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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

Name of foundation
GEORGIA HEALTH FOUNDATION INC

A Employer identification number
58-1352076

Number and street (or P.O. box number if mail is not delivered to street address)
4401 NORTHSIDE PARKWAY NO 950

Room/suite

B Telephone number (see instructions)
(404) 658-9066

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30327

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 11,662,634

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	27,852	27,852		
	4	Dividends and interest from securities	194,260	194,260		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	624,882			
	b	Gross sales price for all assets on line 6a 3,081,400				
	7	Capital gain net income (from Part IV, line 2)		624,882		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	846,994	846,994	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	5,400	2,700	0	2,700
	14	Other employee salaries and wages	18,400	7,360	0	11,040
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	6,750	3,375	0	3,375
	c	Other professional fees (attach schedule)	66,944	39,444	0	27,500
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	11,761	2,155	0	0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings	1,233	0	0	1,233
	22	Printing and publications	388	0	0	388
	23	Other expenses (attach schedule)	2,650	0	0	2,515
	24	**Total operating and administrative expenses.** Add lines 13 through 23	113,526	55,034	0	48,751
	25	Contributions, gifts, grants paid	636,600			636,600
	26	**Total expenses and disbursements.** Add lines 24 and 25	750,126	55,034	0	685,351
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	96,868			
	b	**Net investment income** (if negative, enter -0-)		791,960		
	c	**Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	40,795	150,710	150,710
	2 Savings and temporary cash investments	111,433	386,563	386,563
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	7,484,745	6,736,940	6,736,940
	c Investments—corporate bonds (attach schedule)	40,575	260,089	260,089
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	3,356,578	4,126,250	4,126,250
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	39,750	2,082	2,082
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	11,073,876	11,662,634	11,662,634
Liabilities	17 Accounts payable and accrued expenses		50	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	0	9,606	
	23 **Total liabilities**(add lines 17 through 22)	0	9,656	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	11,073,876	11,652,978	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	11,073,876	11,652,978	
	30 **Total liabilities and net assets/fund balances** (see instructions)	11,073,876	11,662,634	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	11,073,876
2	Enter amount from Part I, line 27a	2	96,868
3	Other increases not included in line 2 (itemize) ▶	3	482,234
4	Add lines 1, 2, and 3	4	11,652,978
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	11,652,978

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	624,882
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	2,286

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Reserved	1	11,008
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	11,008
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	11,008
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 1,400		
b	Exempt foreign organizations—tax withheld at source — 6b: 0		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 9,606		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	11,006
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	2
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ GA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ HTTP://GAHEALTHFDN.ORG

14 The books are in care of ▶ BETSEY KATES Telephone no. ▶ (404) 658-9066

Located at ▶ 4401 NORTHSIDE PARKWAY SUITE 950 ATLANTA GA ZIP+4 ▶ 30327

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☑ Yes	☐ No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☑ No	
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes	☑ No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020?	☐ Yes	☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☑ No	
b	If "Yes," did it have excess business holdings in 2020 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	10,151,205
b	Average of monthly cash balances	1b	338,709
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	10,489,914
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	10,489,914
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	157,349
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,332,565
6	**Minimum investment return.** Enter 5% of line 5	6	516,628

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	516,628
2a	Tax on investment income for 2020 from Part VI, line 5	2a	11,008		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	11,008
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	505,620
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	505,620
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	505,620

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	685,351
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	685,351
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	685,351

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				505,620
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			489,375	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 685,351				
a Applied to 2019, but not more than line 2a			489,375	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				195,976
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
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.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				309,644
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)	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2016. . . .				
b Excess from 2017. . . .				
c Excess from 2018. . . .				
d Excess from 2019. . . .				
e Excess from 2020. . . .				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c 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					
e 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: **a** "Assets" alternative test—enter: **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter: **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

ROLAND MATTHEWS
4401 NORTHSIDE PKWY SUITE 950
ATLANTA, GA 30327
(404) 363-2525

b The form in which applications should be submitted and information and materials they should include:

APPLICATION FORM COMPLETED AND AVAILABLE APPLICATION GUIDELINES FOLLOWED

c Any submission deadlines:

AUGUST 1

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

PER APPLICATION GUIDELINES - PRIMARILY RESTRICTED TO GEORGIA HEALTH RELATED CHARITIES

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				636,600
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	27,852	
4 Dividends and interest from securities			14	194,260	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	624,882	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		846,994	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	846,994

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2021-08-22	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
MARY JO ALEXANDER		2021-08-22		P00002534
Firm's name ▶ MAULDIN & JENKINS LLC				Firm's EIN ▶58-0692043
Firm's address ▶ 200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 303395946				Phone no. (770) 955-8600

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
JANUS HENDERSON ENTERPRISE	P	2019-12-17	2020-11-06
DELAWARE VALUE FUND	P	2019-09-23	2020-09-14
COLUMBIA SELECT LARGE	P	2019-09-14	2020-11-06
BLACKROCK INTERNATIONAL FD	P	2020-09-14	2020-11-06
ISHARES CORE	P	2018-05-14	2020-11-06
ISHARES RUSSELL	P	2018-05-14	2020-11-06
ISHARES MSCI EMERGING	P	2018-05-14	2020-11-06
ISHARES MSCI ACWI	P	2018-05-14	2020-11-06
ISHARE TR RUSSELL	P	2018-05-14	2020-11-06
JANUS HENDERSON ENTERPRISE FUND I	P	2017-02-16	2020-11-06

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
21,768		20,021	1,747
35,791		37,834	-2,043
68,880		67,483	1,397
28,057		26,872	1,185
37,474		35,712	1,762
69,102		68,802	300
11,461		11,444	17
44,945		47,323	-2,378
29,526		28,612	914
482,356		320,098	162,258

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

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			1,747
			-2,043
			1,397
			1,185
			1,762
			300
			17
			-2,378
			914
			162,258

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
LOOMIS SAYLES GROWTH FUND	P	2014-05-09	2020-12-16
DELAWARE VALUE FUND INSTL	P	2013-09-13	2020-09-14
NEUBERGER BERMAN	P	2018-02-15	2020-11-06
MFS VALUE FD CL I	P	2013-09-13	2020-11-06
DELAWARE SMALL CAP CORE FUND	P	2018-09-14	2020-11-06
T ROWE PRICE OVERSEAS STOCK	P	2018-09-14	2020-09-14
HARTFORD SCHRODERS INTL	P	2019-01-07	2020-11-06
CLEARBRIDGE LARGE CAP	P	2017-09-18	2020-11-06
JOHN HANCOCK DISCIPLINED	P	2011-09-06	2020-11-06
CD BMW BK NORTH AMER	P	2015-11-16	2020-11-18

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
260,545		106,645	153,900
661,810		549,153	112,657
18,063		18,832	-769
74,480		54,755	19,725
132,156		153,244	-21,088
281,177		286,684	-5,507
42,446		31,169	11,277
169,677		120,909	48,768
144,716		78,969	65,747
247,000		247,000	0

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

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			153,900
			112,657
			-769
			19,725
			-21,088
			-5,507
			11,277
			48,768
			65,747
			0

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
ISHARES MSCI USA ESG	P	2019-01-17	2020-05-21
ISHARES MSCI KLD 400	P	2019-01-17	2020-05-21
ISHARES RUSSELL 1000	P	2018-05-14	2020-11-06

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
9,183		7,443	1,740
5,619		4,707	912
205,168		132,807	72,361

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

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			1,740
			912
			72,361

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
JOHN M BOREK 3050 PEACHTREE ROAD SUITE 270 ATLANTA, GA 30305	TREASURER 1.00	900	0	0
NANCY M PARIS 3050 PEACHTREE ROAD SUITE 270 ATLANTA, GA 30305	SECRETARY 1.00	900	0	0
ROLAND P MATTHEWS 3050 PEACHTREE ROAD SUITE 270 ATLANTA, GA 30305	CHAIR 1.00	900	0	0
JAQUELIN GOLIEB 3050 PEACHTREE ROAD SUITE 270 ATLANTA, GA 30305	VICE CHAIR 1.00	900	0	0
JARVIN LEVISON 3050 PEACHTREE ROAD SUITE 270 ATLANTA, GA 30305	DIRECTOR 1.00	900	0	0
MARTHA KATZ 3050 PEACHTREE ROAD SUITE 270 ATLANTA, GA 30305	DIRECTOR 1.00	900	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AHAVATH ACHIM SYNAGOGUE 600 PEACHTREE BATTLE AVENUE NW ATLANTA, GA 30327		PC	GENERAL OPERATING SUPPORT	1,275
AMERICAN ACADEMY OF PEDIATRICS 345 PARK BOULEVARD ITASCA, IL 60143		PC	GENERAL OPERATING SUPPORT	750
AMERICAN CANCER SOCIETY SOUTH ATLANTIC DIVISION 250 WILLIAMS STREET NW 6000 ATLANTA, GA 30303		PC	GENERAL OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEADERSHIP INSTITUTE & SEMINARY 9810-B MEDLOCK BRIDGE ROAD SUITE 102 JOHNS CREEK, GA 30097		PC	GENERAL OPERATING SUPPORT	4,500
ANTI-DEFAMATION LEAGUE 3490 PIEDMONT ROAD NE SUITE 616 ATLANTA, GA 30305		PC	GENERAL OPERATING SUPPORT	300
CENTRAL PRESBYTERIAN 201 WASHINGTON STREET NW ATLANTA, GA 30303		PC	GENERAL OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE UNIVERSITY 1121 WEST MAIN STREET DURHAM, NC 27701		PC	GENERAL OPERATING SUPPORT	375
FLYING CARPET THEATRE COMPANY 1205 ROCKSPRINGS RD NW ATLANTA, GA 30306		PC	GENERAL OPERATING SUPPORT	3,000
GEORGIA BUDGET & POLICY INSTITUTE 50 HURT PLAZA SUITE 720 ATLANTA, GA 30303		PC	GENERAL OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA STATE UNIVERSITY 33 GILMER ST SE ATLANTA, GA 30303		PC	GENERAL OPERATING SUPPORT	1,500
GEORGIANS FOR A HEALTHY FUTURE 50 HURT PLAZA SUITE 806 ATLANTA, GA 30303		PC	GENERAL OPERATING SUPPORT	375
GLOBAL VILLAGE PROJECTPO BOX 1548 DECATUR, GA 30031		PC	GENERAL OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRADY HEALTH FOUNDATION 191 PEACHTREE STREET SUITE 820 ATLANTA, GA 30303		PC	GENERAL OPERATING SUPPORT	2,250
JEWISH FAMILY & CAREER SERVICES 4549 CHAMBLEE DUNWOODY ROAD ATLANTA, GA 30338		PC	GENERAL OPERATING SUPPORT	450
MEDSHARE 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034		PC	GENERAL OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY CARE FOUNDATION 5134 PEACHTREE ROAD CHAMBLEE, GA 30341		PC	GENERAL OPERATING SUPPORT	1,500
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310		PC	GENERAL OPERATING SUPPORT	2,250
REACH OUT AND READ 1850 M STREET NW 1070 WASHINGTON DC, DC 20036		PC	GENERAL OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUART HALL235 W FREDERICK ST STAUNTON, VA 24401		PC	GENERAL OPERATING SUPPORT	300
VANDY UNIVERSITY 2201 WEST END AVE NASHVILLE, TN 37235		PC	GENERAL OPERATING SUPPORT	150
WILLIAM BREMAN JEWISH HOME 31050 HOWELL MILL ROAD ATLANTA, GA 30327		PC	GENERAL OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEADERSHIP INSTITUTE & SEMINARY 9810-B MEDLOCK BRIDGE ROAD SUITE 102 JOHNS CREEK, GA 30097		PC	PROGRAM SUPPORT	2,500
ATLANTA MISSION2353 BOLTON RD NW ATLANTA, GA 30318		PC	PROGRAM SUPPORT	14,000
BIRTH CENTER OF NATURAL DELIVERIES 167 MARTIN LUTHER KING JR DR FORSYTH, GA 31029		PC	PROGRAM SUPPORT	15,000
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARING WORKS 3896 LAWRENCEVILLE HWY 205 DECATUR, GA 30033		PC	PROGRAM SUPPORT	5,000
CENTER FOR BLACK WOMENS WELLNESS ATLANTA 477 WINDSOR STREET SUITE 309 ATLANTA, GA 30312		PC	PROGRAM SUPPORT	25,000
CENTRAL PRESBYTERIAN CHURCH OUTREACH & ADVOCACY CENTER 201 WASHINGTON STREET NW ATLANTA, GA 30303		PC	PROGRAM SUPPORT	500
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN'S HEALTH CARE OF ATLANTA 1575 NE EXPY NE ATLANTA, GA 30329		PC	PROGRAM SUPPORT	15,000
THE COMMUNITY FOUNDATION FOR GREATER ATLANTA 191 PEACHTREE STREET SUITE 1000 ATLANTA, GA 30303		PC	PROGRAM SUPPORT	35,000
COMMUNITY HELPING PLACE 1127 HIGHWAY 52 EAST DAHLONEGA, GA 30533		PC	PROGRAM SUPPORT	20,000
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETHNE HEALTH 4122 E PONCE DE LEON AVE 5 CLARKSTON, GA 30021		PC	PROGRAM SUPPORT	10,000
FEEDING THE VALLEY 6744 FLAT ROCK RD MIDLAND, GA 31820		PC	PROGRAM SUPPORT	50,000
FRIENDS OF DISABLED ADULTS AND CHILDREN 4900 LEWIS RD STONE MOUNTAIN, GA 30083		PC	PROGRAM SUPPORT	20,000
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF REFUGEES INC 733 JOLLY AVE S CLARKSTON, GA 30021		PC	PROGRAM SUPPORT	25,000
GA LIONS LIGHTHOUSE FOUNDATION 5582 PEACHTREE RD CHAMBLEE, GA 30341		PC	PROGRAM SUPPORT	30,000
GA MOUNTAIN PSYCHOLOGICAL ASSOCIATES 851 US-441 SUITE 105 CLAYTON, GA 30525		PC	PROGRAM SUPPORT	10,000
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GA STATE UNIVERSITY33 GILMER ST SE ATLANTA, GA 30303		PC	PROGRAM SUPPORT	46,000
GEORGIA CORE 50 HURT PLAZA SUITE 1415 ATLANTA, GA 30303		PC	PROGRAM SUPPORT	1,000
GEORGIA SOUTHERN UNIVERSITY 1332 SOUTHERN DR STATEBORO, GA 30458		PC	PROGRAM SUPPORT	7,100
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIANS FOR A HEALTHY FUTURE 50 HURT PLAZA SUITE 806 ATLANTA, GA 30303		PC	PROGRAM SUPPORT	20,000
GLOBAL VILLAGE PROJECTPO BOX 1548 DECATUR, GA 30031		PC	PROGRAM SUPPORT	1,500
GRADY HEALTH FOUNDATION 191 PEACHTREE STREET SUITE 820 ATLANTA, GA 30303		PC	PROGRAM SUPPORT	2,500
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS ATLANTA 1705 COMMERCE DR NW ATLANTA, GA 30318		PC	PROGRAM SUPPORT	10,000
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310		PC	PROGRAM SUPPORT	21,000
MORNINGSTAR CHILDREN AND FAMILY SERVICES INC 1 YOUTH ESTATE DR 99 BRUNSWICK, GA 31525		PC	PROGRAM SUPPORT	2,500
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORDER OF ST JOHN 1850 M STREET NW 1070 WASHINGTON DC, DC 20036		PC	PROGRAM SUPPORT	1,000
OUR HOUSE173 BOULEVARD NE ATLANTA, GA 30312		PC	PROGRAM SUPPORT	15,000
REHOBOTH LIFE CARE3208 US-41 BYRON, GA 31008		PC	PROGRAM SUPPORT	20,000
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SADIE G MAYS HEALTH AND REHABILITATION CENTER 1821 ANDERSON AVE NW ATLANTA, GA 30314		PC	PROGRAM SUPPORT	10,000
SIRUMPO BOX 281 FORT GAINES, GA 39851		PC	PROGRAM SUPPORT	35,000
THE DDD FOUNDATION 3103 CLAIRMONT RD SUITE C ATLANTA, GA 30329		PC	PROGRAM SUPPORT	25,000
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GIVING KITCHEN 513 EDGEWOOD AVE SE ATLANTA, GA 30312		PC	PROGRAM SUPPORT	15,000
THE GLOBAL VILLAGE PR 205 SYCAMORE ST DECATUR, GA 30030		PC	PROGRAM SUPPORT	20,000
TROUP CARES INC301 MEDICAL DR 501 LAGRANGE, GA 30240		PC	PROGRAM SUPPORT	5,000
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIATERRELL HALL ATHENS, GA 30602		PC	PROGRAM SUPPORT	12,000
VETERANS EMPOWERMENT 373 W LAKE AVE NW ATLANTA, GA 30318		PC	PROGRAM SUPPORT	5,000
VOICE FOR GEORGIA'S CHILDREN 75 MARIETTA ST NW ATLANTA, GA 30303		PC	PROGRAM SUPPORT	30,000
Total . . . . . ▶ **3a**				636,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM BREMAN JEWISH HOME 31050 HOWELL MILL ROAD ATLANTA, GA 30327		PC	PROGRAM SUPPORT	2,000
YMCA OF METROPOLITAN ATLANTA 569 MARTIN LUTHER KING JR DRIVE ATLANTA, GA 30314		PC	PROGRAM SUPPORT	26,000
Total . . . . . ▶ **3a**				636,600

TY 2020 Accounting Fees Schedule

Name: GEORGIA HEALTH FOUNDATION INC

EIN: 58-1352076

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	6,750	3,375	0	3,375

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TY 2020 Investments Corporate Bonds Schedule

Name: GEORGIA HEALTH FOUNDATION INC

EIN: 58-1352076

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BOND	260,089	260,089

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TY 2020 Investments Corporate Stock Schedule

Name: GEORGIA HEALTH FOUNDATION INC

EIN: 58-1352076

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	6,736,940	6,736,940

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TY 2020 Investments - Other Schedule

Name: GEORGIA HEALTH FOUNDATION INC

EIN: 58-1352076

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REGISTERED INVESTMENT FUNDS	AT COST	1,365,734	1,365,734
BROKERED CERTIFICATES OF DEPOSIT	AT COST	920,805	920,805
ESG	AT COST	1,839,711	1,839,711

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TY 2020 Other Assets Schedule

Name: GEORGIA HEALTH FOUNDATION INC

EIN: 58-1352076

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INCOME	2,054	2,054	2,054
PREPAID EXCISE TAX	2,760	28	28
DUE FROM INTERNAL REVENUE SERVICE	34,936	0	0

TY 2020 Other Expenses Schedule

Name: GEORGIA HEALTH FOUNDATION INC

EIN: 58-1352076

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	678	0	0	678
DUES, SECF	1,280	0	0	1,280
MISCELLANEOUS	692	0	0	557

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TY 2020 Other Increases Schedule

Name: GEORGIA HEALTH FOUNDATION INC

EIN: 58-1352076

Other Increases Schedule

Description	Amount
UNREALIZED GAIN (LOSS) ON INVESTMENTS	482,234

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TY 2020 Other Liabilities Schedule

Name: GEORGIA HEALTH FOUNDATION INC

EIN: 58-1352076

Description	Beginning of Year - Book Value	End of Year - Book Value
ACCRUED EXCISE TAX	0	9,606

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TY 2020 Other Professional Fees Schedule

Name: GEORGIA HEALTH FOUNDATION INC

EIN: 58-1352076

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	39,444	39,444	0	0
CONSULTANT	27,500	0	0	27,500

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TY 2020 Taxes Schedule

Name: GEORGIA HEALTH FOUNDATION INC

EIN: 58-1352076

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX ON INVESTMENT INCOME	9,606	0	0	0
FOREIGN TAXES PAID ON INVESTMENTS	2,155	2,155	0	0