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DLN: 93491349004100

2019

OMB No. 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

## **Return of Private Foundation**

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

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.

Open to Public

|                                       |          |  |   |             |                                |       |                                 |   | Inspection  |     |
|---------------------------------------|----------|--|---|-------------|--------------------------------|-------|---------------------------------|---|---|-----|
| or                                    | caler    | ndar year 2019, or tax year b  | eginning 10-01-20   | 19          | , ar                           | nd er | nding 09-30-                    | 2020  |   |     |
|                                       |          | indation<br>D FOUNDATION INC   |   |             |                                |       | <b>A Employer id</b> 58-6065260 | entification numbe  | er  |     |
|                                       |          | street (or P.O. box number if mail is not o  | delivered to street address)                                | Roor        | n/suite                        |       | <b>B</b> Telephone nu           | mber (see instructio  | ins)  | _   |
| 1.                                    | 800 BKJ  | ARCLIFF ROAD NE  |   |             |                                |       | (404) 325-9350                  | ,   | ,   |     |
|                                       |          | , state or province, country, and ZIP or for<br>A 30329  | reign postal code   |             |                                |       | C If exemption                  | application is pendir   | ng, check here  | _   |
|                                       |          |  |   | <i>c</i>    |                                |       | -<br>-<br>-                     |   | P L   |     |
| a Ci                                  | песк ат  | I that apply: ☐ Initial return ☐ Final return ☐ Address change   | ☐ Initial return of a☐ Amended return☐ Name change          | Torme       | er public charity              |       | 2. Foreign or                   | ganizations, check h<br>ganizations meeting<br>k here and attach co | ► L<br>the 85%  | _   |
| 1 C                                   | neck tv  | <u>_</u>   | 1(c)(3) exempt private                                      | found       | ation                          |       |                                 | undation status was   |   | _   |
| _                                     | ,        | 1 4947(a)(1) nonexempt charitable tr   | _   |             |                                |       | under sectio                    | n 507(b)(1)(A), che   | ck fiele  |     |
| of                                    | year (f  | rom Part II, col. (c),<br>▶\$ 3.081.016  | Accounting method:  Other (specify) Part I, column (d) must | be on       |                                | al    |                                 | ation is in a 60-mont<br>n 507(b)(1)(B), che                        |   | _   |
| Pa                                    | rt I     | Analysis of Revenue and Ex of amounts in columns (b), (c), and (d) equal the amounts in column (a) (see in | may not necessarily   | (a)         | Revenue and expenses per books | (b)   | Net investment income           | (c) Adjusted net income   | (d) Disbursement<br>for charitable<br>purposes<br>(cash basis onl | è   |
|                                       | 1        | Contributions, gifts, grants, etc., re schedule)   | ceived (attach  |             |                                |       |                                 |   |   | _   |
|                                       | 2        | Check ► ✓ if the foundation is <b>not</b> Sch. B   |   |             |                                |       |                                 |   |   |     |
|                                       | 3        | Interest on savings and temporary  |   |             |                                |       |                                 |   |   | _   |
|                                       | 4        | Dividends and interest from securiti   | ies   |             | 64,451                         |       | 64,451                          |   |   |     |
|                                       | 5a       | Gross rents  |   |             |                                |       |                                 |   |   |     |
| <b>a</b> \                            | Ь        | Net rental income or (loss)  |   |             |                                |       |                                 |   |   | _   |
| Revenue                               | 6a       | Net gain or (loss) from sale of asset  | ts not on line 10   |             | 919                            |       |                                 |   |   |     |
| eve.                                  | b        | Gross sales price for all assets on li   | <u></u>   |             |                                |       |                                 |   |   | _   |
| ž                                     | 7        | Capital gain net income (from Part   | •   |             |                                |       | 919                             |   |   |     |
|                                       | 8        | Net short-term capital gain  |   |             |                                |       |                                 |   |   |     |
|                                       | 9<br>10a |  |   |             |                                |       |                                 |   |   | _   |
|                                       | b        | Gross sales less returns and alloward Less: Cost of goods sold   | nces  | <u>.</u>    |                                |       |                                 |   |   | _   |
|                                       | c        | Gross profit or (loss) (attach schedu  | ule)  | 1           |                                |       |                                 |   |   | _   |
|                                       | 11       | Other income (attach schedule)   |   |             |                                |       |                                 |   |   | _   |
|                                       | 12       |  |   |             | 65,370                         |       | 65,370                          |   |   | _   |
|                                       | 13       | Compensation of officers, directors,   | trustees, etc.  |             | 0                              |       | 0                               |   |   | _   |
|                                       | 14       | Other employee salaries and wages  | ·   |             |                                |       |                                 |   |   | _   |
| Š                                     | 15       | Pension plans, employee benefits   |   |             |                                |       |                                 |   |   | _   |
| nse                                   | 16a      | Legal fees (attach schedule)   |   |             |                                |       |                                 |   |   |     |
| <del>2</del>                          | ь        | Accounting fees (attach schedule)  |   | ارچ         | 3,400                          |       | 3,400                           |   |   | (   |
| ند<br>ده                              | С        | Other professional fees (attach sche   | edule)  |             |                                |       |                                 |   |   |     |
| Ě                                     | 17       | Interest   |   |             |                                |       |                                 |   |   |     |
| Stre                                  | 18       | Taxes (attach schedule) (see instru  | ctions)   | رچ <b>ي</b> | 14,477                         |       | 30                              |   |   | (   |
| ੂ                                     | 19       | Depreciation (attach schedule) and   | depletion   |             |                                |       |                                 |   |   |     |
| 9                                     | 20       | Occupancy  |   |             |                                |       |                                 |   |   |     |
| υ<br>Ο                                | 21       | Travel, conferences, and meetings  |   |             |                                |       |                                 |   |   | _   |
| a                                     | 22       | Printing and publications  |   |             |                                |       |                                 |   |   | _   |
| E I                                   | 23       | Other expenses (attach schedule)   |   | <b>%</b> J  | 15,226                         |       | 15,226                          |   |   | _   |
| er er                                 | 24       | Total operating and administrat  | · · · · · ·   |             | 20.155                         |       | 40.055                          |   |   |     |
| Operating and Administrative Expenses |          | Add lines 13 through 23  |   |             | 33,103                         | -     | 18,656                          |   | 125.5   | (0) |
| _                                     | 25       | Contributions, gifts, grants paid  | man Add Green 24 and  |             | 135,500                        |       |                                 |   | 135,5   | 0(  |
|                                       | 26       | Total expenses and disbursement 25   | nts. Add lines 24 and                                       |             | 168,603                        |       | 18,656                          |   | 135,5   | 00  |
|                                       | 27       | Subtract line 26 from line 12:   |   |             |                                |       |                                 |   |   |     |
|                                       | a        | Excess of revenue over expense disbursements   | es and  |             | -103,233                       |       |                                 |   |   |     |
|                                       | ь        | Net investment income (if negati   | ive, enter -0-)   |             |                                |       | 46,714                          |   |   | _   |
|                                       | С        | Adjusted net income (if negative,  | , enter -0-)  |             |                                |       |                                 |   |   | _   |
|                                       | Danas    | work Doduction Act Notice con in   |   |             |                                |       | a. N. 445551                    |   | 000 DE ::   | Ξ   |

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2.868.029

2,255,646

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612,383

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2,764,796 Form **990-PF** (2019)

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Page 2

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3,081,016

| - | 2 |
|---|---|
|   | - |
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Part III

2

Liabilities

**Fund Balances** 

ō

Assets

Net

Form 990-PF (2019)

Less: allowance for doubtful accounts ▶

Less: allowance for doubtful accounts ▶

Less: allowance for doubtful accounts

Land, buildings, and equipment: basis

instructions. Also, see page 1, item I)

Other assets (describe

Other liabilities (describe -\_

Grants payable

Prepaid expenses and deferred charges . . . .

Investments—land, buildings, and equipment: basis ▶ \_\_\_

Less: accumulated depreciation (attach schedule) ▶

Accounts payable and accrued expenses . . . . . .

Foundations that follow FASB ASC 958, check here ▶

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

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

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

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

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

disqualified persons (attach schedule) (see instructions) . . . . .

Other notes and loans receivable (attach schedule) ▶

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

Less: accumulated depreciation (attach schedule) ▶

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

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

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

Retained earnings, accumulated income, endowment, or other funds

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

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

Analysis of Changes in Net Assets or Fund Balances

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

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

Pledges receivable

|  | ee the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs      |   | How acquired P—Purchase D—Donation      | Date acquired (mo., day, yr.)                            | Date sold<br>(mo., day, yr.)                             |
|--|--|---|---|--|--|
| 1aSee Additional Data Tab                                      | e  |   |   |  |  |
| b  |  |   |   |  |  |
| c  |  |   |   |  |  |
| d  |  |   |   |  |  |
| e  |  |   |   |  |  |
| (e)<br>Gross sales price                                       | <b>(f)</b> Depreciation allowed (or allowable)                                 | Cost or of  | g)<br>ther basis<br>nse of sale         | Gain d   | <b>h)</b><br>r (loss)<br>) minus (g)                     |
| a See Additional Data Tab                                      | le   |   |   |  | ,                  |
| b  |  |   |   |  |  |
| c  |  |   |   |  |  |
| d  |  |   |   |  |  |
| e  |  |   |   |  |  |
| Complete only for asset  | s showing gain in column (h) and ow  | ned by the foundation o                                 | n 12/31/69                              | ] (  | 1)   |
| <b>(i)</b><br>F.M.V. as of 12/31/69                            | (j)<br>Adjusted basis<br>as of 12/31/69  | Excess  | <b>k)</b><br>of col. (i)<br>(j), if any | col. (k), but not  | h) gain minus<br>less than -0-) <b>or</b><br>om col.(h)) |
| a See Additional Data Tabl                                     | le   |   |   |  |  |
| b  |  |   |   |  |  |
| С  |  |   |   |  |  |
| d  |  |   |   |  |  |
| e  |  |   |   |  |  |
| 2 Capital gain net income                                      | e or (net capital loss)  | If gain, also enter in Pa<br>If (loss), enter -0- in Pa |   | 2  | 91   |
| ·  | gain or (loss) as defined in sections :  | . , , , ,   |   |  |  |
| If gain, also enter in Pa<br>in Part I, line 8                 | art I, line 8, column (c) (see instructi                                       | , , ,   | }                                       | 3  |  |
|  | Under Section 4940(e) for Re   |   |   |  |  |
| (For optional use by domestic p                                | private foundations subject to the sec   | ction 4940(a) tax on net                                | investment incom                        | ne.)   |  |
| If section 4940(d)(2) applies, le                              | eave this part blank.  |   |   | _  | _  |
| If "Yes," the foundation does no                               | ne section 4942 tax on the distributa<br>ot qualify under section 4940(e). Do  | not complete this part.                                 |   |  | es 🗹 No  |
|  | nount in each column for each year;  | see instructions before r                               | making any entrie                       |  |  |
| (a) Base period years Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions                                       | (c)<br>Net value of noncharitable                       |   | <b>(d)</b><br>Distribution rat<br>(col. (b) divided by c | ol. (c))   |
| 2018   | 120,900  |   | 2,941,736                               |  | 0.041098   |
| 2017   | 128,000  |   | 3,030,815                               |  | 0.042233   |
| 2016<br>2015   | 108,700  |   | 2,803,021                               |  | 0.038780   |
| 2015   | 118,900<br>111,850   |   | 2,622,183<br>2,679,143                  |  | 0.045344<br>0.041748                                     |
| 2 Total of line 1, column (                                    |  |   | 2                                       |  | 0.209203   |
| ,  | o for the 5-year base period—divide  |   |   |  | 0.209203   |
| number of years the four                                       | ndation has been in existence if less<br>encharitable-use assets for 2019 fron | than 5 years  | 3<br>4                                  |  | 0.041841<br>3,000,160                                    |
| <b>5</b> Multiply line 4 by line 3                             |  |   | 5                                       |  | 125,530  |
| 6 Enter 1% of net investm                                      | ent income (1% of Part I, line 27b)  |   | 6                                       |  | 467  |
| <b>7</b> Add lines 5 and 6                                     |  |   | 7                                       |  | 125,997  |
| . , ,  | ions from Part XII, line 4 ,   |   |   |  | 135,500  |
| If line 8 is equal to or grainstructions.                      | eater than line 7, check the box in Pa   | art VI, line 1b, and comp                               | lete that part usir                     | ng a 1% tax rate. Se                                     | e the Part VI  |

Page **6** 

| <b>3</b> 5 | Statements Regarding Activities for Which Form 4720 May Be Required (continued) |
|------------|---|
| the        | year did the foundation pay or incur any amount to:                             |

| 5a  | During the year did the foundation  | pay or in                          | ncur any amount to:   |   |  |  |                   |        |        | Yes     | No       |
|---|---|------------------------------------|---|---|--|--|-------------------|--------|--------|---------|----------|
|   | (1) Carry on propaganda, or otherw  | wise atte                          | empt to influence legisla   | ation (section 4945(e))?  |  | ☐ Ves  | <b>✓</b>          | No.    |        |         |          |
|   | (2) Influence the outcome of any s  | pecific p                          | oublic election (see sect   | ion 4955); or to carry  |  |  |                   |        |        |         |          |
|   | on, directly or indirectly, any vo  | _                                  |   |   |  | Yes  | <b>✓</b>          | No     |        |         |          |
|   | (3) Provide a grant to an individual  |                                    |   |   |  | Yes  | <b>✓</b>          | No     |        |         |          |
|   | (4) Provide a grant to an organizat   |                                    |   | · -   |  |  |                   |        |        |         |          |
|   | in section 4945(d)(4)(A)? See i   |                                    |   |   |  | Yes  | ✓                 | No     |        |         |          |
|   | (5) Provide for any purpose other t   |                                    | -   | * **  |  | _  |                   |        |        |         |          |
| b   | educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$ ,  |                                    |   |   |  | Yes  | ✓                 | No     |        |         |          |
| b   |   |                                    |   |   |  | ibed iii   |                   |        | 5b     |         |          |
|   | Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions  |                                    |   |   |  |  |                   | F      | -      |         |          |
| С   | If the answer is "Yes" to question 5  |                                    |   |   |  |  | Ш                 |        |        |         |          |
|   | tax because it maintained expenditu   | ` '                                |   | •   |  | п.,  |                   |        |        |         |          |
|   | If "Yes," attach the statement requi  |                                    | •   |   |  | Yes  | ш                 | No     |        |         |          |
| 6a  | Did the foundation, during the year   | , receive                          | any funds, directly or  | indirectly, to pay premit   | ıms on                                   |  |                   |        |        |         |          |
|   | a personal benefit contract?  |                                    |   |   | Ē  | Yes  |                   | No     |        |         |          |
| b   | Did the foundation, during the year   | , pay pr                           | emiums, directly or ind   | irectly, on a personal be   | nefit contract?                          | res  |                   | NO [   | 6b     |         | No       |
|   | If "Yes" to 6b, file Form 8870.   |                                    |   |   |  |  |                   |        |        |         |          |
| <b>7</b> a  | At any time during the tax year, wa   | as the fo                          | undation a party to a p   | rohibited tax shelter trai  | nsaction?                                | Yes  | <b>✓</b>          | No     |        |         |          |
| b   | If "Yes", did the foundation receive  | any pro                            | ceeds or have any net   | income attributable to th   | e transaction?                           |  |                   | L      | 7b     |         |          |
| 8   | Is the foundation subject to the sec  |                                    |   |   |  | n or   |                   |        |        |         |          |
|   | excess parachute payment during t   | he year?                           | ?   |   |  | Yes  | <b>✓</b>          | No L   |        |         |          |
| Par   | information About (   | Officer                            | s, Directors, Trust   | ees, Foundation Ma  | ınagers, Hig                             | hly Pai  | d Em              | ploy   | ees,   |         |          |
|   | and Contractors   |                                    |   |   |  |  |                   |        |        |         |          |
|   |   |                                    |   |   |  |  |                   |        |        |         |          |
| 1   | List all officers, directors, truste  |                                    |   | •   |  |  |                   |        |        |         |          |
| 1   |   |                                    | Title, and average  | (c) Compensation (If  | (d) Contr                                | ibutions t   |                   |        |        | se acc  |          |
| 1   | List all officers, directors, truste  (a) Name and address  | (b)                                |   | •   |  | ibutions t<br>efit plans   | s and             |        |        | se acco |          |
|   |   | (b)                                | Title, and average<br>hours per week<br>evoted to position  | (c) Compensation (If not paid, enter  | (d) Contr<br>employee ber<br>deferred co | ibutions t<br>efit plans   | s and             |        |        |         |          |
| STEPH<br>PO BO  | (a) Name and address  IEN B SHEPHERD  IX 8088 STATION F   | (b)                                | Title, and average<br>hours per week<br>evoted to position  | (c) Compensation (If not paid, enter -0-)   | (d) Contr<br>employee ber<br>deferred co | ibutions t<br>efit plans   | s and<br>ion      |        |        |         | es       |
| STEPH<br>PO BO<br>ATLAN                                 | (a) Name and address  IEN B SHEPHERD  IX 8088 STATION F  ITA, GA 311068088  | (b)                                | ) Title, and average<br>hours per week<br>evoted to position<br>OR/V.P.   | (c) Compensation (If not paid, enter -0-)   | (d) Contr<br>employee ber<br>deferred co | ibutions t<br>efit plans   | s and<br>ion<br>0 |        |        |         | 0 0      |
| STEPH<br>PO BO<br>ATLAN                                 | (a) Name and address  IEN B SHEPHERD  IX 8088 STATION F   | de<br>DIRECTO<br>0.25              | ) Title, and average<br>hours per week<br>evoted to position<br>OR/V.P.   | (c) Compensation (If not paid, enter -0-)   | (d) Contr<br>employee ber<br>deferred co | ibutions t<br>efit plans   | s and<br>ion      |        |        |         | es       |
| STEPH<br>PO BO<br>ATLAN<br>W CLY<br>PO BO<br>ATLAN      | (a) Name and address  JEN B SHEPHERD  X 8088 STATION F  JITA, GA 311068088  ZE SHEPHERD  X 8088 STATION F  JITA, GA 311068088   | DIRECTO.25 SECRET. 0.25            | ) Title, and average<br>hours per week<br>evoted to position<br>OR/V.P.   | (c) Compensation (If not paid, enter -0-)   | (d) Contr<br>employee ber<br>deferred co | ibutions t<br>lefit plans<br>mpensati  | s and<br>ion<br>0 | otl    | her al | lowand  | 0<br>0   |
| STEPH<br>PO BO<br>ATLAN<br>W CLY<br>PO BO<br>ATLAN      | (a) Name and address  JEN B SHEPHERD  IX 8088 STATION F  JITA, GA 311068088  JUE SHEPHERD  IX 8088 STATION F  | DIRECTO.25 SECRET. 0.25            | ) Title, and average<br>hours per week<br>evoted to position<br>OR/V.P.   | (c) Compensation (If not paid, enter -0-)   | (d) Contremployee ber deferred co        | ibutions t<br>lefit plans<br>mpensat   | s and ion 0       | otl    | her al | lowand  | 0<br>0   |
| STEPH<br>PO BO<br>ATLAN<br>W CLN<br>PO BO<br>ATLAN      | (a) Name and address  JEN B SHEPHERD  IX 8088 STATION F  JITA, GA 311068088  JULY SHEPHERD  IX 8088 STATION F  JITA, GA 311068088  Compensation of five highest-pa  | DIRECTO 0.25  SECRET. 0.25         | Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the bound of the content | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions t<br>lefit plans<br>mpensati<br>stions). I  | on 0              | otl    | her al | NONE.   | 0        |
| STEPH<br>PO BO<br>ATLAN<br>W CLN<br>PO BO<br>ATLAN      | (a) Name and address  JEN B SHEPHERD  X 8088 STATION F  JITA, GA 311068088  ZE SHEPHERD  X 8088 STATION F  JITA, GA 311068088   | DIRECTO 0.25  SECRET. 0.25         | O Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week hours per week hours per week  | (c) Compensation (If not paid, enter -0-)   | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | lowand  | 0<br>0   |
| STEPH<br>PO BC<br>ATLAN<br>W CLN<br>PO BC<br>ATLAN<br>2 | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | DIRECTO 0.25  SECRET. 0.25         | Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the bound of the content | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions to the fit plans of the fit pla | s and ion 0       | ne, en | ter "I | NONE.   | 0<br>0   |
| STEPH<br>PO BO<br>ATLAN<br>W CLN<br>PO BO<br>ATLAN      | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | DIRECTO 0.25  SECRET. 0.25         | O Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week hours per week hours per week  | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | NONE.   | 0<br>0   |
| STEPH<br>PO BC<br>ATLAN<br>W CLN<br>PO BC<br>ATLAN<br>2 | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | DIRECTO 0.25  SECRET. 0.25         | O Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week hours per week hours per week  | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | NONE.   | 0<br>0   |
| STEPH<br>PO BC<br>ATLAN<br>W CLN<br>PO BC<br>ATLAN<br>2 | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | DIRECTO 0.25  SECRET. 0.25         | O Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week hours per week hours per week  | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | NONE.   | 0<br>0   |
| STEPH<br>PO BC<br>ATLAN<br>W CLN<br>PO BC<br>ATLAN<br>2 | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | DIRECTO 0.25  SECRET. 0.25         | O Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week hours per week hours per week  | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | NONE.   | 0<br>0   |
| STEPH<br>PO BC<br>ATLAN<br>W CLN<br>PO BC<br>ATLAN<br>2 | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | DIRECTO 0.25  SECRET. 0.25         | O Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week hours per week hours per week  | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | NONE.   | 0<br>0   |
| STEPH<br>PO BC<br>ATLAN<br>W CLN<br>PO BC<br>ATLAN<br>2 | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | DIRECTO 0.25  SECRET. 0.25         | O Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week hours per week hours per week  | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | NONE.   | 0<br>0   |
| STEPH<br>PO BC<br>ATLAN<br>W CLN<br>PO BC<br>ATLAN<br>2 | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | DIRECTO 0.25  SECRET. 0.25         | O Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week hours per week hours per week  | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | NONE.   | 0<br>0   |
| STEPH<br>PO BC<br>ATLAN<br>W CLN<br>PO BC<br>ATLAN<br>2 | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | DIRECTO 0.25  SECRET. 0.25         | O Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week hours per week hours per week  | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | NONE.   | 0<br>0   |
| STEPH<br>PO BC<br>ATLAN<br>W CLN<br>PO BC<br>ATLAN<br>2 | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | DIRECTO 0.25  SECRET. 0.25         | O Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week hours per week hours per week  | (c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1                | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | NONE.   | 0 0 unt, |
| STEPP PO BG ATLAM W CLY PO BG ATLAM 2 (a)               | (a) Name and address  IEN B SHEPHERD IX 8088 STATION F ITA, GA 311068088 DE SHEPHERD IX 8088 STATION F ITA, GA 311068088  Compensation of five highest-pa  Name and address of each employee more than \$50,000 | (b) del DIRECTO 0.25  SECRET. 0.25 | Title, and average hours per week evoted to position OR/V.P.  ARY  loyees (other than the hours per week devoted to position or week devoted to position  | (c) Compensation (If not paid, enter -0-)  0  nose included on line 1  (c) Compensation | (d) Contremployee ber deferred co        | ibutions to the fit plans to the fit plans to the fit plans to the fit plans to the benefit deferred   | s and ion 0       | ne, en | ter "I | NONE.   | 0 0 unt, |

| Form 990-PF (2019)   |                                       | Page <b>7</b>             |
|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)   | Foundation Managers, Highly Pa        | aid Employees,            |
| 3 Five highest-paid independent contractors for professional servic  | 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   |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
| <b>Total</b> 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<br>organizations and other beneficiaries served, conferences convened, research papers produ |                                       | r of Expenses             |
| 1  |                                       |                           |
| 2  |                                       |                           |
|  |                                       |                           |
| 3  |                                       |                           |
|  |                                       |                           |
| 4  |                                       |                           |
| Part IX-B Summary of Program-Related Investments (see i  | nstructions)                          |                           |
| Describe the two largest program-related investments made by the foundation during the   | <u> </u>                              | Amount                    |
| 1  | ,                                     |                           |
|  |                                       |                           |
| 2  |                                       |                           |
| All other program-related investments. See instructions.   |                                       |                           |
| 3  |                                       |                           |
| Total. Add lines 1 through 3   |                                       | • o                       |
| Total Add Mico Landagn 5   |                                       | Form <b>990-PF</b> (2019) |

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

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

income. Enter 1% of Part I, line 27b. See instructions.

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

6

1

2

3

4

5

b

Part XII

6

7

1a

1b

2

3a 3b

4

5

149.541

135,500

135,500

135.033

Form 990-PF (2019)

467

|   |  |               |                            |             | · - 3              |
|---|--|---------------|----------------------------|-------------|--------------------|
| P | art XIIII Undistributed Income (see instruct         | tions)        |                            |             |                    |
|   |  | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | <b>(d)</b><br>2019 |
| 1 | Distributable amount for 2019 from Part XI, line 7   |               |                            |             | 149,541            |
| 2 | Undistributed income, if any, as of the end of 2019: |               |                            |             |                    |
| а | Enter amount for 2018 only                           |               |                            | 16,024      |                    |
| b | Total for prior years: 20, 20                        |               | 0                          |             |                    |
| 3 | Excess distributions carryover, if any, to 2019:     |               |                            |             |                    |
| а | 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          |               |                            |             |                    |

Page 9

119,476

30,065

Form **990-PF** (2019)

16,024

| С | From 2016.                                  | •  | •   | •  | •    | •  |  |  |    |     |    |  |  | ı |
|---|---|----|-----|----|------|----|--|--|----|-----|----|--|--|---|
| d | From 2017.                                  |    |     |    |      |    |  |  |    |     |    |  |  |   |
| е | From 2018.                                  |    |     |    |      |    |  |  |    |     |    |  |  |   |
| f | Total of lines                              | За | thr | ou | gh e | е. |  |  |    |     |    |  |  |   |
| ŀ | Qualifying distributions for 2019 from Part |    |     |    |      |    |  |  |    |     | Г  |  |  |   |
|   | XII, line 4: ▶                              | \$ | ;   |    |      |    |  |  | 13 | 5,5 | 00 |  |  |   |

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). . . . . . . .

6 Enter the net total of each column as

be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . .

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. .

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 —see instructions . . . . . . . . . . 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

indicated below:

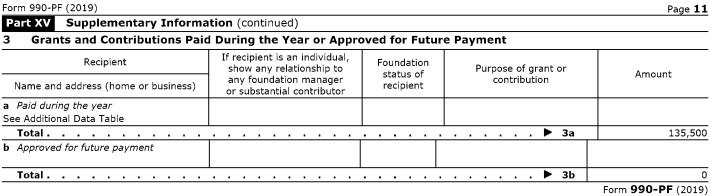
**d** Applied to 2019 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

same amount must be shown in column (a).)

| F        | Part XIV Private Operating Found  | dations (see instr      | uctions and Part V      | II-A, question 9)        |                   |            |
|----------|---|-------------------------|-------------------------|--------------------------|-------------------|------------|
| 1a       | If the foundation has received a ruling or defoundation, and the ruling is effective for 20   |                         |                         |                          |                   |            |
| b        | Check box to indicate whether the organizat   | tion is a private opera | ating foundation desc   | cribed in section $\Box$ | 4942(j)(3) or     | 4942(j)(5) |
| 2a       | Enter the lesser of the adjusted net  | Tax year                |                         | Prior 3 years            |                   | (e) Total  |
|          | income from Part I or the minimum investment return from Part X for each  | (a) 2019                | <b>(b)</b> 2018         | (c) 2017                 | (d) 2016          | (0)        |
|          | year listed   |                         |                         |                          |                   |            |
|          | 85% of line 2a  |                         |                         |                          |                   |            |
|          | Qualifying distributions from Part XII, line 4 for each year listed   |                         |                         |                          |                   |            |
| d        | Amounts included in line 2c not used directly for active conduct of exempt activities   |                         |                         |                          |                   |            |
| е        | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                               |                         |                         |                          |                   |            |
| 3        | Complete 3a, b, or c for the alternative test relied upon:  |                         |                         |                          |                   |            |
| а        |   |                         |                         |                          |                   |            |
|          | <ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>  |                         |                         |                          |                   |            |
| b        | under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3 of minimum investment return shown in                                |                         |                         |                          |                   |            |
|          | Part X, line 6 for each year listed   |                         |                         |                          |                   |            |
| С        | "Support" alternative test—enter:  (1) Total support other than gross   |                         |                         |                          |                   |            |
|          | investment income (interest,<br>dividends, rents, payments<br>on securities loans (section  |                         |                         |                          |                   |            |
|          | 512(a)(5)), or royalties) (2) Support from general public   |                         |                         |                          |                   |            |
|          | and 5 or more exempt<br>organizations as provided in  |                         |                         |                          |                   |            |
|          | section 4942(j)(3)(B)(iii) (3) Largest amount of support  |                         |                         |                          |                   |            |
|          | from an exempt organization   |                         |                         |                          |                   |            |
|          | (4) Gross investment income   |                         |                         |                          |                   |            |
| DE       | Supplementary Information   |                         |                         | oundation had s          | 5,000 or more i   | n          |
|          | assets at any time during ti  |                         | ructions.)              |                          |                   |            |
| 1<br>a   | Information Regarding Foundation Man<br>List any managers of the foundation who ha<br>before the close of any tax year (but only if         | ve contributed more     |                         |                          |                   | ı          |
| b        | List any managers of the foundation who ow  |                         |                         |                          |                   |            |
|          | ownership of a partnership or other entity)   | of which the foundat    | ion has a 10% or gre    | eater interest.          | - •               |            |
| 2        | Information Regarding Contribution, G   |                         | • • • • •               | -                        |                   |            |
|          | Check here ► ☐ if the foundation only mal<br>unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, a | ation makes gifts, gra  | ants, etc. to individua |                          |                   |            |
| <u> </u> | The name, address, and telephone number   | or e-mail address of    | the person to whom      | applications should      | be addressed:     |            |
|          | MR STEPHEN B SHEPHERD SHEPHERD FOU<br>PO BOX 8088 STATION F<br>ATLANTA, GA 310068088  |                         | ·                       |                          |                   |            |
| _        | (404) 325-9350  |                         |                         |                          |                   |            |
| b        | The form in which applications should be su<br>LETTER REQUEST IS ACCEPTABLE. STATE F  |                         |                         | •                        | APPLICATION FORM. |            |
|          | Any submission deadlines:   |                         |                         |                          |                   |            |
|          | NONE  |                         |                         |                          |                   |            |
| d        | Any restrictions or limitations on awards, su   | uch as by geographic    | al areas, charitable fi | ields, kinds of institu  | itions, or other  |            |

ACTIVITIES ARE NOT CLASSIFIED ACCORDING TO PURPOSE. THE EXCLUSIVE PURPOSE OF ALL DONATIONS ARE STRICTLY RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCTIONAL FUNCTIONS AS WILL PROMOTE THE ADVANCEMENT AND WELL-BEING OF MANKIND.

NO RESTRICTIONS ARE PLACED ON ANY DONATION.



| ter gross amounts unless otherwise indicated.  |   | usiness income                         | Excluded by section             |                      | (e)<br>Related or exempt               |
|--|---|--|---------------------------------|----------------------|--|
| . Program service revenue:   | (a)<br>Business code                      | <b>(b)</b><br>Amount                   | (c)<br>Exclusion code           | (d)<br>Amount        | function income<br>(See instructions.) |
| a<br>b   |   |  |                                 |                      |  |
| c  |   |  |                                 |                      |  |
| d  |   |  |                                 |                      |  |
| e  |   |  |                                 |                      |  |
| f  |   |  |                                 |                      |  |
| g Fees and contracts from government agencies  |   |  |                                 |                      |  |
| Membership dues and assessments  |   |  |                                 |                      |  |
| Interest on savings and temporary cash investments   |   |  |                                 |                      |  |
| Dividends and interest from securities   |   |  | 14                              | 64,451               |  |
| Net rental income or (loss) from real estate:  |   |  |                                 |                      |  |
| a Debt-financed property   |   |  |                                 |                      |  |
| <b>b</b> Not debt-financed property  |   |  |                                 |                      |  |
| Net rental income or (loss) from personal property Other investment income.  |   |  |                                 |                      |  |
| Gain or (loss) from sales of assets other than   |   |  |                                 |                      |  |
| inventory  |   |  | 18                              | 919                  |  |
| Net income or (loss) from special events:  |   |  |                                 |                      |  |
| Gross profit or (loss) from sales of inventory   |   |  |                                 |                      |  |
| Other revenue: a   |   |  |                                 |                      |  |
| b  |   |  |                                 |                      |  |
| c  |   |  |                                 |                      |  |
| ام   |   |  |                                 |                      |  |
|  |   |  |                                 |                      |  |
| d  |   |  |                                 | CE 270               |  |
| e  |   | 0                                      | 1.                              | 65,370<br><b>3</b>   |  |
| 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 calcu  | lations.)                                 |  |                                 | 65,370<br><b>3</b>   |  |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the   | lations.)<br>ne Accomplis                 | hment of Exem                          | ot Purposes                     | 3                    |  |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | lations.)  le Accomplis  income is report | hment of Exempled ted in column (e) of | ot Purposes Fart XVI-A contribu | 3tted importantly to | 65,370                                 |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated and the second list XVI-B  Explain below how each activity for which the accomplishment of the foundation's explain below to the second list ment of the foundation's explain below to the accomplishment of the foundation's explain below to the accomplishment of the foundation's explain below to the second list ment of the foundation's explain below to the second list ment of the foundation's explain the accomplishment of the foundation's explain the second list ment of the foundation's explain the second list ment of the foundation is second list ment of the foundation.  | lations.)  le Accomplis  income is report | hment of Exempled ted in column (e) of | ot Purposes Fart XVI-A contribu | 3tted importantly to |  |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | lations.)  le Accomplis  income is report | hment of Exempled ted in column (e) of | ot Purposes Fart XVI-A contribu | 3tted importantly to |  |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | lations.)  le Accomplis  income is report | hment of Exempled ted in column (e) of | ot Purposes Fart XVI-A contribu | 3tted importantly to |  |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculat XVI-B  Relationship of Activities to the second se | lations.)  le Accomplis  income is report | hment of Exempled ted in column (e) of | ot Purposes Fart XVI-A contribu | 3tted importantly to |  |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second sec | lations.)  le Accomplis  income is report | hment of Exempled ted in column (e) of | ot Purposes Fart XVI-A contribu | 3tted importantly to |  |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the See No.  Explain below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the foundation of the foundation of the foundation's explain the foundation of  | lations.)  le Accomplis  income is report | hment of Exempled ted in column (e) of | ot Purposes Fart XVI-A contribu | 3tted importantly to |  |
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| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second sec | lations.)  le Accomplis  income is report | hment of Exempled ted in column (e) of | ot Purposes Fart XVI-A contribu | 3tted importantly to |  |
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| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second sec | lations.)  le Accomplis  income is report | hment of Exempled ted in column (e) of | ot Purposes Fart XVI-A contribu | 3tted importantly to |  |
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| Part XVII       | Information Regarding Transfers To and Transactions and Relationships With Noncharitable<br>Exempt Organizations    | _ |
|-----------------|---|---|
| L Did the organ | sization directly or indirectly engage in any of the following with any other organization described in section 501 | Г |

| FC        | ILL VATI         | Exempt Organi  | zations                            |                                      |                      |  |                        |  |        |      |
|-----------|------------------|--|------------------------------------|--------------------------------------|----------------------|--|------------------------|--|--------|------|
|           |                  | rganization directly or in<br>than section 501(c)(3)   | directly engage                    |                                      |                      |  |                        | n 501  | Yes    | No   |
| аΊ        | ransfers         | from the reporting foun  | dation to a none                   | haritable exe                        | empt organization    | of:                                    |                        |  |        |      |
| (         | <b>1)</b> Cash   |  |                                    |                                      |                      |  |                        | 1a(1)  |        | No   |
| (         | <b>2)</b> Othe   | er assets  |                                    |                                      |                      |  |                        | . 1a(2)  |        | No   |
| b         | Other tran       | nsactions:   |                                    |                                      |                      |  |                        |  |        |      |
|           | -                | s of assets to a nonchar   | •                                  | -                                    |                      |  |                        | . 1b(1)  |        | No   |
|           | -                | hases of assets from a r   |                                    |                                      |                      |  |                        | . 1b(2)  |        | No   |
|           |                  | al of facilities, equipmer   | · ·                                |                                      |                      |  |                        | 1b(3)  |        | No   |
|           |                  | nbursement arrangemen  |                                    |                                      |                      |  |                        | 1b(4)  |        | No   |
|           |                  | s or loan guarantees.  |                                    |                                      |                      |  |                        | . 1b(5)  |        | No   |
|           |                  | rmance of services or m  | •                                  | -                                    |                      |  |                        | 1b(6)  |        | No   |
|           | _                | f facilities, equipment, names wer to any of the above   |                                    | •                                    |                      |  |                        | . Ic   |        | No   |
| i         | of the god       | ods, other assets, or ser<br>nsaction or sharing arra<br>(b) Amount involved                                     | vices given by th<br>ngement, show | he reporting<br>in column <b>(</b> d | foundation. If the f | oundation receive<br>goods, other asse | d less than fair marke | et value<br>ed.                                      | ngemen | ts   |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
| c         | lescribed        | indation directly or indire<br>in section 501(c) (other<br>complete the following so<br>(a) Name of organization | r than section 50<br>chedule.      | 01(c)(3)) or i                       | •                    |  | _                      |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
|           |                  |  |                                    |                                      |                      |  |                        |  |        |      |
| <u> </u>  | of n<br>whi      | der penalties of perjury,<br>ny knowledge and belief<br>ch preparer has any kno                                  | , it is true, corre                |                                      | ,                    | - '                                    | -                      | sed on all infor                                     | mation | n of |
| Sig<br>He |                  | *****  |                                    |                                      | 2020-12-01           | *****                                  |                        | May the IRS di<br>return<br>with the prepai<br>below |        |      |
|           |                  | Signature of officer or t  | rustee                             |                                      | Date                 | Title                                  |                        | (see instr.)   | Yes [  | ] No |
|           |                  | Print/Type preparer's  | name Pr                            | eparer's Sigr                        | nature               | Date                                   | Check if self-         | ΓΙΝ<br>P00618  | 530    |      |
| Pai       |                  | TIMOTHY S OBERS  | <b>БТ</b>                          |                                      |                      | 2020-11-30                             | employed ▶ □           |  | -      |      |
|           | eparer<br>e Only | I II III O II GIII O P   | NETT THRASHER                      | R LLP                                |                      |  | Fi                     | rm's EIN ▶58-  | -16736 | 13   |
|           | -                | Firm's address ► 33  | 00 RIVERWOOD<br>LANTA, GA 303      |                                      | 700                  |  | Pł                     | none no. (770)                                       | 396-2  | 2200 |
|           |                  |  | •                                  |                                      |                      |  |                        |  |        |      |

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, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation Р 2020-08-05 648.536 SHARES OF DFA INTERNATIONAL CORE EQTY TRADE 648.536 SHARES OF DFA INTERNATIONAL CORE EQTY TRADE Ρ 2020-06-17 99.01 SHARES OF EATON VANCE-ATLANTA SMID-R6 Р 2020-06-17 114.155 SHARES OF INVESCO OPPENHEIMER DEVELP MRKTS-R6 Ρ 2020-06-17 84.393 SHARES OF VANGUARD INST INDEX-INST Ρ 2020-06-17 Ρ 352.444 SHARES OF OSTERWEIS STRATEGIC INC FD I 2020-06-17 Ρ 128.676 SHARES OF VANGUARD M/B SEC INDEX-ADM 2020-06-17 Р 423.453 SHARES OF WESTERN ASSET CORE PLUS BD-IS 2020-06-17 Ρ 162 SHARES OF ISHARES US TREASURY BOND ETF 2020-06-18 154 SHARES OF VANGUARD TOTAL STOCK MARKET ETF Р 2020-06-18 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) -8,459 117,300 125.759 7,750 8.651 -901 3,400 2,079 1,321 4,750 4.339 411 23,625 21,949 1,676 3,750 -148 3,898 2 2,800 2,798 5,200 4,967 233 4,500 -27 4,527 24,384 22.017 2,367 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. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -8,459 -901 1,321 411 1,676 -148 2 233 -27 2,367

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) (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 Р 108 SHARES OF VANGUARD TOTAL BOND MARKET 2020-06-18 59 SHARES OF ISHARES CORE S&P SMALL-CAP ETF Р 2020-06-18 18 SHARES OF ISHARES CORE S&P MID-CAP ETF Ρ 2020-06-18 16,635.998 SHARES OF DOUBLELINE TOTL RET BND-I Р 2020-04-22 Ρ 12,269.648 SHARES OF WESTERN ASSET CORE PLUS BD-IS 2020-03-24 Ρ 2020-09-30 SUNTRUST CASH INSTRUMENT CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed (e) Gross sales price Cost or other basis Gain or (loss) (g) plus expense of sale (f) (or allowable) (h) (e) plus (f) minus (g) 9.492 9.448 44 4,114 4,710 -596 3,267 3.445 -178 175,011 182,304 -7.293135.825 143,921 -8.096 909 909 19.654 19,654 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. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 44 -596 -178 -7.293-8,096 909 19,654

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   |      |           |              |     |
|--|------|-----------|--------------|-----|
| AGNES SCOTT COLLEGE<br>141 EAST COLLEGE AVE<br>DECATUR, GA 300303797 | NONE | 501(C)(3) | GENERAL FUND | 100 |
| ALLIANCE THEATER<br>WOODRUFF ARTS CENTER 1280                        | NONE | 501(C)(3) | GENERAL FUND | 100 |

| WOODRUFF ARTS CENTER 1280 PEACHTREE ST NE ATLANTA, GA 30309 | NONE | 501(C)(3) | GENERAL FOND | 1 |
|---|------|-----------|--------------|---|
| ALPHA SIGMA FOUNDATIONPO BOX 876                            | NONE | 501(C)(3) | GENERAL FUND | 1 |

| WOODRUFF ARTS CENTER 1280<br>PEACHTREE<br>ST NE<br>ATLANTA, GA 30309 |      | (-)(-)    |              |    |
|--|------|-----------|--------------|----|
| ALPHA SIGMA FOUNDATIONPO BOX 876                                     | NONE | 501(C)(3) | GENERAL FUND | 10 |

| PEACHTREE<br>ST NE<br>ATLANTA, GA 30309 |      |           |              |     |
|---|------|-----------|--------------|-----|
| ALPHA SIGMA FOUNDATIONPO BOX 876        | NONE | 501(C)(3) | GENERAL FUND | 100 |

| ATLANTA, GA 30309                                     |      |           |              |     |
|---|------|-----------|--------------|-----|
| ALPHA SIGMA FOUNDATIONPO BOX 876 ITHACA, NY 148510876 | NONE | 501(C)(3) | GENERAL FUND | 100 |

▶ 3a

135,500

| ALD WITH, GA SUSUS                                    |      |           |              | İ |
|---|------|-----------|--------------|---|
| ALPHA SIGMA FOUNDATIONPO BOX 876 ITHACA, NY 148510876 | NONE | 501(C)(3) | GENERAL FUND | 1 |

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

any foundation manager

NONE

Name and address (home or business)

ANDEE'S ARMYPO BOX 420016

ATLANTA, GA 30342

Total .

| Name and datess (nome or business)  | or substantial contributor |           |              |       |
|---|----------------------------|-----------|--------------|-------|
| a Paid during the year  |                            |           |              |       |
| ALPHA UPSILON DELTA EDUCATIONAL<br>FOUNDATION<br>9468 KINGS FALLS DR<br>CHARLOTTE, NC 28210 | NONE                       | 501(C)(3) | GENERAL FUND | 100   |
| AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTS AVE NW                                     | NONE                       | 501(C)(3) | GENERAL FUND | 1,000 |

recipient

501(C)(3)

GENERAL FUND

▶ 3a

1,000

| FOUNDATION<br>9468 KINGS FALLS DR<br>CHARLOTTE, NC 28210                           |      |           |              |     |
|--|------|-----------|--------------|-----|
| AMERICAN ENTERPRISE INSTITUTE<br>1789 MASSACHUSETTS AVE NW<br>WASHINGTON, DC 20036 | NONE | 501(C)(3) | GENERAL FUND | 1,0 |

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   |      |           |              |     |
|--|------|-----------|--------------|-----|
| ATLANTA BALLET MICHAEL C CARLOS DANCE CENTRE 1695 MARIETTA BLVD NW | NONE | 501(C)(3) | GENERAL FUND | 100 |

| NONE | 501(C)(3) | GENERAL FUND   | 1,100                       |
|------|-----------|----------------|-----------------------------|
|      | NONE      | NONE 501(C)(3) | NONE 501(C)(3) GENERAL FUND |

| ATLANTA, GA 30318  |      |           |              |       |
|--|------|-----------|--------------|-------|
| ATLANTA DREAM CENTER<br>652 ANGIER AVE NE<br>ATLANTA, GA 30308 | NONE | 501(C)(3) | GENERAL FUND | 1,100 |
| ATLANTA HISTORY CENTER   | NONE | 501(C)(3) | GENERAL FUND | 2,100 |

| ATLANTA DREAM CENTER<br>652 ANGIER AVE NE<br>ATLANTA, GA 30308         | NONE | 501(C)(3) | GENERAL FUND | 1,100 |
|--|------|-----------|--------------|-------|
| ATLANTA HISTORY CENTER<br>130 W PACES FERRY RD NW<br>ATLANTA, GA 30305 | NONE | 501(C)(3) | GENERAL FUND | 2,100 |

| ATLANTA, GA 30308  |      |           |              |         |
|--|------|-----------|--------------|---------|
| ATLANTA HISTORY CENTER<br>130 W PACES FERRY RD NW<br>ATLANTA, GA 30305 | NONE | 501(C)(3) | GENERAL FUND | 2,100   |
| Total  |      |           | ▶ 3a         | 135,500 |

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

| ATLANTA POLICE FOUNDATION<br>191 PEACHTREE ST NE STE 191<br>ATLANTA, GA 30303 | NONE | 501(C)(3) | GENERAL FUND | 15,700 |
|---|------|-----------|--------------|--------|
| a Paid during the year  |      |           |              |        |

| = 4  |      |           |              |     |
|--|------|-----------|--------------|-----|
| ATLANTA SYMPHONY<br>WOODRUFF ARTS CENTER 1280<br>PEACHTREE<br>ST NE<br>ATLANTA, GA 30309 | NONE | 501(C)(3) | GENERAL FUND | 100 |
|  |      |           |              |     |

| ATLANTA, GA 30309         |          |           |             |     |
|---------------------------|----------|-----------|-------------|-----|
| ST NE                     | <b> </b> |           |             |     |
| PEACHTREE                 | ļ        |           |             |     |
| WOODRUFF ARTS CENTER 1280 | <u>'</u> |           |             |     |
| , Albantin Strini Gati    | INONE    | 301(0)(3) | GENERALIONE | 100 |

|                            | - |  |   |
|----------------------------|---|--|---|
| ST NE<br>ATLANTA, GA 30309 |   |  |   |
| PEACHTREE                  |   |  |   |
|                            |   |  | 1 |

| ST NE<br>ATLANTA, GA 30309     |      |           |              |       |
|--------------------------------|------|-----------|--------------|-------|
| CAMP SUNSHINE1850 CLAIRMONT RD | NONE | 501(C)(3) | GENERAL FUND | 3,000 |

| ATLANTA, GA 30309              |      |           |              |       |
|--------------------------------|------|-----------|--------------|-------|
| CAMP SUNSHINE1850 CLAIRMONT RD | NONE | 501(C)(3) | GENERAL FUND | 3,000 |

135,500

|  | I .  |           |              |  |
|--|------|-----------|--------------|--|
| CAMP SUNSHINE1850 CLAIRMONT RD DECATUR, GA 30033 | NONE | 501(C)(3) | GENERAL FUND |  |

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

| Name and address (home or business) | or substantial contributor | recipient |              |     |
|-------------------------------------|----------------------------|-----------|--------------|-----|
| a Paid during the year              |                            |           |              |     |
| CAMP TWIN LAKES                     | NONE                       | 501(C)(3) | GENERAL FUND | 100 |

| 1100 SPRING ST SUITE 260<br>ATLANTA, GA 30309 | I I I I I I I I I I I I I I I I I I I | 301(0)(3) |              | 100   |
|---|---------------------------------------|-----------|--------------|-------|
| CATO INSTITUTE                                | NONE                                  | 501(C)(3) | GENERAL FUND | 1,000 |

| <b>'</b>  |      |           |              |  |
|---|------|-----------|--------------|--|
| CATO INSTITUTE<br>1000 MASSACHUSETTS AVE NW<br>WASHINGTON, DC 20001 | NONE | 501(C)(3) | GENERAL FUND |  |
| CHI PSI EDUCATIONAL TRUST INC                                       | NONE | 501(C)(3) | GENERAL FUND |  |

| 1000 MASSACHUSETTS AVE NW<br>WASHINGTON, DC 20001            |      |           |              |     |
|--|------|-----------|--------------|-----|
| CHI PSI EDUCATIONAL TRUST INC<br>JEFFREY HALL 45 RUTLEDGE ST | NONE | 501(C)(3) | GENERAL FUND | 100 |

| WASHINGTON, DC 20001  |      |           |              |     |
|---|------|-----------|--------------|-----|
| CHI PSI EDUCATIONAL TRUST INC<br>JEFFREY HALL 45 RUTLEDGE ST<br>NASHVILLE, TN 30210 | NONE | 501(C)(3) | GENERAL FUND | 100 |

| CHI PSI EDUCATIONAL TRUST INC<br>JEFFREY HALL 45 RUTLEDGE ST<br>NASHVILLE, TN 30210 | NONE | 501(C)(3) | GENERAL FUND | 100     |
|---|------|-----------|--------------|---------|
| Total   |      |           | ▶ 3a         | 135,500 |

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   |      |           |              |     |
|--|------|-----------|--------------|-----|
| CHILDREN'S HEALTHCARE OF ATLANTA<br>3395 NORTHEAST EXPRESSWAY SUITE<br>100<br>ATLANTA GA 30341 | NONE | 501(C)(3) | GENERAL FUND | 100 |

| ATLANTA, GA 30341  |      |           |              |       |
|--|------|-----------|--------------|-------|
| CHILDSPRING INTERNATIONAL<br>1328 PEACHTREE ST NE<br>ATLANTA, GA 30309 | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

| 7.11 2.1117 17 671 303 11  |      | 1         |              | <u> </u> |
|--|------|-----------|--------------|----------|
| CHILDSPRING INTERNATIONAL<br>1328 PEACHTREE ST NE<br>ATLANTA, GA 30309 | NONE | 501(C)(3) | GENERAL FUND | 1,000    |
| CHRIST EPISCOPAL CHURCH FDN<br>400 SAN JUAN DR                         | NONE | 501(C)(3) | GENERAL FUND | 500      |

| CHILDSPRING INTERNATIONAL<br>1328 PEACHTREE ST NE<br>ATLANTA, GA 30309      | NONE | 501(C)(3) | GENERAL FUND | 1,000 |
|---|------|-----------|--------------|-------|
| CHRIST EPISCOPAL CHURCH FDN<br>400 SAN JUAN DR<br>PONTE VEDRA BCH, FL 32082 | NONE | 501(C)(3) | GENERAL FUND | 500   |

| ATLANTA, GA 30309   |      |           |              |     |
|---|------|-----------|--------------|-----|
| CHRIST EPISCOPAL CHURCH FDN<br>400 SAN JUAN DR<br>PONTE VEDRA BCH, FL 32082 | NONE | 501(C)(3) | GENERAL FUND | 500 |
|   |      |           |              |     |

| PONTE VEDRA BCH, FL 32082                      |      |           | ▶ 3a         | 135,500 |
|--|------|-----------|--------------|---------|
| CHRIST EPISCOPAL CHURCH FDN<br>400 SAN JUAN DR | NONE | 501(C)(3) | GENERAL FUND | ;       |

Recipient

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Redipient

Amount

Purpose of grant or contribution

Purpose of grant or contribution

Purpose of grant or contribution

recipient

Purpose of grant or contribution

Purpose of grant or contribution

Amount

Amount

Purpose of grant or contribution

| COMPASSION INTERNATIONAL<br>12290 VOYAGER PARKWAY<br>COLORADO SPRINGS, CO 80997 | NONE | 501(C)(3) | GENERAL FUND | 2,000 |
|---|------|-----------|--------------|-------|
| CONVERSE COLLEGE580 EAST MAIN<br>SPARTANBURG, SC 29302                          | NONE | 501(C)(3) | GENERAL FUND | 200   |

| SPARTANBURG, SC 29302  | NONE | 501(C)(3) | GENERAL FUND | 200 |
|--|------|-----------|--------------|-----|
| EAGLE RANCH FOUNDATION INC<br>PO BOX 7200<br>CHESTNUT MOUNTAIN, GA 30402 | NONE | 501(C)(3) | GENERAL FUND | 100 |

Total .

▶ 3a

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

| Name and address (home or business) | or substantial contributor | recipient |              |       |
|-------------------------------------|----------------------------|-----------|--------------|-------|
| a Paid during the year              |                            |           |              |       |
| EMMANUEL EPISCOPAL CHURCH           | NONE                       | 501(C)(3) | GENERAL FUND | 1,000 |

| 127 N MAIN ST<br>WARRENTON, NC 27589                   |      |           |              |     |
|--|------|-----------|--------------|-----|
| FARMINGTON HISTORICAL SOCIETY 1625 COUNTRY CLUB CIRCLE | NONE | 501(C)(3) | GENERAL FUND | 500 |

| FARMINGTON HISTORICAL SOCIETY<br>1625 COUNTRY CLUB CIRCLE<br>CHARLOTTESVILLE, VA 22901 | NONE | 501(C)(3) | GENERAL FUND |    |
|--|------|-----------|--------------|----|
| FERNBANK MUSEUM OF NATURAL<br>HISTORY  | NONE | 501(C)(3) | GENERAL FUND | 3, |

Total .

| CHARLOTTESVILLE, VA 22901                                  |      |           |              |       |
|--|------|-----------|--------------|-------|
| FERNBANK MUSEUM OF NATURAL<br>HISTORY<br>767 CLIFTON RD NE | NONE | 501(C)(3) | GENERAL FUND | 3,000 |

| CHARLOTTESVILLE, VA 22901   |      |           |              |       |
|---|------|-----------|--------------|-------|
| FERNBANK MUSEUM OF NATURAL<br>HISTORY<br>767 CLIFTON RD NE<br>ATLANTA, GA 303071221 | NONE | 501(C)(3) | GENERAL FUND | 3,000 |

| FERNBANK MOSEUM OF NATURAL | INONE | 1 201(C)(2) | GENERAL FUND | 3,000 |
|----------------------------|-------|-------------|--------------|-------|
| HISTORY                    |       |             |              |       |
| 767 CLIFTON RD NE          |       |             |              |       |
| ATLANTA, GA 303071221      |       |             |              |       |
|                            |       |             |              |       |

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

| FRANK HAMILTON SCHOOL 222 EAST LAKE DRIVE DECATUR, GA 30030  NONE  501(C)(3)  GENERAL FUND  100 | a Paid during the year |      |           |              |     |
|---|------------------------|------|-----------|--------------|-----|
|   | 222 EAST LAKE DRIVE    | NONE | 501(C)(3) | GENERAL FUND | 100 |

| DECATUR, GA 30030                               |      |           |              |       |
|---|------|-----------|--------------|-------|
| FOOTHILLS CHURCHPO BOX 1085<br>SENECA, SC 29679 | NONE | 501(C)(3) | GENERAL FUND | 1,000 |
| FOUNDATION OF WESLEY WOODS                      | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

| FOOTHILLS CHURCHPO BOX 1085<br>SENECA, SC 29679 | NONE | 501(C)(3) | GENERAL FUND | 1,000 |
|---|------|-----------|--------------|-------|
| FOUNDATION OF WESLEY WOODS 1817 CLIFTON ROAD    | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

Total .

| SENECA, SC 29679   |      |           |              |       |
|--|------|-----------|--------------|-------|
| FOUNDATION OF WESLEY WOODS<br>1817 CLIFTON ROAD<br>ATLANTA, GA 30329 | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

135,500

■ 3a

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

|   |      |           |              | 1     |
|---|------|-----------|--------------|-------|
| a Paid during the year                    |      |           |              |       |
| GEORGETOWN UNIVERSITY<br>DEPT NUMBER 0734 | NONE | 501(C)(3) | GENERAL FUND | 2,000 |

| WASHINGTON, DC 20057   |      |           |              |       |
|--|------|-----------|--------------|-------|
| GA PUBLIC POLICY FDN<br>3200 COBB GALLERIA PRKWAY SUITE<br>214 | NONE | 501(C)(3) | GENERAL FUND | 7,500 |

| WASHINGTON, DC 2005/  |      |           |              |       |
|---|------|-----------|--------------|-------|
| GA PUBLIC POLICY FDN<br>3200 COBB GALLERIA PRKWAY SUITE<br>214<br>ATLANTA, GA 30339 | NONE | 501(C)(3) | GENERAL FUND | 7,500 |
| GEORGIA PRESS EDUCATIONAL FUND  | NONE | 501(C)(3) | GENERAL FUND | 500   |

| GA PUBLIC POLICY FDN<br>3200 COBB GALLERIA PRKWAY SUITE<br>214<br>ATLANTA, GA 30339 | NONE | 501(C)(3) | GENERAL FUND | 7,500 |
|---|------|-----------|--------------|-------|
| GEORGIA PRESS EDUCATIONAL FUND<br>3065 MERCER UNIVERSITY DR SUITE<br>100            | NONE | 501(C)(3) | GENERAL FUND | 500   |

| 214<br>ATLANTA, GA 30339  |      |           |              |     |
|---|------|-----------|--------------|-----|
| GEORGIA PRESS EDUCATIONAL FUND<br>3065 MERCER UNIVERSITY DR SUITE<br>100<br>ATLANTA, GA 30341 | NONE | 501(C)(3) | GENERAL FUND | 500 |

| ATLANTA, GA 30341  Total   |      |           | ▶ 3a         | 135.500 |
|--|------|-----------|--------------|---------|
| GEORGIA PRESS EDUCATIONAL FUND<br>3065 MERCER UNIVERSITY DR SUITE<br>100 | NONE | 501(C)(3) | GENERAL FUND | 500     |

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 Daid during the year

100

2,500

135,500

| a Falu during the year  |      |           |              |  |
|---|------|-----------|--------------|--|
| GA STATE UNIVERSITY FDN<br>PO BOX 2668<br>ATLANTA, GA 303012668 | NONE | 501(C)(3) | GENERAL FUND |  |

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

| ATLANTA, GA 303012668  |      |           |              |  |
|--|------|-----------|--------------|--|
| GA STATE UNIVERSITY RISK MANAGEMENT FOUNDATION PO BOX 4036 ATI ANTA GA 303024036 | NONE | 501(C)(3) | GENERAL FUND |  |

| GA STATE UNIVERSITY RISK<br>MANAGEMENT FOUNDATION<br>PO BOX 4036<br>ATLANTA, GA 303024036 | NONE | 501(C)(3) | GENERAL FUND |  |
|---|------|-----------|--------------|--|
| GOIZEUTA ADRC   | NONE | 501(C)(3) | GENERAL FUND |  |

| PO BOX 4036<br>ATLANTA, GA 303024036  |      |           |              |       |
|---|------|-----------|--------------|-------|
| GOIZEUTA ADRC<br>OFFICE OF GIFT RECORDS EMORY 1762<br>CLIFTON RD NE STE1400 | NONE | 501(C)(3) | GENERAL FUND | 2,500 |

| PO BOX 4036<br>ATLANTA, GA 303024036  |      |           |              |       |
|---|------|-----------|--------------|-------|
| GOIZEUTA ADRC<br>OFFICE OF GIFT RECORDS EMORY 1762<br>CLIFTON RD NE STE1400 | NONE | 501(C)(3) | GENERAL FUND | 2,500 |

| 71112111171, 671 30302 1030       |      |           |              | 1     |
|-----------------------------------|------|-----------|--------------|-------|
| GOIZEUTA ADRC                     | NONE | 501(C)(3) | GENERAL FUND | 2,500 |
| OFFICE OF GIFT RECORDS EMORY 1762 |      | ` ` ` ` ` |              | 1     |
| CLIFTON RD NE STE1400             |      |           |              | 1     |
| ATI ANTA OA GOGGOATIA             |      |           |              | 1     |

| 501(C)(3) | GENERAL FUND | 2,500 |
|-----------|--------------|-------|
|           |              |       |
|           |              |       |
|           |              |       |
|           |              |       |

| ATLANTA, GA 303221710              |          |  |   |
|------------------------------------|----------|--|---|
| CLIFTON RD NE STE1400              |          |  |   |
| OFFICE OF GIFF RECORDS EFFORT 1702 | <u>'</u> |  | 1 |

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)

Total .

| ,                          | or substantial contributor |           |              |       |
|----------------------------|----------------------------|-----------|--------------|-------|
| a Paid during the year     |                            |           |              |       |
| HINRI641 LORIDANS DRIVE NE | NONE                       | 501(C)(3) | GENERAL FUND | 5,000 |

| ATLANTA, GA 30342   | NONE | 301(0)(3) | GENERAL FOND | 3,000 |
|---|------|-----------|--------------|-------|
| INTERNATIONAL JUSTICE MISSION<br>PO BOX 58147<br>WASHINGTON, DC 20037 | NONE | 501(C)(3) | GENERAL FUND | 3,000 |

| INTERNATIONAL JUSTICE MISSION<br>PO BOX 58147<br>WASHINGTON, DC 20037 | NONE | 501(C)(3) | GENERAL FUND | 3,000 |
|---|------|-----------|--------------|-------|
| JUVENILE DIABETES RESEARCH FDN GA<br>CHAPTER - JDRF                   | NONE | 501(C)(3) | GENERAL FUND | 100   |

| WASHINGTON, DC 20037  |      |           |              |     |
|---|------|-----------|--------------|-----|
| JUVENILE DIABETES RESEARCH FDN GA<br>CHAPTER - JDRF<br>3525 PIEDMONT RD BLDG 6 SUITE 300<br>ATLANTA, GA 30305 | NONE | 501(C)(3) | GENERAL FUND | 100 |

135,500

▶ 3a

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

|   | or substantial contributor |           |              |     |
|---|----------------------------|-----------|--------------|-----|
| a Paid during the year                        |                            |           |              |     |
| KAIROS INTERNATIONAL-BAKER CI<br>PO BOX 15615 | NONE                       | 501(C)(3) | GENERAL FUND | 500 |

| FERNANDINA BCH, FL 32035                                     |      |           |              |       |
|--|------|-----------|--------------|-------|
| KIAWAH CONSERVANCY<br>ATTN BEVERLY KLINE 80 KESTRAL<br>COURT | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

| KIAWAH CONSERVANCY<br>ATTN BEVERLY KLINE 80 KESTRAL<br>COURT<br>KIAWAH ISLAND, SC 29455 | NONE | 501(C)(3) | GENERAL FUND | 1,00 |
|---|------|-----------|--------------|------|
| LEUKEMIA AND LYMPHOMA SOCIETY   | NONE | 501(C)(3) | GENERAL FUND | 50   |

| COURT<br>KIAWAH ISLAND, SC 29455   |      |           |              |     |
|--|------|-----------|--------------|-----|
| LEUKEMIA AND LYMPHOMA SOCIETY<br>2859 PACES FERRY RD SE STE 725<br>ATLANTA, GA 303395749 | NONE | 501(C)(3) | GENERAL FUND | 500 |

| KIAWAH ISLAND, SC 29455  |      |           |              |         |
|--|------|-----------|--------------|---------|
| LEUKEMIA AND LYMPHOMA SOCIETY<br>2859 PACES FERRY RD SE STE 725<br>ATLANTA, GA 303395749 | NONE | 501(C)(3) | GENERAL FUND | 500     |
| Total  |      |           | ▶ 3a         | 135,500 |

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

|  | or substantial contributor |           |              |     |
|--|----------------------------|-----------|--------------|-----|
| a Paid during the year   |                            |           |              |     |
| MISSION HEALTHCARE FOUNDATION<br>890 HENDERSONVILLE RD STE 300 | NONE                       | 501(C)(3) | GENERAL FUND | 100 |

| ASHEVILLE, NC 288031729  |      |           |              |       |
|--|------|-----------|--------------|-------|
| MONTREAT PRESBYTERIAN CONFERENCE CENTER DEVELOP 401 ASSEMBLY DRIVE | NONE | 501(C)(3) | GENERAL FUND | 1,450 |

| MONTREAT PRESBYTERIAN CONFERENCE CENTER DEVELOP 401 ASSEMBLY DRIVE MONTREAT, NC 28757 | NONE | 501(C)(3) | GENERAL FUND | 1,450 |
|---|------|-----------|--------------|-------|
| MOUNT HEBRON BAPTIST CHURCH<br>PO BOX 3038  | NONE | 501(C)(3) | GENERAL FUND | 5,000 |

| 401 ASSEMBLY DRIVE<br>MONTREAT, NC 28757                           |      |           |              |       |
|--|------|-----------|--------------|-------|
| MOUNT HEBRON BAPTIST CHURCH<br>PO BOX 3038<br>BLATRSVILLE GA 30514 | NONE | 501(C)(3) | GENERAL FUND | 5,000 |

| MONTREAT, NC 28757  |      |           |              |       |
|---|------|-----------|--------------|-------|
| MOUNT HEBRON BAPTIST CHURCH<br>PO BOX 3038<br>BLAIRSVILLE, GA 30514 | NONE | 501(C)(3) | GENERAL FUND | 5,000 |

| HOONT HEBRON BAFTIST CHORCH | NONE | 301(0)(3) | GENERAL FOND | 3,000 |
|-----------------------------|------|-----------|--------------|-------|
| PO BOX 3038                 |      |           |              |       |
| BLAIRSVILLE, GA 30514       |      |           |              |       |
| •                           |      |           |              |       |

Total .

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

| NAMIDONOR SERVICES PO BOX 49104<br>BALTIMORE, MD 212979104 | NONE | 501(C)(3) | GENERAL FUND | 200   |
|--|------|-----------|--------------|-------|
| NEWTON COUNTY BOYS & GIRLS CLUB                            | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

| NEWTON COUNTY BOYS & GIRLS CLUB<br>13634 BROWN BRIDGE RD<br>COVINGTON, GA 30016 | NONE | 501(C)(3) | GENERAL FUND | 1,000 |
|---|------|-----------|--------------|-------|
| OUR LADY OF PERPETUAL HELP HOME   | NONE | 501(C)(3) | GENERAL FUND | 2,050 |

| COVINGTON, GA 30016   |      |           |              |       |
|---|------|-----------|--------------|-------|
| DUR LADY OF PERPETUAL HELP HOME<br>760 POLLARD BLVD SW<br>ATLANTA, GA 30315 | NONE | 501(C)(3) | GENERAL FUND | 2,050 |

Total .

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

| Name and address (home or business) | any foundation manager<br>or substantial contributor | recipient |  |
|-------------------------------------|--|-----------|--|
| a Paid during the year              |  |           |  |
|                                     |  |           |  |

| OVARIAN CANCER INSTITUTE<br>STE 130 960 JOHNSON FERRY RD<br>ATLANTA, GA 30342 | NONE | 501(C)(3) | GENERAL FUND | 100 |
|---|------|-----------|--------------|-----|
|   |      |           |              |     |

| ATLANTA, GA 30342   |      |           |              |  |
|---|------|-----------|--------------|--|
| PACE ACADEMY INC<br>1966 W PACES FERRY RD NW<br>NTLANTA, GA 30327 | NONE | 501(C)(3) | GENERAL FUND |  |

| PACE ACADEMY INC<br>966 W PACES FERRY RD NW<br>ATLANTA, GA 30327 | NONE | 501(C)(3) | GENERAL FUND | 2,500  |
|--|------|-----------|--------------|--------|
| PEACHTREE PRESBYTERIAN CHURCH                                    | NONE | 501(C)(3) | GENERAL FUND | 12,000 |

| ATLANTA, GA 30327                                   |      |           |              |        |
|---|------|-----------|--------------|--------|
| PEACHTREE PRESBYTERIAN CHURCH<br>3434 ROSWELL RD NW | NONE | 501(C)(3) | GENERAL FUND | 12,000 |
| ATLANTA, GA 303051231                               |      |           |              |        |

135,500

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

|   | or substantial contributor |           |              |     |
|---|----------------------------|-----------|--------------|-----|
| a Paid during the year                          |                            |           |              |     |
| PEACHTREE PRESBYTERIAN WOMEN 3434 ROSWELL RD NW | NONE                       | 501(C)(3) | GENERAL FUND | 200 |

| ATLANTA, GA 303051231                             |      |           |              |     |
|---|------|-----------|--------------|-----|
| PHI DELTA THETA FDN CO PHI DELTA THETA FRATERNITY | NONE | 501(C)(3) | GENERAL FUND | 500 |
| 3072 SMU BLVD                                     |      |           |              |     |
| DALLAS TX 75205                                   |      |           |              |     |

| •   |      |           |              |       |
|---|------|-----------|--------------|-------|
| PHI DELTA THETA FDN CO PHI DELTA<br>THETA FRATERNITY<br>3072 SMU BLVD<br>DALLAS, TX 75205 | NONE | 501(C)(3) | GENERAL FUND | 500   |
| POPULATION SERVICES   | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

| THETA FRATERNITY<br>3072 SMU BLVD<br>DALLAS, TX 75205           |      |           |              |       |
|---|------|-----------|--------------|-------|
| POPULATION SERVICES<br>INTERNATIONAL<br>1120 19TH ST NW STE 600 | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

| DALLAS, TX 75205  |      |           |              |       |
|---|------|-----------|--------------|-------|
| POPULATION SERVICES<br>INTERNATIONAL<br>1120 19TH ST NW STE 600 | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

| POPULATION SERVICES     | NONE | 501(C)(3) | GENERAL FUND | 1,000 |
|-------------------------|------|-----------|--------------|-------|
| INTERNATIONAL           |      |           |              |       |
| 1120 19TH ST NW STE 600 |      |           |              |       |
| WASHINGTON, DC 20036    |      |           |              |       |

За

135,500

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  |      |           |              |       |
|---|------|-----------|--------------|-------|
| PRESBYTERIAN COLLEGE<br>503 BROAD STREET<br>CLINTON, SC 29325 | NONE | 501(C)(3) | GENERAL FUND | 2,000 |

| CLINTON, SC 29325   |      |           |              |     |
|---|------|-----------|--------------|-----|
| PRESBYTERIAN HERITAGE CENTER<br>318 GEORGIA TERRACE<br>MONTREAT, NC 28757 | NONE | 501(C)(3) | GENERAL FUND | 7,0 |

| PRESBYTERIAN HERITAGE CENTER<br>318 GEORGIA TERRACE<br>MONTREAT, NC 28757 | NONE | 501(C)(3)  | GENERAL FUND | 7,000 |
|---|------|------------|--------------|-------|
| BOADCAFE AMERICARO BOY 101 FOR  | NONE | F04 (C)(2) | CENEDAL FUND | 100   |

| 318 GEORGIA TERRACE<br>MONTREAT, NC 28757 |      |           |              |     |
|---|------|-----------|--------------|-----|
| ROADSAFE AMERICAPO BOX 191502             | NONE | 501(C)(3) | GENERAL FUND | 100 |

135,500

■ 3a

| MONTREAT, NC 28737                                 |      |           |              |     |
|--|------|-----------|--------------|-----|
| ROADSAFE AMERICAPO BOX 191502<br>ATLANTA, GA 31119 | NONE | 501(C)(3) | GENERAL FUND | 100 |
|  |      |           |              |     |

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

Name and address (home or business)

Total .

| , , , , , , , , , , , , , , , , , , ,      | or substantial contributor |           |              |     |
|--|----------------------------|-----------|--------------|-----|
| a Paid during the year                     |                            |           |              |     |
| SANDY SPRINGS YOUTH SPORTS<br>PO BOX 76602 | NONE                       | 501(C)(3) | GENERAL FUND | 500 |

recipient

135,500

▶ 3a

| SHEPHERD CENTER FOUNDATION<br>2020 PEACHTREE RD NW<br>ATLANTA, GA 30309 | NONE | 501(C)(3) | GENERAL FUND | 11,500 |
|---|------|-----------|--------------|--------|
| SANDY SPRINGS, GA 30358   |      |           |              |        |

| 2020 PEACHTREE RD NW<br>ATLANTA, GA 30309                      | NONE | 301(C)(3) | GENERAL FUND | 11,500 |
|--|------|-----------|--------------|--------|
| SKYLAND TRAIL<br>1961 N DRUID HILLS RD NE<br>ATLANTA, GA 30329 | NONE | 501(C)(3) | GENERAL FUND | 1,000  |

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

or substantial contributor

Name and address (home or business)

Total .

|                        | of substantial contributor |           |              |     |
|------------------------|----------------------------|-----------|--------------|-----|
| a Paid during the year |                            |           |              |     |
| SOUTH FORK CONSERVANCY | NONE                       | 501(C)(3) | GENERAL FUND | 100 |

| ATLANTA, GA 31107                              |      |           |              |       |
|--|------|-----------|--------------|-------|
| SOUTHERN METHODIST UNIVERSITY<br>PO BOX 223927 | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

| SOUTHERN METHODIST UNIVERSITY<br>PO BOX 223927<br>DALLAS, TX 752229972 | NONE | 501(C)(3) | GENERAL FUND |   |
|--|------|-----------|--------------|---|
| CDECIAL FORCES CHARITARLE TRUCT  | NONE | E01(C)(2) | CENERAL FUND | i |

| DALLAS, TX 752229972                         |      |           |              |     |
|--|------|-----------|--------------|-----|
| SPECIAL FORCES CHARITABLE TRUST<br>PO BOX 53 | NONE | 501(C)(3) | GENERAL FUND | 1,0 |

| DALLAS, IX /522299/2            |      |           |              |      |
|---------------------------------|------|-----------|--------------|------|
| SPECIAL FORCES CHARITABLE TRUST | NONE | 501(C)(3) | GENERAL FUND | 1,00 |
| PO BOX 53                       |      |           |              |      |
| ESSEX, CT 06426                 |      |           |              |      |

| SPECIAL FORCES CHARITABLE TRUST | NONE | 501(C)(3) | GENERAL FUND | 1,000 |
|---------------------------------|------|-----------|--------------|-------|
| PO BOX 53                       |      |           |              |       |
| ESSEX, CT 06426                 |      |           |              |       |

| SI LCIAL I ORCES CHARTIABLE TROST | NONL | GENERAL FOND | 1,0 |
|-----------------------------------|------|--------------|-----|
| PO BOX 53                         |      |              |     |
| ESSEX, CT 06426                   |      |              |     |

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 | recipient |              |     |
|--|----------------------------|-----------|--------------|-----|
| a Paid during the year                                       |                            |           |              |     |
| ST PAUL'S ON THE GREEN EPISCOPAL<br>CHURCH<br>60 EAST AVENUE | NONE                       | 501(C)(3) | GENERAL FUND | 300 |

| NORWALK, CT 06851  |      |           |              |   |
|--|------|-----------|--------------|---|
| THORNWELL HOME FOR CHILDREN<br>302 SOUTH BROAD ST<br>CLINTON, SC 29325 | NONE | 501(C)(3) | GENERAL FUND | 1 |

| THORNWELL HOME FOR CHILDREN<br>302 SOUTH BROAD ST<br>CLINTON, SC 29325 | NONE | 501(C)(3) | GENERAL FUND | 100    |
|--|------|-----------|--------------|--------|
| UGA FOUNDATION1 SELIG CIRCLE   | NONE | 501(C)(3) | GENERAL FUND | 15,000 |

| 302 SOUTH BROAD ST<br>CLINTON, SC 29325 |      |           |              |     |
|---|------|-----------|--------------|-----|
| UGA FOUNDATION1 SELIG CIRCLE            | NONE | 501(C)(3) | GENERAL FUND | 15, |

Total .

| 302 SOUTH BROAD ST<br>CLINTON, SC 29325 |      |           |              |       |
|---|------|-----------|--------------|-------|
| UGA FOUNDATION1 SELIG CIRCLE            | NONE | 501(C)(3) | GENERAL FUND | 15.00 |

| CLINTON, SC 29325            |      |           |              |        |
|------------------------------|------|-----------|--------------|--------|
| UGA FOUNDATION1 SELIG CIRCLE | NONE | 501(C)(3) | GENERAL FUND | 15,000 |

| UGA FOUNDATION1 SELIG CIRCLE | NONE | 501(C)(3) | GENERAL FUND | 15,000 |
|------------------------------|------|-----------|--------------|--------|
| ATHENS, GA 30603             |      |           |              |        |

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   |      |           |              |     |
|--|------|-----------|--------------|-----|
| UNC-CHAPEL HILL OFFICE OF UNIVERSITY DEVELOPMENT PO BOX 309 CHAPEL HILL NC 375140300 | NONE | 501(C)(3) | GENERAL FUND | 100 |

| BOX 309<br>CHAPEL HILL, NC 275140309   |      |           |              |     |
|--|------|-----------|--------------|-----|
| UNC KENAN-FLAGLER BUSINESS<br>SCHOOL<br>OFFICE OF DEVELOPMENT CAMPUS BOX<br>3490-UNC | NONE | 501(C)(3) | GENERAL FUND | 100 |
| I  |      |           |              |     |

| UNC KENAN-FLAGLER BUSINESS<br>SCHOOL<br>OFFICE OF DEVELOPMENT CAMPUS BOX<br>3490-UNC<br>CHAPEL HILL, NC 275993490 | NONE | 501(C)(3) | GENERAL FUND | 100 |
|---|------|-----------|--------------|-----|
| UNICEF125 MAIDEN LANE 11TH FLOOR  | NONE | 501(C)(3) | GENERAL FUND | 100 |

| SCHOOL OFFICE OF DEVELOPMENT CAMPUS BOX 3490-UNC CHAPEL HILL, NC 275993490 |      | , ,,,     |              |     |
|--|------|-----------|--------------|-----|
| UNICEF125 MAIDEN LANE 11TH FLOOR<br>NEW YORK, NY 10038                     | NONE | 501(C)(3) | GENERAL FUND | 100 |

| Total  |      |           | ▶ 3a         | 135,500 |
|--|------|-----------|--------------|---------|
| UNICEF125 MAIDEN LANE 11TH FLOOR<br>NEW YORK, NY 10038 | NONE | 501(C)(3) | GENERAL FUND | 100     |
| CHAPEL HILL, NC 275993490                              |      |           |              |         |

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   |      |           |              |       |
|--|------|-----------|--------------|-------|
| UVA PARENTS FUND-UNIVERSITY OF<br>VIRGINIA<br>PO BOX 400807<br>CHARLOTTESVILLE, VA 22904 | NONE | 501(C)(3) | GENERAL FUND | 5,000 |

| CHARLOTTESVILLE, VA 22904  |      |           |              |       |
|--|------|-----------|--------------|-------|
| WAKE FOREST UNIVERSITY<br>PO BOX 7227<br>WINSTON SALEM, NC 27109 | NONE | 501(C)(3) | GENERAL FUND | 100   |
| WESTMINISTED SCHOOLS INC   | NONE | E01/C)/3) | CENERAL FUND | 2,000 |

| WAKE FOREST UNIVERSITY<br>PO BOX 7227<br>WINSTON SALEM, NC 27109             | NONE | 501(C)(3) | GENERAL FUND | 100   |
|--|------|-----------|--------------|-------|
| WESTMINSTER SCHOOLS INC<br>1424 W PACES FERRY RD NW<br>ATLANTA, GA 303279830 | NONE | 501(C)(3) | GENERAL FUND | 3,000 |

| WINSTON SALEM, NC 27109  |      |           |              |       |
|--|------|-----------|--------------|-------|
| WESTMINSTER SCHOOLS INC<br>1424 W PACES FERRY RD NW<br>ATLANTA, GA 303279830 | NONE | 501(C)(3) | GENERAL FUND | 3,000 |

Total .

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|----------------------------------|------------------|--------------------------|------------------------|---|--|--|
| TY 2019 Accounting Fees Schedule |                  |                          |                        |   |  |  |
|                                  |                  |                          |                        |   |  |  |
| Name: SHEPHERD FOUNDATION INC    |                  |                          |                        |   |  |  |
|                                  |                  |                          |                        |   |  |  |
| <b>EIN:</b> 58-6065260           |                  |                          |                        |   |  |  |
| Category                         | Amount           | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |
| PROFESSIONAL FEES                | 3,400            | 3,400                    |                        | 0   |  |  |

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|               |                        |                 |                     |
|               |                        |                 |                     |

## **TY 2019 Investments - Other Schedule**

Name: SHEPHERD FOUNDATION INC

**FTN:** 58-6065260

| EIN: 36-0003200                                |                       |            |                                  |  |  |  |
|--|-----------------------|------------|----------------------------------|--|--|--|
| Investments Other Schedule 2                   |                       |            |                                  |  |  |  |
| Category/ Item                                 | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |  |  |  |
| ISHARES CORE S&P MID-CAP ETF                   | AT COST               | 95,497     | 92,470                           |  |  |  |
| ISHARES CORE S&P SMALL-CAP ETF                 | AT COST               | 137,297    | 120,796                          |  |  |  |
| VANGUARD TOTAL STOCK MARKET ETF                | AT COST               | 638,637    | 760,775                          |  |  |  |
| ISHARES US TREASURY BOND MARKET ETF            | AT COST               | 131,763    | 131,784                          |  |  |  |
| VANGUARD TOTAL BOND MARKET ETF                 | AT COST               | 263,139    | 278,069                          |  |  |  |
| DFA INTERNATIONAL CORE EQUITY FUND             | AT COST               | 115,743    | 120,448                          |  |  |  |
| EATON VANCE ATLANTA CAPITAL SMID-CAP FUND      | AT COST               | 61,420     | 101,463                          |  |  |  |
| INVESCO OPPENHEIMER DEVELOPING MARKETS FUND    | AT COST               | 115,931    | 150,960                          |  |  |  |
| MFS RESEARCH INTERNATIONAL FUND                | AT COST               | 116,450    | 118,697                          |  |  |  |
| OSTERWEIS STRATEGIC INCOME FUND                | AT COST               | 113,563    | 112,125                          |  |  |  |
| VANGUARD INSTITUTIONAL INDEX FUND              | AT COST               | 642,244    | 751,982                          |  |  |  |
| VANGUARD MORTGAGE-BACKED SECURITIES INDEX FUND | AT COST               | 80,641     | 80,381                           |  |  |  |
| WESTERN ASSET FDS INC CORE PLUS BD             | AT COST               | 143,996    | 152,591                          |  |  |  |

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|--------------------------------------|-------------------------------|----------------|--------------|-------------------|--|--|
| TY 2019 Other Expenses Schedule      |                               |                |              |                   |  |  |
|                                      |                               |                |              |                   |  |  |
| Name:                                | Name: SHEPHERD FOUNDATION INC |                |              |                   |  |  |
| EIN:                                 | 58-6065260                    |                |              |                   |  |  |
| Other Expenses Schedule              |                               |                |              |                   |  |  |
| Description                          | Revenue and                   | Net Investment | Adjusted Net | Disbursements for |  |  |

| Other Expenses Schedule             |                                      |                          |                        |   |  |
|-------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| Description                         | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |
| INVESTMENT MANAGEMENT FEES SUNTRUST | 14,931                               | 14,931                   |                        | 0   |  |

BANK FEES

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|------------------------------------|------------------|------------------------------------|------------------------|---|--|--|
| TY 2019 Taxes Schedule             |                  |                                    |                        |   |  |  |
|                                    |                  |                                    |                        |   |  |  |
| Name: SHEPHERD FOUNDATION INC      |                  |                                    |                        |   |  |  |
| <b>EIN:</b> 58-6065260             |                  |                                    |                        |   |  |  |
| Category                           | Amount           | Net Investment<br>Income           | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |
| FEDERAL EXCISE TAX                 | 14,447           | 0                                  |                        | 0   |  |  |
| TAXES & LICENSES                   | 30               | 30                                 |                        | 0   |  |  |