SCANNED MAR 2 9 2022

Department of the Treasury Internal Revenue Service

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 www irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Fo	<u>r caler</u>	ndar year 2019 or tax year beginning 6	/1/2019	, and	ending	5/31/2020)
		undation			A Employe	r identification number	
		ouse Foundation, Inc			ļ		
		d street (or PO box number if mail is not delivered to street address)	Roor	n/suite	D. Tolonkon	58-1477023	
_		ancial Drive n, state or province, country, and ZIP or foreign postal code			B relephone	e number (see instruction	115)
	rcross	· · · · · · · · · · · · · · · · · · ·	30071			770-729-578	n
		untry name Foreign province/state/county	Foreign post	al code	C If evernot	ion application is pendir	
	J	,			C il excilipi	ion application is perion	ig, check here
G	Check	k all that apply Initial return Initial return	of a former public of	charity	D 1 Foreig	n organizations, check h	nere 🕨
		Final return Amended re			2. Foreia	n organizations meeting	the 85% test.
		☐ Address change ☐ Name chang	ge	•	1	here and attach comput	
Н	Check	k type of organization X Section 501(c)(3) exempt pr	ivate foundation	1)4		foundation status was te	erminated under
	Section	on 4947(a)(1) nonexempt charitable trust Other tax	able private founda	ition	section 50	07(b)(1)(A), check here	> (
ī	Fair m	narket value of all assets at J Accounting method	′ ☐ Cash ☐ A	Accrual	F 1645-6	-d-t	
	end o	of year (from Part II, col (c), X Other (specify)	Modified Accrual			ndation is in a 60-month ction 507(b)(1)(B), check	
	line 16	6) ► \$ 345,044 (Part I, column (d), must b	be on cash basis)				
P	art,I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursemen
		amounts in columns (b), (c), and (d) may not necessarily	expenses per		t investment ncome	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	books				(cash basis only
	1	Contributions, gifts, grants, etc., received (attach schedule)	306,719				
	2	Check ▶☐ if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	45				
	4	Dividends and interest from securities		-			
	5a	Gross rents					
d)	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10					
Ž	6a b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, Iir					
	8	Net short-term capital gain	1				
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)		<u>'</u> .			
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	306,764		0	0	
es	13	Compensation of officers, directors, trustees, etc		ļ			
enses	14	Other employee salaries and wages		-			
Ω	15	Pension plans, employee benefits		-			:
ŵ	16a b	Legal fees (attach schedule) Accounting fees (attach schedule)			Possii	ed in Corres	
Ve.	C	Other professional fees (attach schedule)				- OSC-07	
ati	17	Interest				- USC 117	
istı	18	Taxes (attach schedule) (see instructions)			NO	/ 1 2 2021	
Ē	19	Depreciation (attach schedule) and depletion					
늉	20	Occupancy			0~		
₹ :	21	Travel, conferences, and meetings			 	den, Utah	
3nc	22	Printing and publications			_		
<u>5</u>	23	Other expenses (attach schedule)	29	_			
ţ	24	Total operating and administrative expenses.			-	_	
era	0.5	Add lines 13 through 23	29		0	0	000.50
Operating and Administrative Ex	25	Contributions, gifts, grants paid	260,505				260,50
_	26	Total expenses and disbursements. Add lines 24 and 25	260,534	ļ <u>.</u>	0	0	260,50
	27	Subtract line 26 from line 12	40.000				
	a	Excess of revenue over expenses and disbursements	46,230				
	b	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		 	0		-
_	_ <u>c</u>		<u> </u>	<u> </u>		0	000 05
FOI HTA		rwork Reduction Act Notice, see instructions.				11 11	rm 990-PF (201
						9	

Page **2**

Part II			Beginning of year	End of	; year	
			should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash-	-non-interest	-bearing	17,980	164,165	164,165
2	2 Saving	s and tempo	rary cash investments	280,834	180,879	180,879
3		nts receivable				
	Less a	allowance for	doubtful accounts			
4		s receivable		1		
	Less a	allowance for	doubtful accounts ▶			
5		receivable				
6	Receiv	ables due fro	om officers, directors, trustees, and other			
	disqua	lified persons	s (attach schedule) (see instructions)			
7	7 Other no	otes and loans i	receivable (attach schedule)			
		owance for dou				
2 E	3 Invento	ories for sale	or use			
Assets	Prepaid	d expenses a	and deferred charges			
ž 10	a Investme	ents—US and	state government obligations (attach schedule)			
	b Investr	ments—corpo	orate stock (attach schedule)			
			orate bonds (attach schedule)			
11	Investme	ents-land, buil	dings, and equipment basis			
	Less ac	cumulated dep	reciation (attach schedule)			
12	2 Investr	ments-mort	gage loans			
13	3 Investr	nents—other	(attach schedule)			
14	Land, bu	uldings, and eq	uipment basis			
	Less ac	cumulated dep	reciation (attach schedule)			
15	Other a	assets (descr	ribe ▶)			
16	Total a	ssets (to be	completed by all filers—see the			
	ınstruc	tions Also, s	ee page 1, item l)	298,814	345,044	345,044
17			and accrued expenses			<u> </u>
n 18	3 Grants	payable				
월 19	D eferre	ed revenue				
			lirectors, trustees, and other disqualified persons			
떡 21	_	-	er notes payable (attach schedule)			
22		iabilities (des				
23	3 Total li	iabilities (ad	d lines 17 through 22)	0	0	
alances 24			follow FASB ASC 958, check here			-
2		=	s 24, 25, 29, and 30.	_		
<u>re</u> 24			donor restrictions			
25 מב	5 Net as:	sets with dor	nor restrictions			
Net Assets of Fund			o not follow FASB ASC 958, check here			
ᆲ		=	26 through 30.			
o 26	-		principal, or current funds			
ပ္သ 27		·-	irplus, or land, bldg , and equipment fund	222 244		
9 28		_	ccumulated income, endowment, or other funds	298,814	345,044	
S 29			fund balances (see instructions)	298,814	345,044	
필 30			d net assets/fund balances (see	00004	0.45.04.4	
	ınstruc		annual in Nick According to the Post Del	298,814	345,044	
Part			anges in Net Assets or Fund Balances	h 00 /	1 1	
			alances at beginning of year—Part II, column (a)	, line 29 (must agree w		200.64
	•	•	d on prior year's return)	′	1	298,814
		t from Part I,			2	46,230
			ded in line 2 (itemize)		3	0.15.0
	dd lines 1, 2		Lan O (11 mm m)	•	4	345,044
			line 2 (itemize)	til ookuma (h) kaa 20	5	045.044
o 10	nai net asse	ets or rund ba	alances at end of year (line 4 minus line 5)—Part	i ii, columin (b), line 29	6	345,044

Form 99	90-PF (2019) Waffle Ho	use Foundation, Inc					58-	1477023	Page 3
Part	V. Capital Gains and	Losses for Tax on Investm	ent Ir	ncome					
	a) List and describe the kin	nd(s) of property sold (for example, real esta se, or common stock, 200 shs MLC Co)			(b) How acquired P—Purchase D—Donation		Date acquired no , day, yr)	(d) Date (mo , da	
1a									
b									
_					· · · · · · · · · · · · · · · · · · ·				
<u>e</u>									
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis use of sale			n or (loss) f) minus (g))	
a					<u> </u>				
b									
С									
d									
е									
-	Complete only for assets sh	owing gain in column (h) and owned	by the	foundation	on 12/31/69		/I) Goins (Co	l (h) gain minu	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Exces	s of col (ı) (ı), ıf any		col (k), but no	l (h) gain minu t less than -0-) rom col (h))	
a									
b					•				
d									
e									
	0-1-1	(sat asset) If gain, a	also er	nter in Par	t I, line 7				
2	Capital gain net income or	(net capital loss) If (loss),	enter	-0- in Par	t I, line 7 ∫	2			0
3	Net short-term capital gain	or (loss) as defined in sections 12	222(5)	and (6)					
		line 8, column (c) See instruction			r -0- in 1				
	Part I, line 8				}	3			0
Part	V Qualification Und	er Section 4940(e) for Redu	ced 1	Tax on N	et Investment	Inco	me		
`		rate foundations subject to the sec	ction 4	940(a) tax	on net investme	ent inco	ome)		
	tion 4940(d)(2) applies, leavi he foundation liable for the s	e trils part blank section 4942 tax on the distributab	ole amo	ount of an	y year in the bas	e perio	od?	Yes	i 🗌 No
		alify under section 4940(e) Do no				•		_	,
1	Enter the appropriate amou	unt in each column for each year,	see th	ne instructi	ons before maki	ng any	entries		
	(a)	(b)			(c)		_	(d)	
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions		Net value o	of noncharitable-use a	ssets		tribution ratio divided by col	(c))
Oan	2018	-	2,050			0	(30. (2)		000000
-	2017		,662			0			000000
	2016		3,817			0			000000
-	2015		,850	-		0			000000
		<u> </u>				0			000000
	2014		3,623			U	<u> </u>		7 000000
_								4	2 000000
2	Total of line 1, column (d)		41 4	4-1 t	0 - 50		2	(000000
3	· ·	or the 5-year base period—divide undation has been in existence if			•		3	(000000
4	Enter the net value of nonc	charitable-use assets for 2019 fror	m Part	X, line 5			4		
5	Multiply line 4 by line 3						5		
6		t income (1% of Part I, line 27b)					6		0
7	Add lines 5 and 6	,					7		0
,									
8	,	ns from Part XII, line 4 ter than line 7, check the box in Pa	art VI,	line 1b, ar	nd complete that	part u	8 sing a 1% tax	rate See	0 the
	Part VI instructions	_							

Form 990-PF (2019)

Part N	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	,S)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			ĺ
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)			
2 3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2			0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
5 6	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments			0
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ► Refunded ► 11			0
Part \	/II-A Statements Regarding Activities		Tee 1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	` 1a	Yes	No 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		Χ
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	-	×
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		.	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T			
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	X	
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	Х	<u></u>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			
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	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," 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		Х
		Form 99	n_PF	

ган	Statements Regarding Activities (continued)			r				
			Yes	No				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		х				
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		X				
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ					
14	Website address ► wafflehouse com The books are in care of ► Tracy Bradshaw Telephone no ► 770-729							
17	Located at ► 5986 Financial Drive Norcross, GA ZIP+4 ► 30071							
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		ا	▶ □				
	and enter the amount of tax-exempt interest received or accrued during the year 15							
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No				
	over a bank, securities, or other financial account in a foreign country?	16		X				
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country.							
Part	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	No				
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							
	disqualified person?							
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?							
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?							
	(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)? Yes X No							
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the							
	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	45	NI/A					
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here	1b	N/A					
С	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 2019?	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 2019, did the foundation have any undistributed income (Part XIII, lines							
	6d and 6e) for tax year(s) beginning before 2019?							
	If "Yes," list the years ▶ 20 , 20 , 20 , 20							
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)							
	(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	N/A					
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20, 20,							
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise							
	at any time during the year?							
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or							
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	i						
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse							
	of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		 -					
4-	foundation had excess business holdings in 2019)	3b	N/A					
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		X				
D	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		\overline{x}				

	VII-B	Statements Regarding Activities	tor W	hich Form 4	4720 N	<i>i</i> lay Be Re	quirec	1 (contii	nuea)			
5a		he year, did the foundation pay or incur any y on propaganda, or otherwise attempt to i	y amou	nt to				Yes		,	Yes	No
		ence the outcome of any specific public electly or indirectly, any voter registration drive		see section 49	955), or	to carry on	•	☐ Yes	X No			
		ride a grant to an individual for travel, study		er sımılar purı	poses?			Yes	X No			
	(4) Prov	ride a grant to an organization other than a ion 4945(d)(4)(A)? See instructions					ın	Yes	_			
		ride for any purpose other than religious, closes, or for the prevention of cruelty to chi			terary, o	or education	al	Yes	X No			
b	If any ar	nswer is "Yes" to 5a(1)–(5), did any of the t	ransact	ions fail to qu	alify un	der the exc	eptions	describe	ed in			
	Regulati	ions section 53 4945 or in a current notice	regardı	ng disaster as	ssistand	ce? See inst	ructions	5	_	5b	N/A	
С	because it maintained expenditure responsibility for			on claim exen ant?	nption f			☐ Yes	► No			
6a	If "Yes," attach the statement required by Regulations section 53 4945–5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				ns	☐ Yes	X No			1		
b	Did the	foundation, during the year, pay premiums,	directly	or indirectly,	on a p	ersonal ben	efit con	tract?		6b		Х
	If "Yes"	to 6b, file Form 8870						_	_			
7a		me during the tax year, was the foundation a pa did the foundation receive any proceeds o					o transc	∐ Yes	X No	7b	N/A	
b 8		undation subject to the section 4960 tax or		•				action		10	IN/A	
		ration or excess parachute payment(s) dur	ing the	year?					X No			
Part	VIII·	Information About Officers, Direct and Contractors	ors, Tr	ustees, Fo	undati	ion Manag	gers, ⊦	lighly F	aid Em	ploye	es,	
1	List all	officers, directors, trustees, and foundate	tion ma	nagers and	their co	ompensatio	n. See	instruct	ions.			
		(a) Name and address	hou	e, and average rs per week	(If	mpensation not paid,	emplo	Contribution		(e) Expe	ense ac allowan	
			1 00.00	ed to position	er	nter -0-)	and def	erred comp	ensation	Other		
	ay Westo	ott Alpharetta, GA 30022	Presid		er /	oter -0-)	and def	erred comp	ensation	Other		
535 P Tracy	inchon Pl Bradshav	Alpharetta, GA 30022 w	Presid	ent 3 00 resident	er		and def	erred comp	ensation	Other		
535 P Tracy 1971	inchon Pl Bradshav Palifox Di	Alpharetta, GA 30022	Presid Vice P	ent 3 00 resident 2 00	/ /		and def	erred comp	ensation	Ottlei		
535 P Tracy 1971 Mike I	inchon Pl Bradshav Palifox Di Howard	Alpharetta, GA 30022 w r Atlanta, GA 30307	Presid	ent 3 00 resident 2 00 urer .	/ /	0	and def	erred comp	ensation	Other		
535 P Tracy 1971 Mike I	inchon Pl Bradshav Palifox Di Howard	Alpharetta, GA 30022 w	Presid Vice P	ent 3 00 resident 2 00	/ /	0	and def	erred comp	ensation	Other		
535 P Tracy 1971 Mike I	inchon Pl Bradshav Palifox Di Howard	Alpharetta, GA 30022 w r Atlanta, GA 30307	Presid Vice P	ent 3 00 resident 2 00 urer .	/ /	0	and def	erred comp	ensation	Other		
535 P Tracy 1971 Mike I	inchon Pl Bradshai Palifox Di Howard Financial	Alpharetta, GA 30022 w r Atlanta, GA 30307 Dr Norcross, GA 30091 nsation of five highest-paid employees (Presid Vice P Treasu	ent 3 00 resident 2 00 urer . 2 00	,	0					er	
535 P Tracy 1971 Mike I 5986	Inchon Pl Bradshav Palifox Di Howard Financial Comper	Alpharetta, GA 30022 w r Atlanta, GA 30307 Dr Norcross, GA 30091 nsation of five highest-paid employees (Vice P Treasu	ent 3 00 resident 2 00 urer . 2 00	cluded	0	see ins		s). If no	ne, ent		count,
535 P Tracy 1971 Mike I 5986	Inchon Pl Bradshav Palifox Di Howard Financial Compe "NONE.	Alpharetta, GA 30022 w r Atlanta, GA 30307 Dr Norcross, GA 30091 nsation of five highest-paid employees (Vice P Treasu	ent 3 00 resident 2 00 urer 2 00 han those inchours per with the control of the c	cluded	0 0 on line 1—	see ins	d) Contri employee	s). If no	ne, ent	ense ac	count,
535 P Tracy 1971 Mike I 5986	Inchon Pl Bradshav Palifox Di Howard Financial Compe "NONE.	Alpharetta, GA 30022 w r Atlanta, GA 30307 Dr Norcross, GA 30091 nsation of five highest-paid employees (Vice P Treasu	ent 3 00 resident 2 00 urer 2 00 han those inchours per with the control of the c	cluded	0 0 on line 1—	see ins	d) Contri employee	s). If no	ne, ent	ense ac	count,
535 P Tracy 1971 Mike I 5986	Inchon Pl Bradshav Palifox Di Howard Financial Compe "NONE.	Alpharetta, GA 30022 w r Atlanta, GA 30307 Dr Norcross, GA 30091 nsation of five highest-paid employees (Vice P Treasu	ent 3 00 resident 2 00 urer 2 00 han those inchours per with the control of the c	cluded	0 0 on line 1—	see ins	d) Contri employee	s). If no	ne, ent	ense ac	count,
535 P Tracy 1971 Mike I 5986	Inchon Pl Bradshav Palifox Di Howard Financial Compe "NONE.	Alpharetta, GA 30022 w r Atlanta, GA 30307 Dr Norcross, GA 30091 nsation of five highest-paid employees (Vice P Treasu	ent 3 00 resident 2 00 urer 2 00 han those inchours per with the control of the c	cluded	0 0 on line 1—	see ins	d) Contri employee	s). If no	ne, ent	ense ac	count,
535 P Tracy 1971 Mike I 5986	Inchon Pl Bradshav Palifox Di Howard Financial Compe "NONE.	Alpharetta, GA 30022 w r Atlanta, GA 30307 Dr Norcross, GA 30091 nsation of five highest-paid employees (Vice P Treasu	ent 3 00 resident 2 00 urer 2 00 han those inchours per with the control of the c	cluded	0 0 on line 1—	see ins	d) Contri employee	s). If no	ne, ent	ense ac	count,

Form	990-PF (2019) Waffle House Foundation, Inc 58-147	7023 Page 7
Pa	rt VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En	iployees,
	and Contractors (continued)	
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	<u> </u>
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	NE	
-		
Tota	Il number of others receiving over \$50,000 for professional services	
	it IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	Contributions to charitable organizations	
	(36 organizations this year)	
		260,50
2		
2		
3		
4		
Pa	rt IX-B Summary of Program-Related Investments (see instructions)	
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
2		
		_
All	other program-related investments. See instructions	-
3		
_		
Tota	ıl. Add lines 1 through 3 ▶	(

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundat	ons,
	see 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	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	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	<u></u> .
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part :		ons	
	and certain foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	<u> </u>
2a		<u>a</u>	
b	Income tax for 2019 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
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,		
	line 1	7	0
Part	XII Qualifying 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	260,505
b	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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	260,505
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	260,505
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when	ether the fou	ndation
	qualifies for the section 4940(e) reduction of tax in those years		

Part	VIII Undistributed Income (see instructions)	<u> </u>			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI,			•	
_	line 7				
2	Undistributed income, if any, as of the end of 2019			o	
a	Enter amount for 2018 only				
b	Total for prior years 20, 20, 20		· _ ·		
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2019 from Part XII, line 4 ▶ \$260,505				
а	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)				<u> </u>
d	Applied to 2019 distributable amount				
е	Remaining amount distributed out of corpus	260,505			
5	Excess distributions carryover applied to 2019				
	(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	260,505			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
С	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—see instructions				
е	Undistributed income for 2018 Subtract line				
·	4a from line 2a Taxable amount—see				
	instructions			a	
f	Undistributed income for 2019 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2020				C
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)	260,505			
8	Excess distributions carryover from 2014 not	200,000			
•	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.				
3	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9			-	
io a					
a b	Excess from 2016				
n n	Excess from 2017				
ن نہ	Excess from 2017 Excess from 2018				
u	Excess from 2019				
e	EXCESS HOTH ZU18		İ	i	i

	90-PF (2019) VValue Flouse Foundati	<u> </u>	-1 1 D1	\ //! A		777020 Page 10
Part)	N/A
1a	If the foundation has received a ruling o			ate operating		
	foundation, and the ruling is effective for					
	Check box to indicate whether the foundation		ting foundation desc		4942(J)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	ļ	Prior 3 years		(e) Total
	investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	7
	each year listed					0
b	85% of line 2a					0
С	Qualifying distributions from Part XII,				/	
	line 4, for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in	,				
	Part X, line 6, for each year listed					0
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public	/				
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income					0
Part		•	•	he foundation ha	ad \$5,000 or mo	ore in assets at
	any time during the year—	see instruction	ıs.)			
1	Information Regarding Foundation M	anagers:				
а	List any managers of the foundation wh					e foundation
	before the close of any tax year (but on	ly if they have con	tributed more than	n \$5,000) (See sect	ion 507(d)(2))	
b	List any managers of the foundation wh					on of the
	ownership of a partnership or other enti	ity) of which the fo	undation has a 10	% or greater interes	st	
2	Information Regarding Contribution,	Grant, Gift, Loan	, Scholarship, etc	c., Programs:		
	Check here ▶ ☐ If the foundation or					
	unsolicited requests for funds If the fou	_	-	individuals or organ	izations under oth	er
	conditions, complete items 2a, b, c, and	d d See instruction	1S			
а	The name, address, and telephone num	nber or email addr	ess of the person	to whom application	ns should be addre	essed
					•	
Tracy	Bradshaw 5986 Financial Dr Norcross, C	GA 30071 770-729	-5780			
b	The form in which applications should be	e submitted and ii	nformation and ma	aterials they should	ınclude	
Requ	ests should include a letter and any avail	able program mat	erial			
	Any submission deadlines					
There	e is no deadline for charitable contribution	requests		<u> </u>	<u></u>	
d	Any restrictions or limitations on awards	s, such as by geog	graphical areas, ch	arıtable fields, kind	s of institutions, or	other
	factors					
Awar	ds are determined on a case by case bas	sis Preference is	given to metro Atla	anta organizations		

Part XV. Supplementary Information (continued)

3 Grants and Contributions Paid During t		ou ioi Ful	and Laymont	
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	recipient		
a Paid during the year		50	Object to the	40.000
Global Youth Ambassadors Program		PC	Charitable	10,000
1100 Galleria Pkwy SE				
Atlanta, GA 30339		PC	Charitable	10,000
The Salvation Army			Charitable	10,000
1000 Center PI Norcross, GA 30071				
Truth in Nature		PC	Charitable	2,500
PO Box 1340		'	- Criaria di C	_,555
Douglasville, GA 30133				
Girl Scouts of Greater Atlanta		PC	Charitable	5,000
5601 N Allen Rd SE				
Mableton, GA 30126				
Atlanta Partners for Education	1	PC	Charitable	5,000
130 Trinity Ave SW				
Atlanta, GA 30303				
Break Through Atlanta		PC	Charitable	15,000
4075 Paces Ferry Rd NW				
Atlanta, GA 30327			į	
Eagles Ranch		PC	Charitable	500
5500 Union Church Rd				
Flowery Branch, GA 30542				
Roman Catholic Archdiocese of Nassau Foundation Inc		PC	Charitable	1,000
110 Merrick Way No 3-B				
Coral Gables, FL 33134				
Ground Zero Grace		PC	Charitable	10,000
211 Saint Martin Drive				[
Suwanee, GA 30024	•		· · · · ·	40.000
Stand Up for Kids - Atlanta		PC	Charitable	10,000
2415 W Park PI Blvd			_	
Stone Mountain, GA 30087		DC DC	Charitable	10,000
Loving Arms Cancer Outreach		PC	Charlable	10,000
995 Roswell St NE #100				
Marietta, GA 30060 Total See Attached Statement	<u> </u>	L	▶ 3a	260,505
Total See Attached Statement b Approved for future payment	T	T		200,500
b Approved for fatale payment	İ			
			1	
ı				
Tatal			▶ 3b	- 0
Total	· · · · · · · · · · · · · · · · · · ·			990-PE (2019)

Рa	rt∙XVI	-A Analysis of Income-Producing Ac	ctivities		•		
Ente	er gros	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(0)
			(a) Business code	(b) Amount	(c)	(d) Amount	(e) Related or exempt function income
1	Prog	ram service revenue	Dusiness code	Amount	Exclusion code		(See instructions)
	a <u>N</u>	I/A					
	b		-				
	С						
	d _	,	·				
	е						-
	f —						
	g F	ees and contracts from government agencies					
2	_	bership dues and assessments					
3		est on savings and temporary cash investments			14	45	
4		ends and interest from securities			1		
5		ental income or (loss) from real estate			<u> </u>		
Ū		Debt-financed property				•	
		lot debt-financed property					
6		ental income or (loss) from personal property					
7		r investment income					
_		or (loss) from sales of assets other than inventory					
8		ncome or (loss) from special events					
9		· · · · · · · · · · · · · · · · · · ·					
10		s profit or (loss) from sales of inventory			·		
11		r revenue a					
	c _						-
	d _						
12	e Cubt	otal Add salumna (h) (d) and (a)	•	0		45	0
		otal Add columns (b), (d), and (e)	_	l	/1		45
		 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations 	. \			13	45
	rtIXVI			ont of Evomo	t Durnoege		
	ne No.	Explain below how each activity for which incon	ne is reported in c	olumn (e) of Part	XVI-A contributed	importantly to the	
	▼	accomplishment of the foundation's exempt pur	poses (other than	by providing fund	Is for such purpos	es) (See instruction	ons)
		N/A					
				<u> </u>			
						 	
						,	
						•	
			 -				
			· · · <u>-</u>	·			
			-				-
	_						
			-:: <u></u>	·		,	
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_							
							 -
		1					

Firm's address

Form 99	0-PF (2	019) Waffle Ho	ouse Foundation, Inc					58-1	477023	Pa	ge 13
Part	XVII	Information Exempt Org		fers to and Trans	actions a	and Rel	ationships	With Noncha	ritable		
1	ın se	ne organization d ction 501(c) (othe	rectly or indirectly er	ngage in any of the fol (3) organizations) or i						Yes	No
а	•	nizations? sfers from the rep	orting foundation to	a noncharitable exem _l	pt organiza	ation of					
	(1) C								1a(1)		X_
		ther assets							1a(2)		X
b		r transactions							45/4)		
			a noncharitable exer	npt organization ble exempt organization	00				1b(1) 1b(2)		X
			equipment, or other	. •	ווע				1b(2)		x
		embursement ar		assets					1b(4)	-	X
		oans or loan guar	_						1b(5)		$\frac{\lambda}{X}$
		•		p or fundraising solicit	ations				1b(6)		X
С				s, other assets, or pai		es			1c		Х
d 	value	of the goods, othe	er assets, or services g	plete the following sche iven by the reporting fo nt, show in column (d)	undation If	f the found	dation receive	ed less than fair ma	arket		
(a) Line	no	(b) Amount involved	(c) Name of nonc	haritable exempt organization	on	(d) Desc	ription of transfe	ers, transactions, and	shanng arra	ngemer	nts
	-										
	+				-	-		·			
	+										
									-		
							.,				
				·							
	-										
	+										
2a b	desc	ribed in section 50		ted with, or related to, tion 501(c)(3)) or in se			xempt organ	izations	☐ Yes	X N	lo
		(a) Name of organ		(b) Type of org	anization			(c) Description of rela	ationship		
	11-4-		land that I have a vice and the co		adulas and sint		a the heat of my lea	and belief it is to			
0:				turn, including accompanying sch yer) is based on all information of							
Sign		Maria	\sim /	rea 4/14/2021	110				e IRS discuss e preparer sho		
Here	Sigi	nature of officer or trus		Date	Title			See ins	structions	Yes	<u> □</u> No
Paid	1 -	Print/Type preparer's		Preparer's signature			Date	Check Self-employed	PTIN d		
Prepa		Firm's name						Firm's EIN ▶			
Use O	nly	Firm's address						Phone no	•		

Phone no

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

2019

Employer identification number

Waffle House Foundation,	Inc 58-1477023							
Organization type (check	one)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	is covered by the General Rule or a Special Rule .							
General Rule								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.							
Special Rules								
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II							
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
contributor, during contributions total during the year for General Rule app	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.							
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its							

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
Waffle House Foundation, Inc

Employer identification number
58-1477023

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	Waffle House Inc 5986 Financial Drive Norcross GA 30071 Foreign State or Province Foreign Country	\$306,719	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Occupation (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Occash (Complete Part II for noncash contributions)				

Name of organization
Waffle House Foundation, Inc

Employer identification number 58-1477023

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is neede						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				

Name of org					Employer identification number				
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the year	ear from any o completing Part (Enter this inf	one contributor. Complet t III, enter the total of exclusion formation once. See instru	te colu <i>usivel</i> j	mns (a) through (e) and religious, charitable, etc.				
/ > N -	Use duplicate copies of Part III if additional	space is need	led						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) T	ransfer of gift						
	Transferee's name, address, and 2		Relationsh	ip of t	ransferor to transferee				
	For Prov Country								
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift								
	Transferee's name, address, and 2	ransferor to transferee							
	For Prov Country								
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift								
	Transferee's name, address, and 2	ransferor to transferee							
	For Prov Country								
(a) No from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift								
	Transferee's name, address, and a	ZIP + 4	Relationsh	ip of t	ransferor to transferee				
	For Prov Country								

Part I, Line 23 (990-PF) - Other Expenses

-	· · · · · · · · · · · · · · · · · · ·	_			
		29	0	0	0
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
	1 BANK CHARGES	29	0		

Continuation of Part XV, Lir	ne 3a (990-PF) -	Gran	ts and Cont	tributions Paid		
Recipient(s) paid during the year	10 04 (000 1 1)	J.u	to and com		<u> </u>	<u>- 1001</u>
Name						
Trinity Community Ministries						
Street						
21 Bell St NE #2643 City	<u> </u>	State	Zip Code	Foreign Count		
Atlanta		GA	30303	Foreign Count	' y	
Relationship	Foundation Status	<u> </u>	10000			
	PC				1	
Purpose of grant/contribution					Amount	40.000
Charitable				· · · · · · · · · · · · · · · · · · ·		10,000
Name						
Frazer Center Street						
1815 S Ponce De Leon Ave NE						
City		State	Zıp Code	Foreign Count	ry	
Atlanta	•	GA	30307			
Relationship	Foundation Status					
Purpose of grant/contribution	PC				Amount	
Charitable					Amount	10,000
Name Jerusalem House	·					
Street						
17 Executive Park Dr NE # 290						
City		State	Zip Code	Foreign Count	ry	
Atlanta	TE	GA	30329			
Relationship	Foundation Status					
Purpose of grant/contribution	JFC				Amount	
Charitable						6,000
Name						
Ballet Spartanburg						
Street						
200 E St John St			T=			
City		State SC	Zip Code 29306	Foreign Count	ry	
Spartanburg Relationship	Foundation Status	30	129300			
Kelationship	PC PC					
Purpose of grant/contribution	<u> </u>				Amount	
Charitable					<u></u>	500
Name						
Songs for Kids Foundation						
Street						
145 Nassau St NW Suite B	· · · · · · · · · · · · · · · · · · ·	Stata	Zip Code	Foreign Count		
City Atlanta		GA	30303	Foreign Count	.r y	
Relationship	Foundation Status		100000			
	PC					
Purpose of grant/contribution					Amount	
Charitable						7,500
Name						
The Adaptive Learning Center						
Street						
125 Townpark Dr Suite 300 City		State	Zip Code	Foreign Count	rv	
Kennesaw		GA	30144	, sieigh count	,	
Relationship	Foundation Status			.1		
·	PC					
Purpose of grant/contribution					Amount	44.00=
Charitable						14,205

Continuation of Part XV, L	ine 3a (990-PF) -	Gran	ts and Con	tributions Paid	During th	e Year
Recipient(s) paid during the year						
Name						
The Ebony Grove Foundation Street						
Street						
City		State	Zip Code	Foreign Count	ry	
Antioch		TN	37013			
Relationship	Foundation Status					
Purpose of grant/contribution					Amount	
Charitable						10,000
Name						
The Akılah Dasılva Foundation						
Street	-					
City		State	Zip Code	Foreign Count	TO COMPANY	
City Antioch		TN	37013	Toleigh Count	ıy	
Relationship	Foundation Status	, ,,,,	19: 9:19	l		
	POF				T	
Purpose of grant/contribution					Amount	10.000
Charitable						10,000
Name						
Cristo Rey Atlanta Street						
222 Piedmont Ave NE						
City		State	Zip Code	Foreign Count	ry	
Atlanta		GA	30308			
Relationship	Foundation Status					
Purpose of grant/contribution	PC				Amount	
Charitable			_			17,500
Name						
Community Outreach in Action Inc			,			
Street				-		_
7681 Southlake Pkwy, Suite 730		Cénéa	Zıp Code	Earsian Count		
City Jonesboro		State GA	30236	Foreign Count	.r y	
Relationship	Foundation Status		100200	L		
	PC				,	
Purpose of grant/contribution					Amount	E 000
Charitable						5,000
Name						
Fill Ministries Street						 -
6405 Bennett Rd						
City		State		Foreign Count	ry	
Cumming	<u> </u>	GA_	30041			
Relationship	Foundation Status					
Purpose of grant/contribution					Amount	
Charitable						12,000
Name						
Father Christmas Cup Inc						
Street						
5300 Oakbrook Pkwy, Suite 300		04:4	7:- C - 1	Fa 0 :	<u>. </u>	
City Norcross		State GA	Zip Code 30093	Foreign Count	ıry	
Relationship	Foundation Status	ı GA	100030			
	PC					
Purpose of grant/contribution					Amount	222
Charitable						800

Continuation of Part XV, Lin Recipient(s) paid during the year	e 3a (990-PF) -	Gran	ts and Con	tributions Paid	During the	e Year
Name						
Alzheimer's Association						
Street						
41 Perimeter Center E, Suite 550						
City		State	Zip Code	Foreign Count	ry	
Atlanta		GA	30346			
Relationship	Foundation Status					
D	PC		 -		14	_
Purpose of grant/contribution					Amount	1,000
Charitable						1,000
Name						
Mid Town Assistance Living						
Street						
30 Porter PI NE City	· ···-	State	Zip Code	Foreign Count	D/	
Atlanta		GA	30308	l oreign count	' y	
Relationship	Foundation Status	<u> </u>	100000	<u> </u>		
	PC					
Purpose of grant/contribution					Amount	
Charitable						5,000
Name						
Avondale Elementary School Education I	Foundation					
Street						
PO Box 484						
City		State	Zip Code	Foreign Count	ry	
Avondale Estates		GA	30002			
Relationship	Foundation Status					
	PC				T	
Purpose of grant/contribution					Amount	0.050
Charitable						8,250
Name						
Georgia Council on Economic Education						
Street						
75 Piedmont Avenue NE Ste 700			Tan			
City			Zip Code	Foreign Count	ry	
Atlanta	Farm dation Ctatus	GA	30303		····	
Relationship	Foundation Status					
Purpose of grant/contribution	PC				Amount	
Charitable					Tannount	2,500
					J ·-	
Name						
Winship Cancer Institute of Emory Unive	rsity					
1365 E Clifton Rd NE Building C						
City		State	Zip Code	Foreign Count	rv	
Atlanta		GA	30322	, orongin country	• •	
Relationship	Foundation Status		<u> </u>			
•	PC					
Purpose of grant/contribution					Amount	
Charitable						1,000
Name						
Special Olympics Georgia						
Street						
6046 Financial Dr						
City		State		Foreign Count	ry	
Norcross		GA	30071			<u> </u>
Relationship	Foundation Status					
	PC					
Purpose of grant/contribution					Amount	, = -
Charitable						1,500

Continuation of Part XV, L	.ine 3a (990-PF) -	Gran	ts and Con	tributions Paid	During th	e Year
Recipient(s) paid during the year						
Name						
Atlanta Mission Street		<u></u>				
2353 Bolton Rd NW						
City		State	Zip Code	Foreign Count	try	
Atlanta		GA	30318			
Relationship	Foundation Status					
Purpose of grant/contribution	PC				Amount	
Charitable					Amount	12,000
Name						<u> </u>
Georgia Ovarian Cancer Alliance						
Street						
6065 Roswell Rd NE #512		,	<u>.</u>			
City		State	, .	Foreign Count	try	
Atlanta Relationship	Foundation Status	GA	30328			
Relationship	PC PC			1		
Purpose of grant/contribution					Amount	
Charitable						1,750
Name						
Zaban Paradies Center Street						
1605 Peachtree Rd NW						
City		State	Zip Code	Foreign Count	try	
Atlanta		GA	30309			
Relationship	Foundation Status					
Purpose of grant/contribution	IPC .				Amount	
Charitable						15,000
Name			-			
The Good Samaritan Health Center o	f Cobb					
Street						
1605 Roberta Dr			<u> </u>		•	
City		State	1 .	Foreign Count	try	
Marietta Relationship	Foundation Status	GA	30008			
Relationship	PC					
Purpose of grant/contribution				•	Amount	-
Charitable						10,000
Name						
Grady Health Foundation						
Street						
192 Peachtree St		CASAS	7:- C-d-			
City Atlanta		State GA	Zip Code 30303	Foreign Count	try	
Relationship	Foundation Status		150505	I		
	PC					
Purpose of grant/contribution					Amount	
<u>Charitable</u>						10,000
Name						
Wellspring Living						
Street						
1040 Boulevard SE Suite M		State	Zip Code	Foreign Count		
City Atlanta		GA	30312	Steight Count	u y	
Relationship	Foundation Status	. 0//	12212			
	PC					
Purpose of grant/contribution	_				Amount	- 000
Charitable						5,000

Continuation of Part XV, Lir	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	During the Year
Recipient(s) paid during the year					
Name	~\				
Jumpstart (Read for the Record program Street	11)		-		
308 Congress Street, 6th Floor					
City			Zip Code	Foreign Count	ry
Boston Relationship	Foundation Status	MA	2210		 _
Relationship	PC PC				
Purpose of grant/contribution Charitable					Amount 5,000
Name					
Street		. •			
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status				
Purpose of grant/contribution					Amount
Name					
Street					
City	···	State	Zip Code	Foreign Count	ry
Relationship	Foundation Status				
Purpose of grant/contribution					Amount
Name					
Street					
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status	<u> </u>	.1.		
Purpose of grant/contribution	 -				Amount
Name					
Street					
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status	!		L	
Purpose of grant/contribution	<u></u>				Amount
Name					,
Street					
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status	1	<u> </u>	l.	
Purpose of grant/contribution			·		Amount