative test - enter					
С	• •					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on		XIII			
	securities loans (section					
	512(a)(5)), or royalties) · · · ·					
	(2) Support from general public		1			
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	•					
	(3) Largest amount of support from an exempt organization · · · ·					
	(4) Gross investment income · · ·					
Part	XV Supplementary Information	tion (Complete t	his part only if th	e foundation had	\$5,000 or more	in assets at
	any time during the year					
_	Information Regarding Foundation Ma		,			
1		_			4	
а	List any managers of the foundation who	have contributed mor	e than 2% of the total c	ontributions received by	the foundation	
	before the close of any tax year (but only	ir they have contribute	a more man \$5,000) (See section 507(d)(2))		
	71- T OD					
	Jack Frost SR					
b	List any managers of the foundation who				ortion of the	
	ownership of a partnership or other entity) of which the foundat	ion has a 10% or greate	er interest		
2	Information Regarding Contribution, 0	Grant Gift Loan Sci	nolarship etc. Progra	ms:		
-	— ·		• • • •			
	Check here ► ☐ if the foundation only	makes contributions	to preselected chantabl	e organizations and doe	es not accept	
	unsolicited requests for funds. If the foun-	dation makes gifts, gra	ants, etc , to individuals	or organizations under	other conditions,	
	complete items 2a, b, c, and d. See instri	uctions				
	The name, address, and telephone numb	per or email address o	f the person to whom a	polications should be ad	Idressed	
-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	000177					
	990APP		-1			
b	The form in which applications should be	submitted and inform	ation and materials the	y should include		
С	Any submission deadlines					
	Any restrictions or limitations on awards,	euch as hy accarach	cal areas chantable fin	Ide kinds of institutions	or other	
d	factors	such as by geographi	cai areas, criantable lie	ido, Kilido Ol IllollullOllo.	or other	
EEA						Form 990-PF (2018)

Part XV Supplementary Information (continu	ied)		31-149436	1 age 11
3 Grants and Contributions Paid During the	Year or Approved	for Future Pa	avment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Techiani)
a Paid during the year	ł			
Sevier County High School		ļ		
1200 Dolly Parton Parkway	<u> </u>	D0		00.000
Sevierville, TN 37862	None	PC	Unrestricted	20,000
	İ			
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])		
				}
Total			≥ 3a	20,000
b Approved for future payment	T	T	T	20,000
	ł	}		
		Ì		
))
		1		

Form 990-PF (2018)

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EEA

Ent	ter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by se	ection 512, 513, or 514	(e) Related or exempt
1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	a					
	b					
	С					
	d				-	
	e					
	f					······································
_	g Fees and contracts from government agencies · ·					
	Membership dues and assessments					· · · · · · · · · · · · · · · · · · ·
	Interest on savings and temporary cash investments .			14	52	
	Dividends and interest from securities			14	13,948	
5	Net rental income or (loss) from real estate:					
	a Debt-financed property					
_	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
	Other investment income		· · · · · · · · · · · · · · · · · · ·			-
	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events	_				
14	Gross profit or (loss) from sales of inventory					
• •	Other revenue: a					
	P					
			·			
	d e					
2	Subtotal. Add columns (b), (d), and (e)				14 000	
	•				14,000	14,000
	e worksheet in line 13 instructions to venfy calculations.)					14,000
Pa	art XVI-B Relationship of Activities to the	Accompli	shment of Exer	npt Purpos	es	
	ine No. Explain below how each activity for which incom	ne is reported	in column (e) of Par	t XVI-A contribu	ited importantly to the	
	accomplishment of the foundation's exempt pur	rposes (other	than by providing fur	nds for such pur	poses). (See instruction:	s.)
	<u> </u>					
						
						
_					·- <u>·</u>	
_						
						
						
				 		,
						· · · · · · · · · · · · · · · · · · ·
			······································			
				 		Feet 000 DE /2019\
EEA						Form 990-PF (2018)

km 990-PF (201	, 81 F=	ost Foundation				31-14	04564	Pa	ge 13
art XVII I		Regarding Transfe	ers to and Transactions :	ind Relation	nships With Nonc	haritat	ole Exempt		90 13
			in any of the following with am	other organiz	ation described			Yes	No
			ganizations) or in section 527,	_					
organization	rs?		•					1	
Transfers fro	om the reportir	ng foundation to a non-	charitable exempt organization	of:			1	}	
							1a(1)	İ	Х
(2) Other as	ssets · · ·			<i></i>			· · 1a(2)		Х
Other trans:	actions:								
		ncharitable exempt org		· · · · · · ·	• • • • • • • • •		· · 15(1)		Х
		om a noncharitable exe	· · · · ·	• • • • • • •	• • • • • • • • • •	• • • •	· · 1b(2)	<u> </u>	Х
	•	ipment, or other assets			• • • • • • • • •		· · 1b(3)		X
	rsement arrang	-	• • • • • • • • • • • • • • • • • • • •			• • • •		+	X
	-						· · 1b(5)		X
		•			• • • • • • • • • •		1.2(0)	4	X
			er assets, or paid employees				1c	J	X
	-	-	te the following schedule. Colur		-		aa		
		_	en by the reporting foundation. show in column (d) the value of						
	nount involved		haritable exempt organization		ption of transfers, trans-			nneme	
(0,70)	iodin illourou	(c) tanto of north	entative accompt a gamentary	(4) 5634	priori et transfers, d'anse	1000113, 0	the stiming diff	ingerite	
									
			· · · · · · · · · · · · · · · · · · ·						
							· · · · · · · · · · · · · · · · · · ·		
								_	
				_					
			 						
				 					
									
		 							
described i	in section 501(•	rith, or related to, one or more 501(c)(3)) or In section 527?		ganizations		٠٠٠ 🗀 ٠٠٠٠	res [K] No
<u>(a</u>) Name of organ	nization	(b) Type of organizati	on	(c) Des	icription o	of relationship		
	A						lan and hafat to	- to	
Sign Under pe	snalties of parjury. and complete. Dep	aration of preparer (other to	d.this return, including accompanying of including accompanying in lampayer) is based on all information	criedules and stati of which preparer	ements, and to the best of n has any knowledge.		May the IRS disc		etum
lere Jac	ck Frost	CA TIVA	<u> </u>	Preside	ent		with the preparer See instructions.	shown t	elow?
	Print/Type pup		Preparers by inture		Pate	Check	H PTIN		
aid	Byron Bo		1 /hall	an Kir	07-15-2020	self-emp	_	25432	5
reparer	Firm's name	Dowis and	BOYD CPAS #C	7	Firm's El				
Jse Only	Fam's address		ighway Suite 304		Phone n				
Jae Omy		Chattanoog				423	-892-383	1	
 EEA			· · · · · · · · · · · · · · · · · · ·					990-P	F (201

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Frost	Foundation		31-1494564
Organi	zation type (check one):		
Filers o	of:	Section:	
Form 9	90 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 9	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check i	if your organization is covere	d by the General Rule or a Special Rule.	
Note: C instruct		or (10) organization can check boxes for both the General Rule and a Special Rule. S	ee
Genera	al Rule		
X	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 erty) from any one contributor. Complete Parts I and II. See instructions for determinations.	
Specia	il Rules		
	regulations under sections 13, 16a, or 16b, and that re	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support tes 5 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Paterived from any one contributor, during the year, total contributions of the greater of (1 1 nount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I a	art II, line)
	contributor, during the year literary, or educational pur	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a r, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, poses, or for the prevention of cruelty to children or animals. Complete Parts I (enter d of the contributor name and address), II, and III.	
	contributor, during the year contributions totaled more during the year for an excl	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a r, contributions exclusively for religious, charitable, etc., purposes, but no such e than \$1,000. If this box is checked, enter here the total contributions that were receusively religious, charitable, etc., purpose. Don't complete any of the parts unless the his organization because it received nonexclusively religious, charitable, etc., contributioning the year	eived
990-E2	Z, or 990-PF), but it must ar	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 9 iswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 99 ify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or	0-EZ or on its

Schedule B /Form 000	990-EZ, or 990-PF) (201)) ·
GOLDGOID D (LOULI 220)	830-62, O 330-FF) (201	3)

Page 2

Name of on Frost: Fo	ganization oundation		Employer identification number
Part I	Contributors (see instructions). Use duplicate copie	es of Part Lif additional space	31-1494564 e is needed
(a)	(b)	<u> </u>	
No.	Name, address, and ZIP + 4	(c) Total contribution	ns Type of contribution
1	Jack Frost PO Box 3400 Gainesville, GA 30503	\$110,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type of contribution
		\$	Person
EEA		S	chedulo 8 (Form 990, 990-EZ, or 990-PF) (2018)

	Federal Supporting Statements	2018 PG01
Name(s) as shown on return		Your Social Security Number
Frost Foundation	<u>-</u>	31-1494564

Form 990PF - Part XV - Line 2 Application Submission Information

Grant Program

Applicant Name

Jack Frost, Sr

Address

2030 Memorial Park RD Gainesville, GA 30504

Telephone

770-532-0478

Email Address

Form & Content

written letter explaining purpose of the charitable organization and a currnet financial statement and budget.

Submission Deadline

none

Restrictions on Award

none

ame(s) as shown on return		porting Statemen		D Number
rost Found	lation			31-1494564
•	Form 990PF - Pa			Statement #114
lame Address	Jack Frost PO Box 3400 Gainesville, GA 30503			
Prior Year Er:	Other Incr	Part III - Line eases Schedule	∍ 3 581,153	PG01 Statement #115
Cotal			581,153	
	Form 990PF - Pa Investments: Corp			PG01 Statement #137
Category		BOY	Book Value	EOY FM
futual Funds	_		586,561	627,53
Totals	=		586,561	627,53

		Federal Su	Federal Supporting Statements	2018 PG01
Nane(s) as shown on return Frost Foundation				Tax ID Number , , 31–1494564
	Form 990PF -		Part I - Line 4 - Subsidiary Schedule	Subsidiary Statement
Decreio	Ravenue and expenses	Net investment	Adjusted net income	•
Ordinary Capital Gain Advisory Fees	0 0 0	0000	13,948 138 0	
Totals	0	0	14,086	