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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491313001168

OMB No 1545-0052

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.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. 2017

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 07-01-20)17 , ar	nd ending 06-30	-2018	
		indation EWTON HOME INC		A Employer i	dentification numbe	r
				58-0566249		
		d street (or P O box number if mail is not delivered to street address) NTRAL AVE) Room/suite	B Telephone n	umber (see instruction	ns)
<u> </u>		TID of Comments and		(706) 738-147	'2	_
		n, state or province, country, and ZIP or foreign postal code GA 30904		C If exemption	n application is pendin	g, check here
G Cl	neck al	l that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity	D 1. Foreign o	rganızatıons, check he	ere 📘 🗍
		Final return Amended return			organizations meeting ck here and attach coi	
		Address change Name change		·	oundation status was t	· -
	,	rpe of organization Section 501(c)(3) exempt private			on 507(b)(1)(A), chec	
			e private foundation			
of	year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$ 4,155,062	Cash Accru		lation is in a 60-month on 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	53,820			
	2	schedule) Check ▶ ☐ If the foundation is not required to attach				
		Sch B				
	3	Interest on savings and temporary cash investments	1,816	·		
	4 5a	Dividends and interest from securities	87,817	86,92	1 87,817	
ө	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	127,802			
Revenue	ь	Gross sales price for all assets on line 6a				
Re	7	857,383 Capital gain net income (from Part IV, line 2)	3	127,80	2	
	8	Net short-term capital gain			2	
	9	Income modifications				
	10a	Gross sales less returns and allowances	<u> </u>			
	b	Less Cost of goods sold	<u> </u>			
	11	Gross profit or (loss) (attach schedule)	23,550		23,550	
	12	Total. Add lines 1 through 11	294,805	216,53	<u>'</u>	
	13	Compensation of officers, directors, trustees, etc	58,082	210,33	113,103	37,753
	14	Other employee salaries and wages				
Sè	15	Pension plans, employee benefits	6,226			4,048
in Se	16a	Legal fees (attach schedule)				
×pe	ь	Accounting fees (attach schedule)	9,525		9,525	
e E	С	Other professional fees (attach schedule)	20,950	20,95	20,950	
atıv	17	Interest	06.1			
IStr	18	Taxes (attach schedule) (see instructions)	3,776			3,776
E	19	Depreciation (attach schedule) and depletion	365 15,568			9,341
Ad	20 21	Occupancy	13,366			9,341
puc	22	Printing and publications				
βį	23	Other expenses (attach schedule)	8,152		8,152	
Operating and Administrative Expenses	24	Total operating and administrative expenses.				
) Del		Add lines 13 through 23	122,644	20,95	38,627	54,918
U	25	Contributions, gifts, grants paid	81,403			81,403
	26	Total expenses and disbursements. Add lines 24 and 25	204,047	20,95	0 38,627	136,321
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	90,758			
	ь	Net investment income (If negative, enter -0-)		195,58	9	
	С	Adjusted net income(If negative, enter -0-)			74,558	
For	Paper	work Reduction Act Notice, see instructions.		Cat No 11289	X For	m 990-PF (2017)

	1	Cash—non-interest-bearing	22,248	24,705	24,705
	2	Savings and temporary cash investments	298,518	195,428	195,428
	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 ▶			
<u>۸</u>	8	Inventories for sale or use			
Š	9	Prepaid expenses and deferred charges	14		
Ŷ	10a	Investments—U S and state government obligations (attach schedule)	186,994	147,442	147,442
	ь	Investments—corporate stock (attach schedule)	2,999,960	3,015,536	3,015,536
	c	Investments—corporate bonds (attach schedule)	537,210	762,408	762,408
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	3,872	5,178	5,178
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ▶ 10,949	5,290	4,365	4,365
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			

	15	Other assets (describe)						
	16	Total assets (to be completed by all filers—see the						
		ınstructions Also, see page 1, item I)	4,054,106	4,155,062	4,155,062			
	17	Accounts payable and accrued expenses	489	263				
	18	Grants payable						
Liabilities	19	Deferred revenue						
Ę	20	Loans from officers, directors, trustees, and other disqualified persons						
ıab	21	Mortgages and other notes payable (attach schedule)						
-	22	Other liabilities (describe)	30,670	1,722				
	23	Total liabilities(add lines 17 through 22)	31,159	1,985				
Net Assets or Fund Balances	24 25 26 27 28 29 30	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Unrestricted	4,022,947	4,153,077				
	31	Total liabilities and net assets/fund balances (see instructions)	4,054,106	4,155,062				
	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 30 (must agree with endof-year figure reported on prior year's return) 4,022,947							

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6

90,758

39,932

560

4,153,637

4,153,077 Form **990-PF** (2017)

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Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶ _

Page **3**

List and describe 2-story brick war	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	al estate, MLC Co)	How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECU	RITIES		Р		
b PUBLICLY TRADED SECU	RITIES		Р		
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a 85	57,315		729,515		127,800
b	68		66		2
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
(i) F M V as of 12/31/69	(j)	Excess	(k) s of col (ı) l (յ), ıf any	Gains (Col (col (k), but not	.) h) gain minus less than -0-) or om col (h))
a					127,800
b					2
С					
d					
e					
If gain, also enter in Pa in Part I, line 8	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0)-	3	127,802
_	Jnder Section 4940(e) for Reprivate foundations subject to the sec				
if section 4940(d)(2) applies, le	eave this part blank				
f "Yes," the foundation does no	e section 4942 tax on the distributal ot qualify under section 4940(e) Do	not complete this part	·		es 🔽 No
• • • • • • • • • • • • • • • • • • • •	nount in each column for each year,	see instructions before	making any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	(d) Distribution rati (col (b) divided by c	
2016	118,006		3,773,318		0 031274
2015	122,000		3,475,528		0 035103
2014	127,331		3,612,685		0 035246
2013	129,278		3,472,657		0 037227
2012	119,216		3,211,416		0 037123
2 Total of line 1, column (•				0 175973
	for the 5-year base period—divide				0.035105
	ndation has been in existence if less incharitable-use assets for 2017 from		3 4		<u>0 035195</u> 4,092,996
5 Multiply line 4 by line 3		*	5		
	ent income (1% of Part I, line 27b)				144,053
	, , ,		6		1,956
	· · · · · · · · · · · · · · · · · · ·		7		146,009
	ions from Part XII, line 4 ,		8	a = 10/2 have see to Co	136,321
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	art vi, line ib, and com	ipiete that part usin	yai% taxrate Se	e ine part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

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Part VIII Information About O and Contractors	fficers, Directors, Trust	tees, Foundation Ma	inagers, Highly Paid Er	nployees,
1 List all officers, directors, trustee	s, foundation managers ar	nd their compensation	(see instructions).	
(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
See Additional Data Table				
2 Compensation of five highest-paid	d employees (other than tl	hose included on line 1	L—see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee par more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid ove				
3 Five highest-paid independent co		1		
(a) Name and address of each person NONE	paid more than \$30,000	(b) 199	e of service	(c) Compensation
Total number of others receiving over \$50, Part IX-A Summary of Direct C	· · · · · · · · · · · · · · · · · · ·			
List the foundation's four largest direct charitable organizations and other beneficiaries served, confe	erences convened, research paper	s produced, etc		Expenses
1 PAYMENTS OF EXPENSES FOR FOOD, C APPROXIMATELY 500 CHILDREN WHO A			ISES FOR	94,792
3				
4				
Part IX-B Summary of Program Describe the two largest program-related investigations.	1-Related Investments stments made by the foundation d	· · · · · · · · · · · · · · · · · · ·	and 2	Amount
1 Ν/Δ				

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE		
otal number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include		T
ist the foundation's four largest direct charitable activities during the tax year. Include irganizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc	Expenses
1 PAYMENTS OF EXPENSES FOR FOOD, CLOTHING, EDUCATION, BOARD	AND RELATED EXPENSES FOR	
APPROXIMATELY 500 CHILDREN WHO ARE DEPRIVED OF ONE OR MORE	PARENT	94,792
2		
		1
3		
		1
4		
· <u>-</u>		-
		-
Part IX-B Summary of Program-Related Investments (se	o instructions)	
<u> </u>		
Describe the two largest program-related investments made by the foundation during	g the tax year on lines 1 and 2	Amount
1 N/A		
2		
		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	<u> </u>	>
		Form 990-PF (2017

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

3a 3h

4

5

136.321

136,321

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Amounts set aside for specific charitable projects that satisfy the

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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c From 2014. . . .

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Page 9

Part XIII Undistributed Income (see instructions) (a)

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. **b** Total for prior years 3 Excess distributions carryover, if any, to 2017 a From 2012. **b** From 2013.

1 Distributable amount for 2017 from Part XI, line 7

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . . c Excess from 2015. . . . **d** Excess from 2016. . . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

indicated below:

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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 2012 not applied on line 5 or line 7 (see instructions) . . .

same amount must be shown in column (a))

d From 2015. e From 2016. f Total of lines 3a through e.

4 Qualifying distributions for 2017 from Part

XII, line 4 ▶ \$ 136,321

d Applied to 2017 distributable amount. . . .

a Applied to 2016, 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

136,321

Corpus

136,321

(b)

Years prior to 2016

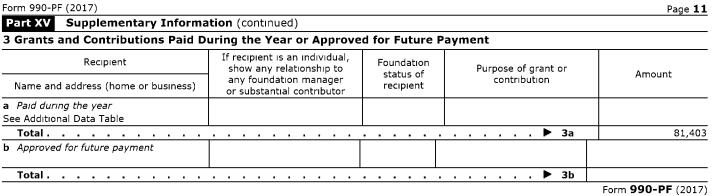
(c)

2016

NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors YOUTH OF THE CENTRAL SAVANNAH RIVER AREA

REFERRALS BY SOCIAL WORKER & VARIOUS AGENCIES SUBMIT FINANCIAL STATEMENTS

c Any submission deadlines



1 Program se a b c	mounts unless otherwise indicated	Unrelated bus	inoss incomo			I
1 Program se a b c			iness income	Excluded by section	512, 513, or 514	(e) Related or exempt
a b c	ervice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
c						
d						
						
	d contracts from government agencies					
	a contracts from government agencies					
3 Interest	on savings and temporary cash			14	1,816	
	and interest from securities			14	87,817	
	income or (loss) from real estate					
	anced property					
	t-financed property					
6 Net renta	al income or (loss) from personal property					
	estment income					
	loss) from sales of assets other than			1.0	127.002	
	y			18	127,802	
	fit or (loss) from sales of inventory					
.1 Other reve						
a OTHER IN				1	436	
b REFUND I	INTEREST			1	46	
c RETIREME	ENT PAY			1	23,068	
d						
	Add columns (b), (d), and (e).				240,985	
	d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcul			13	·	240,985
Part XVI-E	Relationship of Activities to the	e Accomplishr	nent of Exem	nt Purposes		
Line No.	Explain below how each activity for which is the accomplishment of the foundation's ex-	ncome is reported	l ın column (e) d	of Part XVI-A contribut	ed importantly to	
	instructions)	empt parposes (o		viding failus for sacif	purposes) (See	
						
						
<u> </u>						
\longrightarrow						
						rm 990-PF (2017

orm 9	90-PF (2	2017)							Pa	ge 13
Par	: XVII	Information Re Exempt Organi		ransfers To a	ind Transactio	ns and Relat	tionships With Nonchar	itable		
		anization directly or in Gode (other than sectio					ation described in section 501 cal organizations?		Yes	No
a Tra	nsfers f	om the reporting foun	dation to a n	oncharitable exe	empt organization	of				
(1) Cash.							1a(1)		No
(2) Other	assets						1a(2)		No
b Ot	ner trans	actions								1
(1) Sales	of assets to a nonchar	itable exemp	t organization.				1b(1)		No
(2) Purcha	ases of assets from a r	oncharitable	exempt organiz	ation			1b(2)		No
•		of facilities, equipmer	•					1b(3)		No
-		ursement arrangemen						1b(4)		No
•		or loan guarantees.						1b(5)		No
•		nance of services or m	•	-				1b(6)		No
	_	facilities, equipment, n	-				always show the fair market	1c		No
	any tran		ngement, sh		l) the value of the	goods, other a	erved less than fair market values ssets, or services received nof transfers, transactions, and sh		ngemen	nts
							· · · · · · · · · · · · · · · · · · ·			
de	cribed i	dation directly or indirent on section 501(c) of the mplete the following so (a) Name of organization	Code (other chedule	than section 50		tion 527?		Yes	✓	No
						+				
	of my		, it is true, co				nying schedules and stateme ner than taxpayer) is based or			
Sign Here	* - *	***** ignature of officer or t	rustoo		2018-10-24 Date) ******	retur with below	the prepai w _	rer shov	wn
		ignature of officer of t	ustee		Date	Title	(see	ınstr)?	✓ Yes	□No
		Print/Type preparer's	name	Preparer's Sign	ature	Date	Check if self- employed ▶ □	P00370)293	

Paid

R THOMAS FULLER 2018-10-24 **Preparer** Firm's name ► FULLER FROST & ASSOCIATES CPAS PC Firm's EIN ▶58-1631179 **Use Only** Firm's address ► 3638 WALTON WAY EXT STE 300

AUGUSTA, GA 309091833

Phone no (706) 724-2063

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation LEE ROBERTSON 1ST VICE PRE 0 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 DAVID HOGG JR 0 0 2ND VICE PRE 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 CHARLES G CAYE JR 0 0 **BD MEMBER** 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 W TENNENT HOUSTON ٥ 0 **BD MEMBER** 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 SUSAN BARRETT 0 0 BD MEMBER 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 NEAL W DICKERT **BD MEMBER** 0 0 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 **EMILY BOYLES** 0 EXEC DIR 58,082 0 35 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 PAMELA HARRISON 0 BD MEMBER 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 WILLIAM MCKNIGHT 0 0 **BD MEMBER** 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 REMER Y BRINSON III BD MEMBER 0 0 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 W CAMERON NIXON PRESIDENT 0 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 JULIE BLANCHARD BATCHELOR 0 0 **SECRETARY** 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 MARTHA MASON GIBSON **BD MEMBER** 0 0 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 BETTY TEDARDS SNELLINGS BD MEMBER 0 0 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 LEROY H SIMKINS JR **BD MEMBER** 0 0 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904

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				
JACQUELYN MURRAY BLANCHARD	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
PAUL H DUNBAR	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
SUSAN MEYERCORD RICE	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
MAY MERRY MCDONALD	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
PAUL S SIMON	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
W MARSHALL BROWN	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
MARY HULL FRAZIER	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
JEAN BOWE STRICKLAND	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
MINTA MCDIARMID NIXON	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
WARREN A DANIEL	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
BENITA MANNING LONG	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
HUGH L HAMILTON	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
PATRICK H PERRY	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
DAVID J HOGG SR	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							
MARK V CAPERS	BD MEMBER	0	0	0				
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00							

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	
MARTHA HALL BAXTER	BD MEMBER	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
RAYMOND B BRADY	BD MEMBER 000 00	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
GRIER C BOVARD	BD MEMBER 000 00	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
PAUL B BAILEY JR	BD MEMBER 000 00	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
GEORGE A RUSH	BD MEMBER	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
MARY BATTEY MOSES	BD MEMBER	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
GEORGE A SANCKEN III	BD MEMBER	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
JAMES W BENNETT JR	BD MEMBER	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
TARA RICE SIMKINS	BD MEMBER	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
KAREN NEWTON HULL	BD MEMBER 000 00	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
ELIZABETH KNOX HOPKINS	BD MEMBER 000 00	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
CATHERINE BLANCHARD BOARDMAN	BD MEMBER 000 00	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
CAROLINE SULLIVAN MORRIS	BD MEMBER	0	0	0	
2196 CENTRAL AVENEU AUGUSTA, GA 30904	000 00				
ZACK O DAFFIN	BD MEMBER	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				
DENA JACKSON-PICKETT	BD MEMBER	0	0	0	
2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation JAMES B TROTTER **BD MEMBER** 000 00 2196 CENTRAL AVENUE AUGUSTA, GA 30904 PAMELA JAMES DOUMAR **BD MEMBER** 0 AUGUSTA, GA 30904

2196 CENTRAL AVENUE AUGUSTA, GA 30904	000 00			
MARY HILL GARY	BD MEMBER	0	0	
2196 CENTRAL AVENUE	000 00			

BD MEMBER

ROBERT LYN ALLGOOD

000 00

2196 CENTRAL AVENUE

AUGUSTA, GA 30904

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

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

a Paid during the year			
VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE	PAYMENT OF EDUCATION EXPENSES	33,378

VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE	PAYMENT OF EDUC EXPENSES
VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE	FOOD FOR INDIGE

NONE

AUGUSTA, GA 30904 VARIOUS2196 CENTRAL AVE

AUGUSTA, GA 30904

Total .

За

	EXPENSES
	FOOD FOR INDIGENT

EXPENSES

PAYMENT OF NECESSARY LIVING

7,357

19.418

81,403

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			
VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE	CLOTHING FOR INDIGENT INDIVIDUALS	2,811
VARIOUS2196 CENTRAL AVE	NONE	PAYMENT OF RENT FOR	14,876

AUGUSTA, GA 30904		INDIVIDUALS	
VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE	PAYMENT OF RENT FOR INDIGENT INDIVID	

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

VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE	PAYMENT OF RENT FOR INDIGENT INDIVID	
VARIOUS2196 CENTRAL AVE	NONE	PAYMENT OF UTILITIES FOR	

AUGUSTA, GA 30904		INDIGENT INDIVID	
VARIOUS2196 CENTRAL AVE	NONE	PAYMENT OF UTILITIES FOR	3

AUGUSTA, GA 30904		INDIGENT INDIVID	
VARIOUS2196 CENTRAL AVE	NONE	PAYMENT OF UTILITIES FOR	3,563
AUGUSTA GA 30904		INDIGENT	i

ARIOUS2196 CENTRAL AVE JGUSTA, GA 30904	NONE		PAYMENT OF UTILITIES FOR INDIGENT	
--	------	--	-----------------------------------	--

AUGUSTA, GA 30904	INDIGENT	ı
Total	 	81,403

0003171, GR 30301	INDICENT	ii
Total	 	

3a

efile GRAPHIC print - DO NOT PROCES	SS As Filed D	ata -	DI	N: 93491313001168			
TY 2017 Accounting Fees S	chedule	<u> </u>					
Nan	ne: TUTTLE	NEWTON HOME INC					
EJ	EIN: 58-0566249						
Accounting Fees Schedule							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES	9,525		9,525				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: TUTTLE NEWTON HOME INC

EIN: 58-0566249

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
VARIOUS	1974-07-01	2,021	2,021	S/L	10 0000				
CHAIRS	1974-09-01	78	78	S/L	20 0000				
4-DRAWER FILE CABINET	1987-06-17	94	94	S/L	7 0000				
REFRIGERATOR	1975-05-01	175	175	S/L	5 0000				
10 PEN & INK PRINTS	1990-10-01	1,316	1,316	S/L	10 0000				
AIR CONDITIONER	1991-02-01	1,725	1,725	S/L	7 0000				
CARPETING & VINYL	1991-02-01	2,390	2,390	S/L	7 0000				
SOFA	1991-02-01	753	753	S/L	7 0000				
DRAPES & RECOVERINGS	1991-02-01	254	254	S/L	7 0000				
PHONE	1985-07-30	1,035	1,035	S/L	10 0000				
CEMETERY LOT	1974-07-01	1	1						
LEASEHOLD IMPROVEMENTS	2017-01-30	5,473	182	S/L	15 0000	365			

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TY 2017 Investments Corporate Bonds Schedule

Name: TUTTLE NEWTON HOME INC

EIN: 58-0566249		
Investments Corporate Bonds Schedule Name of Bond	End of Year Book Value	End of Year Fair Market Value
ABBVIE INC. 2.900%, DUE 11/6/22	33,977	33,977
AETNA INC 2.8% DUE 6/15/23	37,945	37,945
AMERICAN EXPRESS 2.25% DUE 8/15/19	39,740	39,740
BAXTER INTERNTNL 1.7% DUE 8/15/21	38,045	38,045
BHP BILLTON 3.75% 10/18/17		
BIOGEN INC 3.625% DUE 9/15/22	75,033	75,033
CAPITAL ONE BANK 2.3% DUE 6/05/19	49,700	49,700
CITI GROUP 1.936% DUE 5/15/18		
COCA-COLA ENT 0% DUE 6/20/20	37,696	37,696
COMERICA INC 2.125% DUE 5/23/19	49,704	49,704
CONOCOPHILLIPS CO 2.4% DUE 9/15/22	38,244	38,244
DUKE ENERGY 0.971% DUE 6/15/20	29,102	29,102
EMC CORP MASS 1.3875% DUE 06/01/18		
GENWORTH FINANCIAL 6.515% DUE 05/22/		
GOLDMAN SACHS, 2.350%, DUE 11/15/21	33,651	33,651
JOHN DEERE CAPITAL 1.7% DUE 01/15/20	24,559	24,559
MONSANTO 2.125%, DUE 7/15/19	34,650	34,650
NATIONAL RURAL UTILI 2.3%, 11/1/20	34,348	34,348
NEXTERA ENERGY 1.649% DUE 9/1/18	49,913	49,913
PRAXAIR INC 1.25% DUE 11/07/18	38,803	38,803

Investments Corporate Bonds Schedule

Name of Bond

SOUTHWEST AIRLINE 2.65% DUE 11/05/20

OUALCOMM INC 3% DUE 5/20/22

STRYKER CORP 1.3% DUE 04/01/18

TOYOTA MOTOR .475% DUE 10-30-17

WELLS FARGO BK N 2.1% DUE 7/26/21

End of Year Book Value

39,389

39,450

38,459

End of Year Fair

Market Value

39,389

39,450

38,459

TY 2017 Investments Corporate Stock Schedule

Name: TUTTLE NEWTON HOME INC

EIN: 58-0566249

Name of Stock	End of Year Book Value	End of Year Fair Market Value
3M COMPANY	98,360	98,360
A T & T	64,220	64,220
ABB LTD	76,195	76,195
ALLEGHENY TECK INC	113,040	113,040
ALPHABET INC		
AUTO DATA PROCESSING	120,726	120,726
BB&T CORP	50,900	50,900
BECTON DICKINSON & CO	83,846	83,846
CAPITAL ONE FINAL 6% PFD	50,700	50,700
CHARLES SCHWAB CORP	132,860	132,860
CHURCH & DWIGHT	90,372	90,372
CORNING	110,040	110,040
CR. BARD		
DUPONT	114,042	114,042
EXXON MOBIL CORP	109,617	109,617
FMC CORP	115,973	115,973
HENRY SCHEIN, INC.		
HOME DEPOT INC	126,815	126,815
HONEYWELL INTL INC	99,106	99,106
HUNTINGTON BANCSHARES	110,700	110,700
INGERSOLL RAND	89,730	89,730
INTERNATIONAL PAPER	92,442	92,442
JOHNSON & JOHNSON	84,938	84,938
LEGGETT & PLATT INC		
MANULIFE FINL CORP	89,850	89,850
MCCORMICK & CO	116,090	116,090
NEWELL BRANDS INC		
NOKIA CORP	97,750	97,750
OLIN CORP	86,160	86,160
PEPSICO, INC.	103,427	103,427

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PUBLIC STORA 5.625% PFD	50,578	50,578
SNAP ON INC.		
TEXAS INSTRUMENTS	143,325	143,325
THERMO FISHER SCNTFC	124,284	124,284
MICROSOFT CORP	98,610	98,610
WAL-MART STORES	85,650	85,650
ZOETIS INC	85,190	85,190

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TY 2017 Investments Govern	nent Obligat	ions Schedule	
Name:	TUTTLE NEWT	ON HOME INC	
EIN:	58-0566249		
US Government Securities - End of Year Book Value:		147,442	
US Government Securities - End of Year Fair Market Value:		147,442	
State & Local Government Securities - End of Year Book Value:			
State & Local Government Securities - End of Year Fair Market Value:			

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TY 2017 Investments - Other S	Schedule	
Name:	TUTTLE NEWTON HOME INC	
EIN:	58-0566249	
Investments Other Schedule 2		1

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Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INTEREST RECEIVABLE	FMV	5,178	5,178

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TY 2017 Land, Etc. Schedule			
Name:	TUTTLE NEWTON	HOME INC	

4,365

4,365

	EIN: 58-0566249			
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value

10,949

15,314

EQUIPMENT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913130	01168
TY 2017 Other Decreases Scho	edule			
Name:	TUTTLE NEWT	ON HOME INC		
EIN:	58-0566249			
De	escription		Amount	
BOOK/TAX DEPRECIATION DIFFERENCE				560

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491313001168
TY 2017 Other Expenses Sche	dule			
Name:	TUTTLE NEWTO	N HOME INC		
EIN:	58-0566249			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
INSURANCE	2,446		2,446	
MISCELLANEOUS	1,695		1,695	
OFFICE SUPPLIES	3,752		3,752	
	259		259	

Name: TUTTLE NEWTON HOME INC

EIN: 58-0566249

Other	Income	Schedule	
Other	Tucome	Schedule	

RETIREMENT PAY

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
OTHERINCOME	436		436			
REFUND INTEREST	46		46			
	1					

23,068

DLN: 93491313001168

23,068

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TY 2017 Other Increases Schedule						
Name:	TUTTLE NEWTO	ON HOME INC				
EIN:	58-0566249					
De	escription		Amount			
INVESTMENTS UNREALIZED			39,932			

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TY 2017 Other Liabilities Schedule						
Name:	TUTTLE NEWT	ON HOME IN	С			
EIN:	58-0566249					
	JU 0J00E 1J					
Г			Designing of Voca	Find of Vone		
Description			Beginning of Year - Book Value	End of Year - Book Value		
Г						

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		
	me: TUTTLE NEV					
TY 2017 Other Professional Fees Schedule						
efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491313001168		

20,615

335

20,615

335

20,615

335

FISCAL AGENT FEE

INVESTMENT FEES

efile GRAPHIC print - DO NOT	PROCESS As Filed Data	3 -	DL	N: 93491313001168		
TY 2017 Taxes Schedule						
	Name: TUTTLE NE	WTON HOME INC				
	EIN: 58-056624	9				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXCISE TAX	3,776	5		3,776		

efile GRAPHIC print - I	DO NOT PROCESS	As Filed Data -				DLN: 93491313001168	
Schedule B		Schedu	ule of Contributo	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	▶ Information a	about Schedule B (F	Attach to Form 990, 990-EZ, or 990-PF hedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990				
Name of the organizat					Employer id	entification number	
					58-0566249		
Organization type (che	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter number) c	organization				
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 politi	☐ 527 political organization					
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation				
	4947(a)(4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation							
			PF that received, during the complete Parts I and II Se				
Special Rules							
under sections t received from a	509(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ that toked Schedule A (Form 9 al contributions of the grea plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions of	f more than \$1,000	or (10) filing Form 990 o Dexclusively for religious, animals Complete Parts	charitable, scien			
during the year, If this box is che purpose Don't o	contributions exclus ecked, enter here the complete any of the p	eively for religious, total contributions parts unless the G	or (10) filing Form 990 o charitable, etc., purposes that were received durin eneral Rule applies to thi or more during the year.	 but no such cong the year for an s organization be 	ntributions tota exclusively relectance it received	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	t it must answer "No	o" on Part IV, line 2	ile and/or the Special Rule , of its Form 990, or chec at it doesn't meet the filing	k the box on line	H of its		
For Paperwork Reduction for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	ıle B (Form 990,	, 990-EZ, or 990-PF) (2017)	

Name of organization Employer identification number TUTTLE NEWTON HOME INC 58-0566249 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 TRUSTEES OF THE AUGUSTA FREE SCHOOL Person **Payroll** PO BOX 3493 \$7,250 Noncash AUGUSTA, GA 30904 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution CLINTON ANDERSON Person Payroll PO BOX 2247 \$ 10,000 Noncash AUGUSTA, GA 30903 (Complete Part II for noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ANNE GORDON HARPER BLANCHARD FDN Person **Payroll** 237 DAVIS ROAD STE C \$5,000 Noncash AUGUSTA, GA 30907 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)