

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](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 07-01-2018, and ending 06-30-2019**

Name of foundation TUTTLE NEWTON HOME INC		<b>A Employer identification number</b> 58-0566249
Number and street (or P O box number if mail is not delivered to street address) 2196 CENTRAL AVENUE	Room/suite	<b>B Telephone number</b> (see instructions) (706) 738-1472
City or town, state or province, country, and ZIP or foreign postal code AUGUSTA, GA 30904		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>4,357,577</u>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	64,178			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	482	482	482	
	<b>4</b> Dividends and interest from securities	94,304	93,231	94,304	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	218,598			
	<b>b</b> Gross sales price for all assets on line 6a	1,052,611			
	<b>7</b> Capital gain net income (from Part IV, line 2)		218,598		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	5,129		5,129		
<b>12 Total.</b> Add lines 1 through 11	382,691	312,311	99,915		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	60,830			39,540
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits	6,520			4,239
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	10,925		10,925	
	<b>c</b> Other professional fees (attach schedule)	20,952	20,952	20,952	
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	3,127			2,914
	<b>19</b> Depreciation (attach schedule) and depletion	365			
	<b>20</b> Occupancy	17,425			10,455
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	5,730		5,730	
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	125,874	20,952	37,607	57,148
	<b>25</b> Contributions, gifts, grants paid	89,886			89,886
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	215,760	20,952	37,607	147,034	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	166,931				
<b>b Net investment income</b> (if negative, enter -0-)		291,359			
<b>c Adjusted net income</b> (if negative, enter -0-)			62,308		

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	24,705	16,798	16,798
	<b>2</b> Savings and temporary cash investments . . . . .	195,428	205,824	205,824
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .		1,006	1,006
	<b>10a</b> Investments—U S and state government obligations (attach schedule)	147,442	151,394	151,394
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	3,015,536	3,203,359	3,203,359
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	762,408	773,141	773,141
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	5,178	6,055	6,055
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 15,314 Less accumulated depreciation (attach schedule) ▶ 11,731	4,365	3,583	
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	4,155,062	4,361,160	4,357,577	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	263	273	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	1,722		
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	1,985	273	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	4,153,077	4,360,887	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	4,153,077	4,360,887		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	4,155,062	4,361,160		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	4,153,077
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	166,931
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	41,296
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	4,361,304
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	417
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	4,360,887

**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)
<b>1 a</b> PUBLICLY TRADED SECURITIES	P		
<b>b</b> PUBLICLY TRADED SECURITIES	P		
<b>c</b> PUBLICLY TRADED SECURITIES	D	2018-12-26	2018-12-31
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> 878,886		650,838	228,048
<b>b</b> 171,649		183,175	-11,526
<b>c</b> 2,076			2,076
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			228,048
<b>b</b>			-11,526
<b>c</b>			2,076
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	218,598
<b>3</b> 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	<b>3</b>	

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount 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 noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	136,321	4,092,996	0.033306
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

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.172156
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.034431
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	4,158,841
<b>5</b> Multiply line 4 by line 3	<b>5</b>	143,193
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	2,914
<b>7</b> Add lines 5 and 6	<b>7</b>	146,107
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	147,034

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

Table with 11 rows for excise tax calculation. Includes questions about exempt foundations, tax under section 511, and total tax due. Total tax due is 1,006.

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>Yes</b>	<b>No</b>
<b>b</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. <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>		<b>5b</b>		
<b>c</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> <i>If "Yes" to 6b, file Form 8870</i>		<b>6b</b>		<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/>		<b>7b</b>		
<b>8</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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				
<b>Total</b> number of other employees paid over \$50,000. <input type="checkbox"/>				

**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		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		

**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
<b>1</b> PAYMENTS OF EXPENSES FOR FOOD, CLOTHING, EDUCATION, BOARD AND RELATED EXPENSES FOR APPROXIMATELY 760 CHILDREN WHO ARE DEPRIVED OF ONE OR MORE PARENT	147,034
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	3,986,755
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	228,358
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	7,061
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	4,222,174
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	4,222,174
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	63,333
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	4,158,841
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	207,942

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	147,034
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	147,034
<b>5</b>	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.	<b>5</b>	2,914
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	144,120

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>147,034</u>				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus	147,034			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>	147,034			
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**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 2018, 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				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	62,308	74,558	56,600	44,298	237,764
<b>b</b> 85% of line 2a . . . . .	52,962	63,374	48,110	37,653	202,099
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	147,034	136,321	124,515	125,171	533,041
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .	147,034	136,321	124,515	125,171	533,041
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	138,628	136,433	125,777	115,851	516,689
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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  
 EMILY BOYLES  
 2126 CENTRAL AVE  
 AUGUSTA, GA 30904  
 (706) 738-1472

**b** The form in which applications should be submitted and information and materials they should include  
 REFERRALS BY SOCIAL WORKER & VARIOUS AGENCIES SUBMIT FINANCIAL STATEMENTS

**c** Any submission deadlines  
 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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b>



Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

Table with 3 columns: Question, Yes, No. Includes questions 1, a, b, c, d regarding transfers and transactions with noncharitable exempt organizations.

Table with 4 columns: (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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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

Sign Here Signature of officer or trustee Date Title

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

Table for Paid Preparer Use Only with columns: Print/Type preparer's name, Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

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

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
LEE ROBERTSON 2196 CENTRAL AVENUE AUGUSTA, GA 30904	1ST VICE PRE 1 00	0	0	0
DAVID J HOGG JR 2196 CENTRAL AVENUE AUGUSTA, GA 30904	2ND VICE PRE 1 00	0	0	0
CHARLES G CAYE JR 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 1 00	0	0	0
W TENNENT HOUSTON 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
SUSAN BARRETT 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 2 00	0	0	0
NEAL W DICKERT 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
EMILY BOYLES 2196 CENTRAL AVENUE AUGUSTA, GA 30904	EXEC DIR 40 00	60,830	0	0
PAMELA HARRISON 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 2 00	0	0	0
WILLIAM MCKNIGHT 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
REMER Y BRINSON III 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
W CAMERON NIXON 2196 CENTRAL AVENUE AUGUSTA, GA 30904	PRESIDENT 1 00	0	0	0
MARTHA MASON GIBSON 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 1 00	0	0	0
BETTY TEDARDS SNELLINGS 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
LEROY H SIMKINS JR 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
JACQUELYN MURRAY BLANCHARD 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0

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

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
PAUL H DUNBAR 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
SUSAN MEYERCORD RICE 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
MAY MERRY MCDONALD 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
PAUL S SIMON 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
W MARSHALL BROWN 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
MARY HULL FRAZIER 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
JEAN BOWE STRICKLAND 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
MINTA MCDIARMID NIXON 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
WARREN A DANIEL 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
BENITA MANNING LONG 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
HUGH L HAMILTON 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
PATRICK H PERRY 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 1 00	0	0	0
DAVID J HOGG SR 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
MARK V CAPERS 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
MARTHA HALL BAXTER 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0

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

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
RAYMOND B BRADY 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 2 00	0	0	0
GRIER C BOVARD 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
PAUL B BAILEY JR 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 1 00	0	0	0
GEORGE A RUSH 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
MARY BATTEY MOSES 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
GEORGE A SANCKEN III 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
JAMES W BENNETT JR 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
TARA RICE SIMKINS 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
KAREN NEWTON HULL 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 1 00	0	0	0
ELIZABETH KNOX HOPKINS 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 1 00	0	0	0
CATHERINE BLANCHARD BOARDMAN 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 1 00	0	0	0
CAROLINE SULLIVAN MORRIS 2196 CENTRAL AVENEU AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
ZACK O DAFFIN 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
DENA JACKSON-PICKETT 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
JAMES B TROTTER 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0



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

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
PAMELA JAMES DOUMAR 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
MARY HILL GARY 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 2 00	0	0	0
ROBERT LYN ALLGOOD 2196 CENTRAL AVENUE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
ELIZABETH MENGER MORRIS 2196 CENTRAL AVE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
LEVI W HILL IV 2196 CENTRAL AVE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
DAVIS H BEMAN 2196 CENTRAL AVE AUGUSTA, GA 30904	BD MEMBER 0 50	0	0	0
JULIE BLANCHARD BATCHELOR 2196 CENTRAL AVE AUGUSTA, GA 30904	SECRETARY 0 50	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE		PAYMENT OF EDUCATION EXPENSES	36,760
VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE		FOOD FOR INDIGENT INDIVIDUALS	5,862
VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE		PAYMENT OF NECESSARY LIVING EXPENSES	21,125
<b>Total . . . . . ▶ 3a</b>				89,886

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE		CLOTHING FOR INDIGENT INDIVIDUALS	3,145
VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE		PAYMENT OF RENT FOR INDIGENT INDIVID	19,644
VARIOUS2196 CENTRAL AVE AUGUSTA, GA 30904	NONE		PAYMENT OF UTILITIES FOR INDIGENT	3,350
<b>Total . . . . . ▶ 3a</b>				89,886

**TY 2018 Accounting Fees Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	10,925		10,925	

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

## TY 2018 Depreciation Schedule

**Name:** TUTTLE NEWTON HOME INC

**EIN:** 58-0566249

### Depreciation Schedule

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	547	S/L	15 0000	365			

## TY 2018 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	35,373	35,373
AETNA INC 2.8% DUE 6/15/23	40,117	40,117
AMERICAN EXPRESS 2.25% DUE 8/15/19	40,013	40,013
BAXTER INTERNTNL 1.7% DUE 8/15/21	39,483	39,483
BIOGEN INC 3.625% DUE 9/15/22	77,384	77,384
CAPITAL ONE BANK 2.3% DUE 6/05/19		
COCA-COLA EUROPEAN 0% DUE 6/20/20	39,166	39,166
COMERICA INC 2.125% DUE 5/23/19		
CONOCOPHILLIPS CO 2.4% DUE 9/15/22	40,090	40,090
CROWN CASTLE INT 2.25% DUE 9/01/21	49,724	49,724
DUKE ENERGY VAR DUE 6/15/20	30,000	30,000
FLUOR CORP 3.5% DUE 12/15/24	51,235	51,235
GOLDMAN SACHS, 2.350%, DUE 11/15/21	34,937	34,937
JOHN DEERE CAPITAL 1.7% DUE 01/15/20	24,914	24,914
JPMORGAN CHASE 2.2% DUE 10/22/19	39,986	39,986
MONSANTO 2.125%, DUE 7/15/19	34,993	34,993
NATIONAL RURAL UTILI 2.3%, 11/1/20	35,038	35,038
NEXTERA ENERGY 1.649% DUE 9/1/18		
PRAXAIR INC 1.25% DUE 11/07/18		
QUALCOMM INC 3% DUE 5/20/22	40,684	40,684

**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
SOUTHWEST AIRLINE 2.65% DUE 11/05/20	40,157	40,157
THE ALLSTATE CORP VAR DUE 3/29/21	40,049	40,049
WELLS FARGO & CO 2.1% DUE 7/26/21	39,798	39,798

**TY 2018 Investments Corporate Stock Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
3M COMPANY	86,670	86,670
ABB LTD		
ALLEGHENY TECK INC	88,200	88,200
A T & T		
AUTO DATA PROCESSING	148,797	148,797
BB&T CORP	50,300	50,300
BECTON DICKINSON & CO	88,204	88,204
CAPITAL ONE FINAL 6% PFD	50,500	50,500
CHARLES SCHWAB CORP	104,494	104,494
CHURCH & DWIGHT	124,202	124,202
CORNING	132,920	132,920
DOW INC	83,827	83,827
DUPONT		
EXXON MOBIL CORP	101,535	101,535
FEDEX CORP	89,484	89,484
FMC CORP		
HARRIS CORP	108,750	108,750
HOME DEPOT INC	135,181	135,181
HONEYWELL INTL INC	120,118	120,118
HUNTINGTON BANCSHARES	117,470	117,470
INGERSOLL RAND		
INTERNATIONAL PAPER		
JOHNSON & JOHNSON	97,496	97,496
MANULIFE FINL CORP	109,080	109,080
MC CORMICK & CO	139,509	139,509
NESTLE S A	103,400	103,400
NOKIA CORP	85,170	85,170
OLIN CORP		
PAYPAL HOLDINGS INC	131,629	131,629
PEPSICO, INC.		



**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
PUBLIC STORA 5.625% PFD	50,460	50,460
S&P GLOBAL INC	113,895	113,895
SNAP ON INC.		
TEXAS INSTRUMENTS	137,712	137,712
THERMO FISHER SCNTFC	132,156	132,156
MICROSOFT CORP	133,960	133,960
VERIZON COMMUNICATION	114,260	114,260
WAL-MART STORES	110,490	110,490
ZOETIS INC	113,490	113,490

**TY 2018 Investments Government Obligations Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249**US Government Securities - End  
of Year Book Value:**

151,394

**US Government Securities - End  
of Year Fair Market Value:**

151,394

**State & Local Government  
Securities - End of Year Book  
Value:****State & Local Government  
Securities - End of Year Fair  
Market Value:**

**TY 2018 Investments - Other Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
INTEREST RECEIVABLE	FMV	6,055	6,055

**TY 2018 Land, Etc.  
Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
EQUIPMENT	15,314	11,731	3,583	

**TY 2018 Other Decreases Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249

<b>Description</b>	<b>Amount</b>
BOOK/TAX DEPRECIATION DIFFERENCE	417

**TY 2018 Other Expenses Schedule****Name:** TUTTLE NEWTON 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	3,430		3,430	
MISCELLANEOUS	224		224	
OFFICE SUPPLIES	1,982		1,982	
PENALTIES	79		79	
BANK CHARGES	15		15	

**TY 2018 Other Income Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	5,129		5,129

**TY 2018 Other Increases Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249

<b>Description</b>	<b>Amount</b>
INVESTMENTS UNREALIZED	41,296



**TY 2018 Other Liabilities Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
ACCRUED EXCISE TAX	1,722	

**TY 2018 Other Professional Fees Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FISCAL AGENT FEE	20,742	20,742	20,742	
INVESTMENT FEES	210	210	210	

**TY 2018 Taxes Schedule****Name:** TUTTLE NEWTON HOME INC**EIN:** 58-0566249

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
EXCISE TAX	2,914			2,914
FOREIGN TAX	213			

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
TUTTLE NEWTON HOME INC

**Employer identification number**  
58-0566249

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> TUTTLE NEWTON HOME INC	<b>Employer identification number</b> 58-0566249
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**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRUSTEES OF THE AUGUSTA FREE SCHOOL	\$ 7,000	Person <input checked="" type="checkbox"/>
	PO BOX 3493		Payroll <input type="checkbox"/>
	AUGUSTA, GA 30904		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
2	CLINTON ANDERSON	\$ 10,000	Person <input checked="" type="checkbox"/>
	PO BOX 2247		Payroll <input type="checkbox"/>
	AUGUSTA, GA 30903		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
3	DOUGLAS D BATCHELOR	\$ 6,000	Person <input checked="" type="checkbox"/>
	4790 HEREFORD FARM RD		Payroll <input type="checkbox"/>
	EVANS, GA 30809		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )

<b>Name of organization</b> TUTTLE NEWTON HOME INC	<b>Employer identification number</b> 58-0566249
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<b>Part II</b>	<b>Noncash Property</b>
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<small>(See instructions) Use duplicate copies of Part II if additional space is needed</small>			
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

<b>Name of organization</b> TUTTLE NEWTON HOME INC	<b>Employer identification number</b> 58-0566249
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

	(e) Transfer of gift
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

	(e) Transfer of gift
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

	(e) Transfer of gift
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

	(e) Transfer of gift
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____