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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491252002730

OMB No 1545-0052

2019

Return of Private Foundation 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

A Employee destination number			ndar year 2019, or tax year beginning 01-01-20)19 , a	nd er	nding 12-31-					
Distance number (or FC box number firms is not delivered to street address) Bornhalds Distance number (or instance)							entification numbe	ır			
1922 TROON WAY Continued to the continued by the continued of the continued to the continued by the continued to the continued by the cont	Mirron	harand	d street (or D.O. hou number of mail to not delivered to street address)	I Boom /oute		. 14-1928205					
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Section (c). 2517 3 Creck all that apply Initial return Initial retur	City	or town	s state or province, country, and ZIP or foreign postal code			(404) 558-0942	2				
Firear native transpectors of the period o						C If exemption	application is pendir	g, check here			
Controllers, pft, grants cange Name change	G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check h	ere ⊾ 🗀			
Check type of organization Section 501(x) geometry provided foundation Section 492(x)(1); norsempt characteristic trust Other taxable private foundation Fifther foundation are supported for the foundation of year from Part II; call (x), and (x) may not necessarily equal the annuals in columns (x), (x), and (x) may not necessarily equal the annuals in columns (x), (x), and (x) may not necessarily equal the annuals in column (x) may not necessarily equal the annuals in column (x) may not necessarily equal the annuals in column (x) may not necessarily equal the annuals in column (x) may not necessarily equal the annuals in column (x) may not necessarily equal the annuals in column (x) (x), and (x) may not necessarily equal the annuals in column (x) for the foundation is not required to attach schedule) 2											
Check type of organization Section 4927(9)() Innovement charable trius Fair market value of all assets at end of year (from Part II. col (c.)) Interest of year (from Part II.) Interest of			<u> </u>								
Fair market value of all assets at end of year (from Part II, col (c), her 26) S 16,249 The foundation is not common from the minimum of year (from Part II, col (c), her 26) S 16,249 The foundation is not required to attach schedule)											
of year (from Part II, col (c). Other (speechy) Part I Analysis of Revenue and Expenses (file total of emains in columns (a), (c), and (g) must be on cash basis				<u> </u>	!	E If the found	ation is in a 60 mont	h tarmination —			
of amounts in columns (b), (c), and (g) may not necessarily expert the amounts in columns (g) xee instructions) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check Polifith for foundation is not required to attach sch. 8 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 30,000 7 Capital gain net income (from Part IV), line 2) 0 8 Net short-term capital gain 10a Gross sales less returns and allowances b Less Cost of goods sald 10 Other income (gittach schedule) 11 Other income (gittach schedule) 12 Total. Add lines 1 through 11 1 1.145 860 13 Compensation of officers, directors, trustees, etc 14 Other employee salanes and wages 15 Pemsion plans, employee benefits 16 Legal fees (attach schedule) 20 Occupancy 17 Interest 18 Taxes (attach schedule) 9 20 Occupancy 17 Total counting fast (attach schedule) 21 Total schedule) 9 22 Onthe buttons, gifts, grants paid 10 Journal of through 23 3 3,985 821 3,164 25 Contributions, gifts, grants paid 10, 500 13,715 26 Total expenses and disbursements. Add lines 24 and disbursements. Net investment income (if negative, enter -0-) 25 Subtract line 26 from line 12 26 Excess of revenue over expenses and disbursements. Net investment income (if negative, enter -0-) 27 Adjusted net income (if negative, enter -0-) 28 Net short-term (attach schedule) 19 13,398 10 10 10 10 10 10 10 10 10 10 10 10 10 1	of '	ear (f	rom Part II, col (c), ▶\$ 116.249 ☐ Other (specify) _		ıaı						
of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal to a columns (b). (c) and the second (c)	Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Boyonyo and				(d) Disbursements			
Check				expenses per	(b)		, ,	purposes			
2 Check ▶ ☑ if the foundation is not required to attach Scn B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents 5 A Gross rents 5 Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 6 D Gross sales price for all assets on line 6a 30,000 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances 10b Less Cost of goods sold 1 Gross sales less returns and allowances 1 Less Cost of goods sold 1 Gross profit or (loss) (stach schedule) 1 Diver income (attach schedule) 1 Total. Add lines 1 through 11 1 Gompensation of officers, directors, trustees, etc 1 O O O O O O O O O O O O O O O O O O O		1									
Sch B 3 Interest on savings and temporary cash investments 312 32		,	, <u> </u>								
1000 1000		_	Sch B								
100 100			· · ·								
Dec		-		828		828					
10											
8 Net short-term capital gain	<u>e</u>		` '	(
8 Net short-term capital gain	em	_									
8 Net short-term capital gain	Rev		•			0					
10a Gross sales less returns and allowances		8									
b Less Cost of goods sold		9	Income modifications								
C Gross profit or (loss) (attach schedule)		10a	Gross sales less returns and allowances								
11 Other income (attach schedule) 12 Total. Add lines 1 through 11 1,145 860 13 Compensation of officers, directors, trustees, etc 0 0 0 0 0 0 0 0 0		b	-								
12 Total. Add lines 1 through 11		C									
13 Compensation of officers, directors, trustees, etc 0 0 0 0			,	4 445		0.00					
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) 19 Depreciation (attach schedule) 10 Depreciation (attach schedule) 10 Depreciation (attach schedule) 11 Travel, conferences, and meetings 12 Depreciation (attach schedule) 13 Depreciation (attach schedule) 15 Depreciation (attach schedule) 16 Depreciation (attach schedule) 17 Depreciation (attach schedule) 17 Depreciation (attach schedule) 18 Depreciation (attach schedule) 19 Depreciation (attach schedule) 10 Depreciatio				,	<u> </u>			,			
15 Pension plans, employee benefits						U					
16a Legal fees (attach schedule) 15	S										
Printing and publications	ıse		, , , ,								
Printing and publications	<u>B</u>	ь	Accounting fees (attach schedule)								
Printing and publications	Ě	С									
Printing and publications	tive	17	Interest								
Printing and publications	et ra	18	Taxes (attach schedule) (see instructions)	9 2) 8		8		(
Printing and publications	Ξ	19	Depreciation (attach schedule) and depletion								
Printing and publications	Ę	20	Occupancy								
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	D D	21	• • • • • • • • • • • • • • • • • • •								
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	a										
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	<u> Fil</u>	23		3,985		821		3,164			
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	er at	24	· •	2.55		22.5					
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ă	25	•			829		· · · · · · · · · · · · · · · · · · ·			
25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)				10,330				10,330			
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)			•	14,543		829		13,714			
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		27									
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		a		-13,398							
		ь		·		31					

89,680

125.643

125,643

125,643

125.643

80.680

110.100

110,100

110,100

110.100

125,643

-13,398

112,245

110,100 Form **990-PF** (2019)

2,145

1

2

3

4

5

6

86,829

116.249

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶ ____

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

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds

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

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Net assets without donor restrictions . . .

Net assets with donor restrictions

Other assets (describe > _

Other liabilities (describe -_

Grants payable

	5
	6
	7
2	8
Assets	9
As	10a
	b
	1

b c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

28

30

Part III

2

3

Liabilities

Balances

Fund

ō 26

Assets 27

Net 29

	e the kind(s) of property sold (e g , arehouse, or common stock, 200 shs	How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)				
1 a PUBLICLY TRADED SECU	RITIES		Р					
b								
c								
d								
	(5)		(-)	,	<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)				
a 3	30,000		30,000		0			
b								
С								
d								
e								
			12/21/60					
Complete only for assets	s showing gain in column (h) and ow	<u> </u>			l)			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col(ı) (յ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))			
a					0			
ь								
c								
d								
e								
If gain, also enter in Pa in Part I, line 8	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	}	3				
	Jnder Section 4940(e) for Reprivate foundations subject to the sec							
If section 4940(d)(2) applies, le	•	ction 4940(a) tax on he	et investment incom	e)				
* / * / * * * * * * * * * * * * * * * *	•							
If "Yes," the foundation does no	e section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part			es 🗹 No			
	nount in each column for each year,	see instructions before	making any entries					
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c				
2018	16,527		130,328		0 126811			
2017	11,120		149,213		0 074524			
2016	7,766		156,423		0 049647			
2015	5,567		160,129		0 034766			
2014	30,235		179,883		0 168081			
2 Total of line 1, column (d)		2		0 453829			
	o for the 5-year base period—divide							
number of years the four	ndation has been in existence if less incharitable-use assets for 2019 from	than 5 years	3		0 090766 112,193			
5 Multiply line 4 by line 3			5		10,183			
• • •	ent income (1% of Part I, line 27b)		6		0			
					10,183			
								
	ions from Part XII, line 4 , eater than line 7, check the box in Pa			l g a 1% tax rate Se	13,714 e the Part VI			
				Fo	rm 990-PF (2019)			

	(5) Provide for any purpose other th		- ·			1 110			
	educational purposes, or for the		•		Yes 🗸	No			
Ь	If any answer is "Yes" to 5a(1)-(5),		•		· ·		 5b		
	Regulations section 53 4945 or in a		5 5			_	3D		_
_	Organizations relying on a current n If the answer is "Yes" to question 5a		-						
	tax because it maintained expenditu			•					
	If "Yes," attach the statement require		. , ,		· · L Yes L	No			
6a	Did the foundation, during the year,								
Oa	a personal benefit contract?			mairectly, to pay premiu	iins oii				
h	Did the foundation, during the year,			urectly on a personal her	· L Yes ✓	No	6b	No	
	If "Yes" to 6b, file Form 8870	pay	premiums, directly or mu	illectiy, oli a persoliai bei	nent contract.			110	_
7a	At any time during the tax year, was	the:	foundation a party to a r	rohibited tay shelter tran	nsaction?	ı			
	If "Yes", did the foundation receive a				I Yes IV	No	7b		
8	Is the foundation subject to the sect								_
	excess parachute payment during th					I			
	<u> </u>	•			Yes ☑ Inagers, Highly Paid E	No	<u></u>		=
Pai	and Contractors	ille	ers, Directors, Trust	ees, Foundation Ma	magers, Highly Paid E	шрю	yees,		
1	List all officers, directors, trustee			·					_
(a) Name and address			b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and		(e) Expense account, other allowances		
			devoted to position	-0-)	deferred compensation		iowanices	_	
	AM J LOWERY III	CEO 2 00		0	(이			0
BRAS	TROON WAY ELTON, GA 30517								
	DRAKE	CFO 2 00		0	(이			0
	0X 397 AL CIRCLE, GA 30025	2 00							
2	Compensation of five highest-pai	d en	nployees (other than t	nose included on line 1	.—see instructions). If no	ne, e	nter "ľ	NONE."	_
			(h) Title and suggested		(d) Contributions to				_
(a)	Name and address of each employee more than \$50,000			(c) Compensation	employee benefit plans and deferred	(e) Expense account, other allowances			
NON	-		'		compensation				_
NON	=								
-									_
-									
									_
-									_
-									_
I				1					

Form 990-PF (2019)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2019)

Pal	organizations check here $ ightharpoonup$ and do not complete this part)								
1	Minimum investment return from Part X, line 6								5,610
2a	Tax on investment income for 2019 from Part VI, line 5	2a							
ь	Income tax for 2019 (This does not include the tax from Part VI)	2b							
С	Add lines 2a and 2b						2c		0
3	Distributable amount before adjustments Subtract line 2c from line 1						3		5,610
4	Recoveries of amounts treated as qualifying distributions						4		0

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

1a

1b

2

3a 3h

4

5

13,714

13.714

13.714

Form 990-PF (2019)

Part XII

1

2

3

4

5

b

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

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

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

Page 9

5,610

5,610

Form 990-PF (2019)

0

t	XΙ	

90-PF (2	019)
- YTTT	Hn

b Total for prior years

a From 2014.

e From 2018.

b From 2015. . . . c From 2016. . . **d** From 2017. . . .

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2019

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

income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. . **b** Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. .

e Excess from 2019. .

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

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b

4a from line 2a Taxable amount—see instructions

lines 4d and 5 from line 1. This amount must be distributed in 2020 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 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

rm 990-PF (2019)	
Part XIII Undistributed Income (see instruction	s)

Form 990-PF (20	019)
Part XIII	Undist

- 1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019
- a Enter amount for 2018 only.

21.328

3.707 10,027

3.707

10.027

8.104

(a)

Corpus

35.062

8.104

43,166

21.328

21,838

(b)

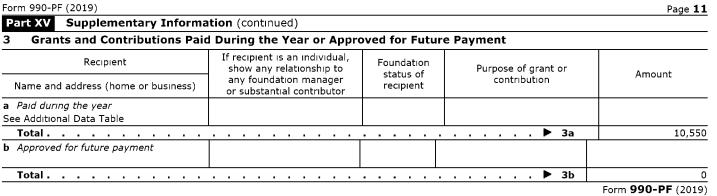
Years prior to 2018

(c)

2018

c Enter the amount of prior years' undistributed d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line f Undistributed income for 2019 Subtract

factors



Enter gross amounts unless otherwise indicated		Unrelated bu	usiness income	Excluded by section	(e) Related or exemp		
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)	
_	and contracts from government agencies						
	ership dues and assessments						
investr	st on savings and temporary cash			14	317		
	nds and interest from securities			14	828		
	ntal income or (loss) from real estate						
	-financed property						
	lebt-financed property						
	ntal income or (loss) from personal property						
	r (loss) from sales of assets other than						
invento				18			
	come or (loss) from special events						
10 Gross	profit or (loss) from sales of inventory						
	revenue a						
		+					
e							
12 Subtot	al Add columns (b), (d), and (e)		C		1,145	(
	Add line 12, columns (b), (d), and (e)			13	3	1,145	
	orksheet in line 13 instructions to verify calcu		ment of Exem	nt Purposes			
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex	income is report	ed ın column (e) o	f Part XVI-A contribu			
	instructions)						

Part XV	/II	Exempt Organi		ransı	rers to a	and Iransacti	ons and	Kelatio	nsnips with Non	icnaritab	е		
		enization directly or in nan section 501(c)(3)	directly enga							n 501		Yes	No
a Transfe	ers fr	om the reporting foun	dation to a n	oncha	rıtable exe	empt organizatio	n of						
(1) Ca	ash.									. 1a	(1)		No
(2) 0	thera	assets								. 1a	(2)		No
b Other t	trans	actions											
(1) Sa	ales d	of assets to a nonchar	ıtable exempt	t orga	nızatıon.					. 1b	(1)		No
(2) Pu	urcha	ses of assets from a r	noncharitable	exem	pt organiz	ation				1b	(2)		No
(3) Re	ental	of facilities, equipmen	nt, or other as	ssets.						<u>1b</u>	(3)		No
(4) Re	eımbı	ursement arrangemen	ts							. <u>1b</u>	(4)		No
		or loan guarantees.								. 1b			No
(6) Pe	rform	ance of services or m	embership or	r fund	raising sol	icitations				. <u>1b</u>	(6)		No
	-	acılıtıes, equipment, n	-		-						С		No
		er to any of the above									•		
		s, other assets, or ser action or sharing arra											
, , ,							3 , -		,				
(a) Line No	1	(b) Amount involved	(c) Name of	noncha	arıtable exer	mpt organization	(d) Des	cription of	transfers, transactions,	and sharing	arrar	ngemen	ts
	+												
	+												
	+												
	+												
	_												
	+												
3 - T - H - 4	<u> </u>					d k			4				
		lation directly or indire	•		•					s 🔽 No			
		section 501(c) (other		1 501(c)(3)) or i	in section 52/?.			Ц Ye	is 🖭 No)		
b If "Yes,	," cor	nplete the following so			1 4	Tune of organizat	··on	ı	(a) Decembran	of rolationsh			
		(a) Name of organization	л		(1) Type of organizat	.1011		(c) Description	or relationsii	P		
c	of my	penalties of perjury, knowledge and belief preparer has any kno	, it is true, co										
Sign Here L		****	3			2020-09-02	,	*****		May the IF return with the pi			
	Sı	gnature of officer or t	rustee			Date		Γıtle		below (see instr		_	
		Print/Type preparer's	name	Prepa	arer's Sıgr	nature	Date		Check if self-	TIN			
n-:.:		RONALD E FARMER						-09-02	employed ▶ □		223	342	
Paid Prepar		Fırm's name ► CHE	RRY BEKAERT	T LLP						Firm's EIN ▶56-0574444			
Use On	ıly									min S CIN P	J0.	55/44	-T-T
			75 PEACHTR			: 2200			l P	Phone no (404) 209-0954			0954
		ATLANTA, GA 30309								, ,			

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)

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

or substantial contributor

a Paid during the year			
ASPCA424 E 92ND ST NEW YORK, NY 10128	NA	PREVENTION OF ANIMAL CRUELTY	200

AMERICAN CANCER SOCIETY	NA	CANCER RESEARCH	
250 WILLIAMS ST NW			
ATI ANTA CA 20202	I		

AMERICAN CANCER SOCIETY	NA	CANCER RESEARCH	1,400
250 WILLIAMS ST NW			
ATLANTA, GA 30303			

ATLANTA, GA 30303			
BOYS TOWN14100 CRAWFORD STREET	NA	BOYS CLUB	350

ATLANTA, GA 30303			
	NA	BOYS CLUB	350
BOYS TOWN, NE 68010			1

BOYS TOWN14100 CRAWFORD STREET	NA	BOYS CLUB	35
BOYS TOWN, NE 68010			

10,550

DOTS TOWNSTIES CHANTOND STREET	1177	0013 6200	1
BOYS TOWN, NE 68010			
			(

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

any foundation manager

Name and address (home or business)

,	or substantial contributor		
a Paid during the year			
DISABLED AMERICAN VETERANS 995 ROSWELL ST NE MARIETTA, GA 30060	NA	VETERANS GROUP	300

recipient

1,900

LEUVENTA O LYMPHOMA COCTETY	NIA.	CANCED DECEADOR	
PO BOX 5313 ST MARYS, GA 31558		Troste Essamion	
GEORGIA RADIO HALL OF FAME	l _{NA}	MUSIC EDUCATION	
1			

PO BOX 5313 ST MARYS, GA 31558			,
LEUKEMIA & LYMPHOMA SOCIETY 2859 PACES FERRY ROAD SE STE 725 ATLANTA. GA 30339	NA	CANCER RESEARCH	

ST MARYS, GA 31558			
LEUKEMIA & LYMPHOMA SOCIETY 2859 PACES FERRY ROAD SE STE 725 ATLANTA, GA 30339	NA	CANCER RESEARCH	100
Total		 ▶ 3a	10,550

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NATIONAL LAW ENFORCEMENT NA MEMORIAL FOR OFFICERS 150 MEMORIAL 450 F ST NW

WASHINGTON, DC 20001			
NORTHEAST GEORGIA HUMANE SOCIETY 845 W RIDGE ROAD GAINESVILLE, GA 30501	NA	ANIMAL SHELTER	300
ST JUDES CHILDREN'S HOSPITAL	NA	CHILDREN'S HOSPITAL	800

▶ 3a

10,550

262 DANNY THOMAS PLACE MEMPHIS, TN 38105

Total .

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

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

a Paid during the year			
THE PALM HOUSE RECOVERY CENTER 610 OGLETHORPE AVE ATHENS, GA 30606	NA	RECOVERY CENTER	3,000
VETERANS OF FOREIGN WARS	NA	ASSISTANCE TO VETERANS	150

ATHENS, GA 30606			
VETERANS OF FOREIGN WARS 140 POWERS FERRY ROAD MARIETTA, GA 30067	NA	ASSISTANCE TO VETERANS	150
CMCCI4941 UNION CHURCH BD	N A	EDUCATIONAL	

MARIETTA, GA 30067			
CMCSI4841 UNION CHURCH RD FLOWERY BRANCH, GA 30542	NA	EDUCATIONAL	50

10,550

CMCSI4841 UNION CHURCH RD FLOWERY BRANCH, GA 30542	NA	EDUCATIONAL	

Total .

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

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
TUCKER HIGH SCHOOL	NA		EDUCATIONAL	200

5036 LAVISTA ROAD TUCKER, GA 30084	INA	EDUCATIONAL	20
FORGOTTEN PAWS DOG RESCUE 3360 JOSEPH DRIVE	NA	ANIMAL RESCUE	20

TOURER, CIT SOUST			
FORGOTTEN PAWS DOG RESCUE 3360 JOSEPH DRIVE ACWORTH, GA 30101	NA	ANIMAL RESCUE	200
PAWS FOR A CAUSE	NA	ANIMAL SHELTER	100

Total		 ▶ 3a	10,550
PAWS FOR A CAUSE 2700 BRASELTON HWY SUITE 10-265 DACULA, GA 30019	NA	ANIMAL SHELTER	100
ACWORTH, GA 30101			

Recipient If recipient is an individual, Purpose of grant or 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

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

a Tala daring the year			
LEFTOVER PETS INC 610 BARROW PARK DRIVE WINDER, GA 30680	NA	ANIMAL CLINIC	150
CENTRAL HIGH SCHOOL	NA	EDUCATIONAL	400

CENTRAL HIGH SCHOOL 113 CENTRAL HIGH ROAD CARROLLTON, GA 30116	NA	EDUCATIONAL	400
USOP O BOX 96860		MILITARY	200

CARROLLTON, GA 30116			
USOP O BOX 96860 WASHINGTON, DC 20077		MILITARY	200
Total	 	▶ 3a	10,550

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

recipient

10,550

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

Name and address (home or husiness)

Total .

Name and address (nome of business)	or substantial contributor		
a Paid during the year			
NATIONAL AMERICAN MISS (NAM)		SCHOLARSHIP FUND	600

NATIONAL AMERICAN MISS (NAM)		SCHOLARSHIP FUND	
718 HARPETH PKWY W			
NASHVILLE, TN 37221			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491252002730			
TY 2019 Investments - Other Schedule					
Name:	BILL LOWERY FOU	JNDATION INC			
EIN:	14-1928205				
Investments Other Schedule 2					

Investments Other Schedule 2				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
RAYMOND JAMES INVSTMENTS	FMV	80,680	86.829	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491252002730	
TY 2019 Other Decreases Schedule				
Name:	BILL LOWERY	FOUNDATION INC		
EIN:	14-1928205			
Description		Amount		

BASIS ADJUSTMENT ON SALE OF ASSET

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491252002730
TY 2019 Other Expenses Schedule				
Name:	BILL LOWERY F	OUNDATION INC		
EIN:	14-1928205			
Other Expenses Schedule	,	,		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,285	821		2,464
MANAGEMENT FEES	500	0		500

OFFICE EXPENSE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	-	DL	N: 93491252002730
TY 2019 Taxes Schedule				
				l
Name: BILL LOWERY FOUNDATION INC EIN: 14-1928205				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

2018 IRS TAX PAID