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DLN: 93491163001230

2019

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

		ndar year 2019, or tax year beginning 01-01-20)19 , ar	nd ending 12-31-	2019 entification numbe	r
		FOUNDATION CHARITABLE TRUST		26-6684203	entification numbe	•
Num	ber and	d street (or P O box number if mail is not delivered to street address)	Room/suite			>
	о вох		, , , , , , , , , , , , , , , , , , , ,	·	mber (see instructioi	is)
Cıty	or town	n, state or province, country, and ZIP or foreign postal code		(205) 914-8681		
KENI	NESAW,	, GA 30156		C If exemption	application is pendin	g, check here
G Cł	eck al	l that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	ere 🕨 🔲
		Final return Amended return			ganizations meeting k here and attach co	
		Address change Name change			ındatıon status was t	· -
	,	rpe of organization ✓ Section 501(c)(3) exempt private			n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust Other taxable Ket value of all assets at end J Accounting method	e private foundation Cash Accru	E If the founds	ition is in a 60-montl	tormination —
of '	year (f	rom Part II, col (c), ▶\$ 13,997,742 (Part I, column (d) must			n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	16,872			
	2	Check ▶ ☐ if the foundation is not required to attach				
	3	Sch B Interest on savings and temporary cash investments	265	265		
verkie	4	Dividends and interest from securities	11,307	11,307		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	6,338,318			
	b	Gross sales price for all assets on line 6a				
Re	7	Capital gain net income (from Part IV, line 2)		6,338,318		
	8	Net short-term capital gain				
4 5a b 6a b 6a b 7 7 8 9 10a b c 11	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
		Other income (attach schedule)				
	12	Total. Add lines 1 through 11	6,366,762	6,349,890		
	13	Compensation of officers, directors, trustees, etc	77,830			C
	14	Other employee salaries and wages	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22,233		
Š	15	Pension plans, employee benefits				
nse	16a	Legal fees (attach schedule)				
Expenses	b	Accounting fees (attach schedule)	1,949	0		C
	С	Other professional fees (attach schedule)	150	150		C
and Administrative	17	Interest				
SE E	18	Taxes (attach schedule) (see instructions)	36,651	5,964		С
Ē	19	Depreciation (attach schedule) and depletion				
Ad	20	Occupancy	675	0		0
рq	21 22	Printing and publications	0/3			<u> </u>
e G	23	Other expenses (attach schedule)	168	0		C
Operating	24	Total operating and administrative expenses.	_			
Ď.		Add lines 13 through 23	117,423	21,680		c
0	25	Contributions, gifts, grants paid	625,000			625,000
	26	Total expenses and disbursements. Add lines 24 and 25	742,423	21,680		625,000
	27	Subtract line 26 from line 12	,	,,,,,,		, , ,
	а	Excess of revenue over expenses and disbursements	5,624,339			
	ь	Net investment income (If negative, enter -0-)	.,==.,,==	6,328,210		
	С	Adjusted net income (If negative, enter -0-)				
For	Paper	work Reduction Act Notice, see instructions.		Cat No 11289	. For	m 990-PF (2019)

412,110

427,092

427,092

427.092

2,600,051

6,051,431

6,051,431

6,051,431

427,092

0

5,624,339

6,051,431

6,051,431 Form **990-PF** (2019)

1

2

3

4

5

10,546,362

13,997,742

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule) ▶

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

Investments—corporate stock (attach schedule)

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 beginning of year—Part II, column (a), line 29 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

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

Other increases not included in line 2 (itemize) ▶ _____

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less allowance for doubtful accounts ▶

	4
	5
	6
	7
2	8
Assets	9
Ā	10a
	L

h

С

11

Liabilities

Fund Balances

ö

Assets 27

Net

26

28

29

30

Part III

2

3

```
Less accumulated depreciation (attach schedule) ▶
12
     13
     Investments—other (attach schedule) . . . .
14
     Land, buildings, and equipment basis
     Less accumulated depreciation (attach schedule)
15
     Other assets (describe > .
16
     Total assets (to be completed by all filers—see the
                                                                      427.092
                                                                                     6,051,431
     instructions Also, see page 1, item I)
17
     18
     Grants payable
19
     20
     Loans from officers, directors, trustees, and other disqualified persons
21
     Mortgages and other notes payable (attach schedule). . . . . .
22
     Other liabilities (describe -
     Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .
23
     Foundations that follow FASB ASC 958, check here ▶ □
     and complete lines 24, 25, 29 and 30.
24
     Net assets without donor restrictions . . .
     Net assets with donor restrictions . . .
25
```

Capital Gallis	and Losses for Tax on Threst	inche Income			
	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Additional Data Tabl	e				
b					
С					
d					
<u>е</u>					
(e) Gross sales price	(f) Depreciation allowed	Cost or	(g) other basis	Gain o	h) r (loss)
	(or allowable)	plus exp	ense of sale	(e) plus (r) minus (g)
a See Additional Data Tabl	e				
b					
СС					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		1)
(i) FMV 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 See Addıtıonal Data Tabl		0.0.00	(3)/ 4/	`	. , , ,
b	-				
C					
d					
<u>е</u>					
	1	If gain, also enter in P	art I line 7		
2 Capital gain net income	or (net capital loss)	If (loss), enter -0- in F		2	6,338,318
•	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	. ,	· }	3	
Part V Qualification (Jnder Section 4940(e) for Re	educed Tax on Net	Investment I	ncome	
	private foundations subject to the sec				
If section 4940(d)(2) applies, le	•	ction 4940(a) tax on he	et investment inco	me)	
	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do		ın the base perio	d? ☐ Y	es 🗹 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entri	es	
(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 rat (col (b) divided by c	
2018	618,754		9,624,546		0 064289
2017	529,293		12,844,263		0 041209
2016	541,225		10,581,306		0 051149
2015	395,643		11,112,294		0 035604
2014	203,789		7,966,463		0 025581
2 Total of line 1, column (d)		2		0 217832
number of years the four	o for the 5-year base period—divide indation has been in existence if less Incharitable-use assets for 2019 fron	than 5 years			0 043566 11,024,446
5 Multiply line 4 by line 3		•	5		480,291
				+	
	ent income (1% of Part I, line 27b)		6		63,282
			7		543,573
	ions from Part XII, line 4 , eater than line 7, check the box in Pa		<u>8</u> nplete that part us		625,000 e the Part VI
				E	rm QQN-DF (2019)

Page **6**

Pai	t VII-B	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (co	ntınue	ed)				
5a	During the	e year did the foundation	pay o	r incur any amount to							Yes	No
	(1) Carry	on propaganda, or otherv	wise a	ttempt to influence legisl	ation (section 4945(e))?	Г	Yes		No.			
	(2) Influe	nce the outcome of any s	pecifi	public election (see sect	ion 4955), or to carry		_ 1es		110			
	on, di	rectly or indirectly, any vo	oter re	egistration drive?			7 v		No			
	(3) Provid	le a grant to an individual	for t	avel, study, or other sım	ılar purposes?	F	」Yes □ Yes		No			
	(4) Provid	le a grant to an organizat	ion ot	her than a charitable, etc	; , organization described		_ res	•	NO			
	ın sec	tion 4945(d)(4)(A)? See ii	nstru	tions		г	Yes	✓	No			
	(5) Provid	le for any purpose other t	han r	eligious, charitable, scien	tıfıc, lıterary, or	L	_ res	•	NO			
	educa	tional purposes, or for the	e prev	ention of cruelty to childr	en or animals?		Yes	~	No			
b	If any ans	wer is "Yes" to 5a(1)-(5),	, did a	any of the transactions fa	il to qualify under the ex	ceptions describ		•	NO			
	Regulation	ns section 53 4945 or in a	curre	ent notice regarding disas	ter assistance? See instr	uctions				5b		
	Organizat	ions relying on a current r	notice	regarding disaster assist	ance check here		. ▶	П				
С	If the ans	wer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the			ш				
	tax becau	se it maintained expenditi	ure re	sponsibility for the grant		г	Yes	П	No			
	If "Yes," a	ttach the statement requi	red b	y Regulations section 53	4945-5(d)	L	_ tes	ш	NO			
6a	Did the fo	undation, during the year	, rece	ive any funds, directly or	indirectly, to pay premit	ıms on						
		I benefit contract?	-				٦	✓				
ь		undation, during the year			lirectly, on a personal be	L • nefit contract	」Yes		No	6 b		No
		6b, file Form 8870	,	, ,	,, ,							
7a	At any tim	ne during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trai	nsaction?	٦					
ь		lid the foundation receive					」Yes	✓	No	7 b		
8	Is the four	ndation subject to the sec	tion 4	960 tax on payment(s) o	of more than \$1,000,000	ın remuneration	or					
	excess pa	rachute payment during t	he ye	ar [?]		г	Yes	~	No			
		Information About (Offic	ers. Directors. Trust	ees. Foundation Ma	nagers. High				vees		
Pai	t VIII	and Contractors	•	0.5, 500.0.5,	,	age.e,g.	,			,,		
1	List all of	ficers, directors, truste	es. fo	oundation managers ar	nd their compensation.	See instruction	ns					
	2.50 4.11 51	,		b) Title, and average	(c) Compensation (If	(d) Contrib		:0	(0)	Evnon		t
	(a) Na	nme and address		hours per week	not paid, enter	employee bene					ise acc Ilowano	
CATU	EDINE M CMT	T. I.	TRUS	devoted to position	-0-)	deferred com	pensati					
	ERINE M SMI LEXION WAY		0 00	NIEE	0			0				(
	AL MOUNTAIN								I			
ELIZA	BETH SMITH											(
		WILLIAMS	TRUS	TEE	77,830			0				
KENN	OX 2804		TRUS 2 00	TEE	77,830			0				
	ESAW, GA 3	0156	2 00		,							
CRAIC	ESAW, GA 3 DOUGLAS S	0156 MITH			77,830			0				(
228 H	ESAW, GA 3	0156 MITH LACE	2 00 TRUS		,							(
228 H	ESAW, GA 3 DOUGLAS S EATHCLIFF P TONSALEM, N	0156 MITH LACE	2 00 TRUS 0 00	TEE	0	.—see instructi	ions).]	0		nter "	NONE.	."
CRAIC 228 H WINS 2	ESAW, GA 3 DOUGLAS S EATHCLIFF P TONSALEM, N Compens	0156 MITH LACE IC 27104 ation of five highest-pa	2 00 TRUS 0 00	TEE nployees (other than th	0	(d) Contrib	utions t	O If noi	ne, er			
CRAIC 228 H WINS 2	ESAW, GA 3 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	0	(d) Contrib employee	utions t benefit	0 If no	ne, er	Expens	se acco	unt,
CRAIC 228 H WINS 2	ESAW, GA 3 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa	2 00 TRUS 0 00	nployees (other than the (b) Title, and average	nose included on line 1	(d) Contrib	utions t benefit deferred	0 If no	ne, er	Expens		unt,
CRAIC 228 H WINS 2	ESAW, GA 3 6 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,
228 H WINS 2 (a)	ESAW, GA 3 6 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,
228 H WINS 2 (a)	ESAW, GA 3 5 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,
228 H WINS 2 (a)	ESAW, GA 3 5 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,
228 H WINS 2 (a)	ESAW, GA 3 5 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,
228 H WINS 2 (a)	ESAW, GA 3 5 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,
228 H WINS 2 (a)	ESAW, GA 3 5 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,
228 H WINS 2 (a)	ESAW, GA 3 5 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,
228 H WINS 2 (a)	ESAW, GA 3 5 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,
228 H WINS 2 (a)	ESAW, GA 3 5 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	2 00 TRUS 0 00	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,
CRAIC 228 H WINS 2 (a) NON	ESAW, GA 3 DOUGLAS S EATHCLIFF P TONSALEM, N Compens Name and a mu	0156 MITH LACE IC 27104 ation of five highest-pa address of each employee	TRUS	nployees (other than the control of	nose included on line 1	(d) Contrib employee plans and compens	utions t benefit deferred	0 If no	ne, er	Expens	se acco	unt,

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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)

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

2

За 3h

4

5

625,000

63.282

561.718

Form 990-PF (2019)

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

From 2014. . **b** From 2015. . . c From 2016. . **d** From 2017. . e From 2018. . . .

151,075

336,865

Form **990-PF** (2019)

0

Page 9

Part XIII	Uı

Part XIII	Undistributed Income (see	instructions)
		(a) Corpus
1 Distributab	le amount for 2019 from Part XI, lin	ie 7
2 Undistribut	ed income, if any, as of the end of 2	2019
a Enter amou	unt for 2018 only	
b Total for p	rior years 20, 20, 2	0
3 Excess dist	ributions carryover, if any, to 2019	

f Total of lines 3a through e. 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).

5 Excess distributions carryover applied to 2019

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 2018 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

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

6 Enter the net total of each column as

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

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. .

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

Subtract lines 7 and 8 from line 6a

indicated below:

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

same amount must be shown in column (a))

0

0

(b)

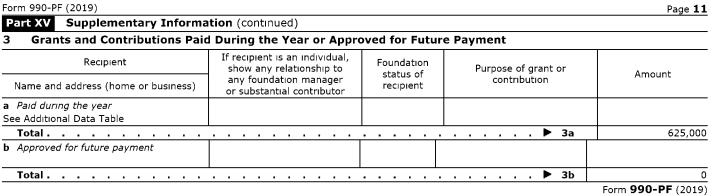
Years prior to 2018

(c)

2018

473,925

473,925



Program service revenue Comparison of the service revenue Com	a b c		Unrelated bu	silless illcome	Excluded by section	512, 513, or 514	(e) Related or exempt
b	ь	m service revenue					function income (See instructions)
c d	с						
g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments			-				
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments							
g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments Dividends and interest from securities. 14 265 Dividends and interest from securities. 14 13,307 Net rental income or (loss) from real estate a Debt-financed property. 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 Gross profit or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b C d E Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). Total. Add line 13 instructions to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See							
Membership dues and assessments. Interest on savings and temporary cash investments	-						
Investments	Memb	ership dues and assessments					
Net rental income or (loss) from real estate a Debt-financed property					14	265	
b Not debt-financed property					14	11,307	
Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory							
Other investment income							
Gain or (loss) from sales of assets other than inventory							
Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b c d Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). See worksheet in line 13 instructions to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See							
Gross profit or (loss) from sales of inventory Other revenue a b c d e Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). See worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See		•			18	6,338,318	
Other revenue a		, ,					
b c d d d d d d d d columns (b), (d), and (e).							
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	b						
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Did the organizations and Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501 (c)) or indirectly engage in any of the following with any other organization described in section 501 (c) (3) organizations or in section 527, relating to political organizations? 1a(1)	orm 990-P	· · · · · · · · · · · · · · · · · · ·						Pa	ge 13
(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? (1) Cash	Part XV			sfers To and Transact	ions and Relat	ionships With Nonchari	table		
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Za Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?	ın any t	ransaction or sharing arra	ingement, show in	n column (d) the value of t	he goods, other a	ssets, or services received			
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described in section 501(c) (other than section 501(c)(3)) or in section 527?									
b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of	2a Is the fo	oundation directly or indir	ectly affiliated wit	h, or related to, one or mo	re tax-exempt org	anızatıons			
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of	b If "Yes,"	' complete the following s	chedule						
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	of	my knowledge and belief	f, it is true, correc	t, and complete Declaration	n of preparer (oth	ner than taxpayer) is based or	all infor	matio	n of

Paid

Sign May the IRS discuss this 2020-05-08 Here return with the preparer shown Signature of officer or trustee Date Title (see instr) 🗹 Yes 🗆 No PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P00537690 employed ▶ □ CHRISTINE K COOK 2020-05-08 **Preparer** Firm's name ▶ JACKSON THORNTON & CO PC Firm's EIN ▶63-1035228 **Use Only** Firm's address ▶ PO BOX 96 Phone no (334) 834-7660 MONTGOMERY, AL 361010096

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation WABTEC CORP COM 5 412 SHARES Р 2019-02-26 2019-09-17 GENERAL ELECTRIC CO COM 7 621 SHARES Ρ 2011-01-26 2019-03-08 MALLINCKRODT PLC USD0 20 SHARES 47 SHARES Р 2011-05-06 2019-03-06 CLEGENE CORP 1510201004 300 SHARES D 2002-06-29 2019-03-05 CLEGENE CORP 1510201004 300 SHARES D 2002-06-29 2019-03-06 CLEGENE CORP 1510201004 400 SHARES D 2002-06-29 2019-06-10 CLEGENE CORP 1510201004 200 SHARES D 2002-06-29 2019-09-17 CLEGENE CORP 1510201004 3000 SHARES D 2002-06-29 2019-11-07 Ρ GENERAL ELECTRIC CO COM 1,000 SHARES 2010-11-16 2019-03-06 MALLINCKRODT PLC USD0 20 SHARES 61 531 SHARES Р 2010-11-16 2019-03-06 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 366 400 -34 69 140 -71 10 18 -8 25.617 562 25,055 25,673 562 25,111 750 37,363 38,113 19,631 375 19,256 324,746 5,624 319,122 9,005 15,894 -6,889 1,283 1.870 -587 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -34 -71 -8 25,055 25,111 37,363 19,256 319,122 -6,889 -587

List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo , day, yr) (mo, day, yr) D-Donation CELGENE MERGER 2002-06-29 2019-11-21 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(e) Gross sales price	Deprectation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)					
12,871,263		6,951,263	5,920,000					
Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I								
Complete only for assets show	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus							

12,871,263		6,951,263	5,920,000
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment Income - Colum	ns i - I
Complete only for assets show	ring gain in column (h) and owned b	y the foundation on 12/31/69	Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col(i) (k) over col(j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))
			5,920,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
ARTSBUILD 301 E 11TH STREET SUITE 300 CHATTANOOGA, TN 37403	NONE	PC	FUND "IMAGINE" INITIATIVE" TO HELP PROVIDE HAMILTON COUNTY, TN ELEMENTARY STUDENTS FREE ART AND CULTURAL EXPERIENCES PRSENTED BY LEADING ARTS ORGANIZATIONS AND FUND COMMUNITY CULTURAL CONNECTIONS	30,000			
CHATTAHOOCHEE TECH FOUNDATION 980 SOUTH COBB DRIVE MARIETTA, GA 30060	NONE	PC	FUND SCHOLARSHIPS, TEXTBOOK LENDING PROGRAM, STUDY ABROAD PROGRAM, AND FOUNDATION'S EMERGENCY FUND	30,000			
CHATTANOOGA ROOM IN THE INN 230 N HIGHLAND PARK AVENUE CHATTANOOGA, TN 37404	NONE	PC	SUPPORT FOR TEMPORARY HOUSING, PROGRAMS, AND SERVICES TO HOMELESS	25,000			

Total . .

WOMEN AND CHILDREN

▶ 3a

625,000

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

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE FOUNDATION 4501 AMNICOLA HIGHWAY CHATTANOOGA, TN 37406	NONE	PC	"GLOBAL SCHOLARS" PROGRAM - PROVIDE UNIQUE LEARNING AND EXPLORATORY EXPERIENCES NOT TYPICALLY AVAILABLE TO STUDENTS	100,000
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA PO BOX 14608 GREENSBORO, NC 27405	NONE	PC	FUND "WISE GUYS" PROGRAMS IN LENOIR, ROCKINGHAM, WAYNE COUNTIES, NC TO HELP REDUCE TEEN PREGNANCY	75,000
COMMUNITIES IN SCHOOLS OF MARIETTACOBB COUNTY INC	NONE	PC	SUPPORT FOR DROPOUT PREVENTION PROGRAMMING TO	50,000

			AVAILABLE TO STUDENTS	
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA PO BOX 14608 GREENSBORO, NC 27405	NONE	PC	FUND "WISE GUYS" PROGRAMS IN LENOIR, ROCKINGHAM, WAYNE COUNTIES, NC TO HELP REDUCE TEEN PREGNANCY	75,000
COMMUNITIES IN SCHOOLS OF MARIETTACOBB COUNTY INC 316 ALEXANDER STREET SUITE 10 MARIETTA, GA 30060	NONE	PC	SUPPORT FOR DROPOUT PREVENTION PROGRAMMING TO INCLUDE CASE MANAGEMENT, TUTORING AND MENTORING INCLUDES FUNDING FOR OFFICE EXPANSION AND WEBSITE/SOCIAL MEDIA UPDATE	50,000
Total			▶ 3a	625,000

GREENSBORO, NC 27405			REDUCE TEEN PREGNANCY	
COMMUNITIES IN SCHOOLS OF MARIETTACOBB COUNTY INC 316 ALEXANDER STREET SUITE 10 MARIETTA, GA 30060	NONE	PC	SUPPORT FOR DROPOUT PREVENTION PROGRAMMING TO INCLUDE CASE MANAGEMENT, TUTORING AND MENTORING INCLUDES FUNDING FOR OFFICE EXPANSION AND WEBSITE/SOCIAL MEDIA UPDATE	50,00

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 CRISIS CONTROL MINISTRY NONE PC OPERATIONAL SUPPORT AND 80,000

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

200 EAST 10TH STREET WINSTONSALEM, NC 27101			UTILITY ASSISTANCE FOR FAMILIES IN CRISIS	
FORSYTH TECH FOUNDATION 2100 SILAS CREEK PARKWAY WINSTONSALEM, NC 27103	NONE	PC	SUPPORT FOR STUDENTS WHO ARE INELIGIBLE FOR FINANCIAL AID, OR HAVE AN UNEXPECTED EMERGENCY	25,000

WINSTONSALEM, NC 27103			AID, OR HAVE AN UNEXPECTED EMERGENCY	
GEORGIA GWINETT COLLEGE FOUNDATION 1000 UNIVERSITY CENTER LANE LAWRENCEVILLE, GA 30043	NONE	PC	GGC STUDENT EMERGENCY FUND - TUITION AND FEES FOR FINANCIALLY NEEDY STUDENTS	25,000

Total .

3a

625,000

If recipient is an individual, Foundation Purpose of grant or Recipient 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 GIRLS INC OF CHATTANOOGA NONE PC FUNDING FOR OUT OF SCHOOL 40,000 4505 BRAINERD ROAD SUITE110 TIME PROGRAMMING FOR CHATTANOOGA, TN 37411 GIRLS, INC AND IN-SCHOOL

SO III FI

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

			INFORMATION TECHNOLOGY PROGRAM
IMPRINTS CARES 502 NORTH BROAD STREET WINSTONSALEM, NC 27101	NONE	PC	PROVIDE FUNDING FOR READ' FOR SCHOOL AND EXPANDED LEARNING PROGRAMS SERVIN LOW INCOME FAMILIES IN

NONE

KENNESAW STATE - HONORS COLLEGE

& PRESIDENT'S EMERGING GLOBAL

420 BARTOW AVE NW SUITE 230 MD

SCHOLARS.

KENNESAW, GA 30144

Total . . .

2301

PROVIDE FUNDING FOR READY
FOR SCHOOL AND EXPANDED
LEARNING PROGRAMS SERVING
LOW INCOME FAMILIES IN
FOSYTH COUNTY, NC
SUPPORT HIGH-POTENTIAL

15,000

40.000

625,000

PROGRAMMING FOR

ACADEMIC RECRUITMENT

TRAVEL ASSOCIATED WITH

READING PROGRAM

STUDY ABROAD AND SHARED

PROGRAM - SCHOLARSHIPS FOR

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 recipient Name and address (home or business) or substantial contributor a Paid during the year KENNESAW STATE UNIVERSITY CARE NONE SO III FI SUPPORT FOR EMERGENCY 25,000 1000 CHASTAIN ROAD MD 9102 FOOD AND SHELTER FOR

KENNESAW, GA 30144			HOMELESS STUDENTS	
MUST MINISTRIES 1407 COBB PARKWAY NORTH MARIETTA, GA 30061	NONE	PC	SUPPORT FOR HOUSING, FEEDING AND EMPLOYMENT PROGRAMS SERVING AT-RISK LOW INCOME INDIVIDUALS AND FAMILIES	25,000
RONALD MCDONALD HOUSE OF	NONE	PC	LODGING ASSISTANCE FOR	20,000

MARIETTA, GA 30061			PROGRAMS SERVING AT-RISK LOW INCOME INDIVIDUALS AND FAMILIES	
RONALD MCDONALD HOUSE OF WINSTON-SALEM INC 419 S HAWTHORNE ROAD WINSTONSALEM, NC 27103	NONE	PC	LODGING ASSISTANCE FOR NEEDY FAMILIES	20,000
Total			▶ 3a	625,000

Recipient If recipient is an individual, show any relationship to any foundation manager recipient.

Recipient If recipient is an individual, show any relationship to any foundation manager recipient.

Name and address (home or business)	or substantial contributor	1 001,0110		
a Paid during the year				
THE CENTER FOR CHILDREN & YOUNG ADULTS 2221 AUSTELL ROAD SUITE 110 MARIETTA, GA 30008	NONE	PC	SUPPORT FOR HOUSING, FOOD, AND PROGRAMS FOR AT RISK YOUTH	20,000

625,000

Total .

efile GRAPHIC print - DO NOT F	ROCESS	As Filed D	ata -			DL	N: 93491163001230
TY 2019 Accounting Fees Schedule							
_							
	Name	BEACON	FOUNDA ⁻	ГІОИ СНА	RITABLE TRUS	:Т	
				11011 011/1	MITABLE TROC	'	
	EIN:	26-6684	203				
Category	Amo	ount		estment ome	Adjusted N Income	et	Disbursements for Charitable Purposes
ACCOUNTING FEES		1,949		0			0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491163001230			
TV 2010 Investments Comparate Stock Schodule						
TY 2019 Investments Corporate Stock Schedule						

Name: BEACON FOUNDATION CHARITABLE TRUST

SUNTRUST INVESTMENT SERVICES

EIN:	26-6684203	
estments Corporation Stock Schedule		

Name of Stock En	d of Vear Roo
Investments Corporation Stock Schedule	

Market Value

10,546,362

End of Year Fair

2,600,051

Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491163001230		
TY 2019 Other Expenses Schedule						
I						
Name:	BEACON FOUN	DATION CHARITA	BLE TRUST			
EIN:	EIN: 26-6684203					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

134

34

POST OFFICE BOX

POSTAGE

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491163001230			
TY 2019 Other Professional Fees Schedule							
Name: BEACON FOUNDATION CHARITABLE TRUST							
EIN: 26-6684203							
Catogory	Amount	Net Investment	Adjusted Net	Disbursements			
Category	Amount	Income	Income	for Charitable			

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

efile GRAPHIC print - DO NOT P	ROCESS As Filed Data	-	D	LN: 93491163001230			
TY 2019 Taxes Schedule							
Name: BEACON FOUNDATION CHARITABLE TRUST EIN: 26-6684203							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXCISE TAX	6,806	0		0			
FOREIGN TAX	25	0		0			
PAYROLL TAXES	29,820	5,964		0			

efile GRAPHIC print - [OO NOT PROCESS	As Filed Data -				DLN: 93491163001230	
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990 o <u>v/Form990</u> for the latest i			2019	
Name of the organization BEACON FOUNDATION C					Employer id	entification number	
					26-6684203		
Organization type (che	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	rganization				
	☐ 4947(a)(1) nonexempt char	table trust not treated a	s a private founda	tion		
	☐ 527 polit	☐ 527 political organization					
Form 990-PF	✓ 501(c)(3) exempt private for	undation				
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3	501(c)(3) taxable private foundation					
			F that received, during to property Parts I and II S				
Special Rules							
under sections to received from a	509(a)(1) and 170(b))(1)(A)(vı), that chec luring the year, tota	Form 990 or 990-EZ th cked Schedule A (Form I contributions of the gre plete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 o exclusively for religious animals Complete Parts	, charitable, scient			
during the year, If this box is che purpose Don't o	contributions exclusecked, enter here the complete any of the	sively for religious, or total contributions parts unless the Ge	or (10) filing Form 990 c charitable, etc., purposes that were received during eneral Rule applies to the for more during the year	s, but no such con ng the year for an ons ns organization be	tributions tota e <i>xclusively</i> rel cause it recei	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>	
990-EZ, or 990-PF), but	t it must answer "No	o" on Part IV, line 2,	le and/or the Special Ru of its Form 990, or chec et the filing requirements	ck the box on line I	H of its Form	m 990, 990-EZ	
For Paperwork Reduction of for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2019)	

Employer identification number 26-6684203

Part I Contributors	Contributors (see instructions) Use duplicate copies of Part I if add	litional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CATHERINE SMITH 488 ALEXION WAY APT CV611 SIGNAL MOUNTAIN, TN 37377	\$ 16,872	□ Person□ Payroll✓ Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
-		\$	Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
•		Cabadula D /Fr	000 000 E7 000 DE\ (0040\

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization OUNDATION CHARITABLE TRUST			Employer identification number 26-6684203
Part III	than \$1,000 for the year from any one con	tributor. Complete co e total of exclusively instructions.) > \$	itions described i lumns (a) throug	in section 501(c)(7), (8), or (10) that total more
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationsh			onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relati		onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d) Description of how gift is held
	Transferee's name, address, and		sfer of gift Relation	onship of transferor to transferee
			90	hedule B (Form 990, 990-EZ, or 990-PF) (2019)