30 31

•										
· · · · · · · · · · · · · · · · · · ·						2	93933	271	6306	9
•••		EXTE	NDED TO NOV	EMB	ER 15	, 2019	,			-
Form 990-T	E	exempt Orga	nization Bus	sine	ss Inc	ome 1	ax Retu	rn	OMB No 154	5-0687
		(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning and ending								
	For cal									
Department of the Treasury Internal Revenue Service	▶	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only								
A Check box if	<u> </u>		Check box if name c					DEmp	oyer identification	
address changed									uctions)	
B Exempt under section	Print	<u>C_F_FQUNDAT</u>							8-17439	
X 501(c) 3)	Type		n or suite no. If a P.O. box			{			ated business act instructions)	ivity code
408(e) 220(e) 408A 530(a)			REE RD, SUI							
529(a)		ATLANTA, GA		i lorely	ii posiai cou	6		525	990	
Book value of all assets		E Croup avamption num	har (Cas instructions)					<u> </u>		-1
72,328,5	44.	G Check organization typ	pe ► X 501(c) corp	poration	n 5	01(c) trust	401	(a) trust	Oth	er trust
n Enter the number of the	organiza	tion's unrelated trades or	ousinesses.	1			the only (or first)			
		EE STATEMENT					complete Parts I-			
		ce at the end of the previo	us sentence, complete Pa	arts I an	id II, comple	te a Schedul	e M for each addit	ional trad	e or	
business, then complete		oration a subsidiary in an	affiliated group or a pager	nt-cube	idian/ contro	lled group?		T Y	es X No	
		tifying number of the pare		it-auua	idially contro	ilica group.			55 <u>21</u> NO	
J The books are in care of						Teleph	one number 🕨	404-	233-433	39
Part:Is Unrelated	d Trac	de or Business Inc	come		(A) Ir	icome	(B) Expens	ses	(C) N	et
1a Gross receipts or sale										1
b Less returns and allow			c Balance	1c			4	• 4	* *** * * *	•
2 Cost of goods sold (S		•		2			₹ 34 s			· •
3 Gross profit Subtract				3			7	eriore Arti		
4a Capital gain net incon b Net gain (loss) (Form		n Schedule D) art II, line 17) (attach Forr	n 4707)	4a 4b			u' ~	4.4		
c Capital loss deduction			114737)	4c				•.		
•		ship or an S corporation (a	ittach statement)	5	23	5,503.	STMT	2	235	,503.
6 Rent income (Schedu			•	6			-		·	
7 Unrelated debt-finance	ed incor	ne (Schedule E)		7						
8 Interest, annuities, roy	yalties, a	nd rents from a controlled	organization (Schedule F)	8						
		on 501(c)(7), (9), or (17) o	organization (Schedule G)							
10 Exploited exempt acti				10					<u> </u>	
11 Advertising income (\$\frac{3}{2}\$12 Other income (See in:		•	•	11				٠ .		
13 Total. Combine lines		•		13	231	5,503.	198 8 29		235	,503.
		ot Taken Elsewhe	re (See instructions fo							, , , , ,
		utions, deductions mus								
14 Compensation of off	icers, di	rectors, and trustees (Sch	edule K)					14		
15 Salaries and wages			D.	-				15		
16 Repairs and mainter	ance		KECE	IVE				16		
17 Bad debts	dula) (a	na raatriiatiana)	(<u>a</u>)		70			17		
18 Interest (attach sche19 Taxes and licenses	idule) (S	ee instructions)	NOV 22	2019	181			18		
	ons (Se	e instructions for limitation	9 ;	4010			-	20		
21 Depreciation (attach			LOGDEN	1 1 4		21			<u> </u>	
•	on claimed on Schedule A and elsewhere on return							22b		
23 Depletion								23		
24 Contributions to defe		mpensation plans						24		
25 Employee benefit pro	-							25		
26 Excess exempt expe								26		
27 Excess readership of		•						27		
28 Other deductions (at29 Total deductions. A		•						28	 	0.
Lo iotal deductions. M	44 111153	i - unough 20						1 23	1	

47

235,503. Form **990-T** (2018)

30

31

32

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Form 990-T	(2018) C F FOUNDATION, INC.	58-17	43909		Page
Part I	I Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)	33	235,	503.
34	Amounts paid for disallowed fringes		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	ctions) STMT 3	35	235,	503.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su				
	lines 33 and 34		36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,	000.	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	6,			
	enter the smaller of zero or line 36		38		0.
Part I	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39		0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount o	n line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)	•	40		
41	Proxy tax. See instructions	•	. 41		
42	Alternative minimum tax (trusts only)	ŕ	42		-
43	Tax on Noncompliant Facility Income. See instructions		43		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
Part V	*·v'				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
	Other credits (see instructions)	45b	7		
	General business credit. Attach Form 3800	45c	╡, │		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	┤ ` │		
	Total credits. Add lines 45a through 45d	100	45e		
46	Subtract line 45e from line 44		46		: O .
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	6 Other (attach schedule)			1,2
48	Total tax. Add lines 46 and 47 (see instructions)	Other lattach schedule,	48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
		50a 36,605			
	Payments: A 2017 overpayment credited to 2018	50b	-		t
	2018 estimated tax payments	50c	-		4
	Tax deposited with Form 8868		\dashv		٠.,
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	⊣ :		•
	Backup withholding (see instructions)	50e -	┥ .		
	Credit for small employer health insurance premiums (attach Form 8941)	50f	- :- .	, ,	
g	Other credits, adjustments, and payments: Form 2439		,	P1	-
	☐ Form 4136 ☐ ☐ Other ☐ ☐ Total ►	50g		2.6	COE
51	Total payments. Add lines 50a through 50g		51	30,	605
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53		<u> </u>
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	cor I	54	<u> </u>	605.
55		605. Refunded ▶	- 55		0.
Part \					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of	· ·		Ye	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization $% \left(1\right) =\left(1\right) \left(1\right)$	· ·			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	foreign country			
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor to, a foreign trust?		<u> </u>	X
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$				
0.	Under penalties of perjury, I doclare that I have examined this return, including accompanying schedules and st correct, and complete Declaration of ofeparer (other than taxpayer) is based on all information of which prepare	tatements, and to the best of my ki er has any knowledge	nowledge and b	oetief, it is true,	
Sign	7 Lui () 11 11/19 112	Γ	May the IRS di		· ·
Here	11/19/1		the preparer sh		
	Signature of officer Date Title		instructions)?	X Yes	No
	Print/Type preparer's name Preparer's signature Pate	e Check	if PTIN		
Paid	Mechatroste	self- employe			_
Prepa	rer LEIGHANN H. COSTLEY	11/4/19		012197	
Use C	FIRM'S name ► FRAZIER & DEETER L.L.C.	Firm's EIN	▶ 58-	-14338	45
	1230 PEACHTREE STREET, NE, SUI	TE 1500			
	Firm's address ► ATLANTA, GA 30309	Phone no.	(404)	253-7	500

Form 990-T (2018)

Schedule A - Cost of Good	l s Sold. Enter	method of inver	ntory va	aluation N/A					
1 Inventory at beginning of year 1			6 Inventory at end of year 6						
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Pai			Part I,	ļ		
4a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
b Other costs (attach schedule)	4b		4	property produced or a	cquirec	d for resale) apply to			اــ ـا
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?				<u> </u>	<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Per	sonal Property	Leas	ed With Real Pro	pert	y) 	
1. Description of property									
(1)									
(2)									
(3)						<u> </u>			
(4)									
		ed or accrued				3(a)Deductions directly	v conne	cted with the income i	n
rent for personal property is more than of rent for pe				onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	columns 2(a) a	nd 2(b)	(attach schedule)	
(1)		ĺ							
(2)									
(3)						, ,			
(4)									
Total	0.	Total			0.	<u> </u>			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	. •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated De	bt-Financed	I Income (see	ınstru	ctions)					
			2	Gross income from or allocable to debt-	(2)	3. Deductions directly cor to debt-finan-		perty	
1. Description of debt-f	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	IS
(1)			+				-		
(2)			+				١,		
(3)							1		
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property in schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			+	%					
(1) (2) (3)	†		+	%			1		
(3)				%			1		
(4)				%					
			•			inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals						0			0.
Total dividends-received deductions is	ncluded in columi	า 8		- 1		<u> </u>	-		0.

Schedule F - Interest, A	Annuities, Roya	alties, a	nd Rent	s From Co	ontrolle	ed Organia	zatio	ns (see ins	truction	ns)
			Exempt (Controlled O	rganızatı	ons				
1. Name of controlled organization	tion 2. Ei ident nu	nployer ification mber	3. Net unrelated income (loss) (see instructions)			al of specified nents made	5. Part of column 4 included in the con organization's gross		rolling	6. Deductions directly connected with income in column 5
· · · · · · · · · · · · · · · · · · ·			+				 			· · · · · · · · · · · · · · · · · · ·
(1) (2)										
(3)			1				 		$\overline{}$	
(4)	-		-				1			
Nonexempt Controlled Organi	zations								1	
7. Taxable Income	8. Net unrelated inco		9. Total	of specified payr made	ments	10 Part of colu	lıng orgai	nization's		eductions directly connected h income in column 10
						gros	s income	,		
(1)										
(2)										
(3)			_							
(4)	<u> </u>									
						Add colur Enter here and line 8,		e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Fotals								0.		0
Schedule G - Investme		Sectio	n 501(c)(7), (9), or	(17) Or	ganization	า			
(see inst	cription of income			2. Amount of	ıncome	3 Deduction		4. Set-		5. Total deductions and set-asides
				L. ,		(attach scher		(attach s	chedule)	(col 3 plus col 4)
(1)										
(2)										
(3)										
(4)			·	<u> </u>						
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (8)
Totals			•		0.					0
Schedule I - Exploited (see instru	-	y Incon	ne, Othe	r Than Ad	lvertisi	ng Incom	е			
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	expenses o connected production nrelated ess income	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or flumn 2 n 3) If a e cols 5	5. Gross inc from activity is not unrela business inc	that ited	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)	Enter here and on page 1, Part I,	page	nere and on			•	•			Enter here and on page 1,
Totals >	line 10, col (A)		0, col (B)				•			Part II, line 26
Schedule J - Advertisi Part I Income From				solidated	Basis					
		<u> </u>				1		1		T -
1. Name of periodical	2. Gross advertising income	ad	3. Direct lvertising costs	or (loss) (co	ain, comput	5 Circula income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)				_						
(3)				7				<u> </u>		†
(4)										
Totals (carry to Part II, line (5))	•	0.	0							0
		- :1						·		Form 990-T (2018

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising Income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						<u> </u>		
(2)								
(3)					-		-	
(4)								
Totals from Part I	▶	0.	0.	,	. •		0.	
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	▶	0.	0.		τ ,	, ,	0.	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2018)

NOL CARRYOVER AVAILABLE THIS YEAR

FORM 990-T

STATEMENT

		BUSINESS ACTIVIT	Y			
INVESTMENT	S IN PASS-THROUGH	ENTITIES				
FORM 990-T	INCOM	E (LOSS) FROM PA	RTNERSHIPS	STATEMENT	2	
DESCRIPTION	ı -	-	-	NET INCOME OR (LOSS)		
NATURAL GAS COMMONFUND BUSINESS IN	<686.> 873.					
(LOSS) COMMONFUND INCOME (LOS		ARTNERS - ORDINA	RY BUSINESS	<13. 4,995.		
INCOME (LOS CHATHAM CAS	PRIVATE EQUITY PAR SS) SCADE - ORDINARY BU O - ORDINARY BUSINE	SINESS INCOME (L		16,548. <2,204. 215,990.		
TOTAL INCLU	JDED ON FORM 990-T,	PAGE 1, LINE 5		235,50	3.	
FORM 990-T	STATEMENT	3				
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
12/31/15 12/31/16	152,441. 164,601.	139,836. 164,601.				

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED

304,437.

304,437.

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Attachment Sequence No 179 ldentifying number

C F							AGE 10		58-1743909
Par	t Election To Expense Certain Prope	erty Under Section 1	79 Note: If yo	ou have any li	sted prop	erty,	complete Part	V before	you complete Part I
1 N	faximum amount (see instructions)							1	1,000,000.
2 T	otal cost of section 179 property plac	ed in service (see	instructions)				2	
3 T	hreshold cost of section 179 property	3	2,500,000.						
4 R	leduction in limitation Subtract line 3	from line 2 If zero	or less, ent	er -0-				4	
5 D	ollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	-0- If married fi	ing separately, se	e instruction	s		5	
6	(a) Description of pi	roperty		(b) Cost (busin	ness use on	y) [(c) Elected	cost	, ,
					-				1
]
									'
7 L	isted property Enter the amount from	n line 29				7			
8 T	otal elected cost of section 179 propo	erty Add amounts	s ın column (c), lines 6 and	17			8	
9 T	entative deduction Enter the smaller	r of line 5 or line 8						9	Ì
10 C	arryover of disallowed deduction from	n line 13 of your 2	017 Form 45	62				10	
11 B	susiness income limitation. Enter the s	smaller of busines:	s income (no	t less than ze	ero) or line	5		11	
12 S	ection 179 expense deduction Add I	ines 9 and 10, but	t don't enter	more than lin	e 11			12	
13 C	arryover of disallowed deduction to 2	2019 Add lines 9	and 10, less	line 12	▶□	13		· · ·	. ,
Note:	Don't use Part II or Part III below for	listed property Ir	nstead, use F	Part V					
Par	t II Special Depreciation Allowa	ance and Other D	epreciation	(Don't includ	le listed p	roper	ty)		
14 S	pecial depreciation allowance for qua	alified property (ot	her than liste	ed property) p	laced in s	ervic	e during		
	ne tax year						J	14	1,669.
	roperty subject to section 168(f)(1) el	ection						15	
	Other depreciation (including ACRS)							16	
Par		t include listed pro	perty See ii	nstructions)	•				
	· · · · · · · · · · · · · · · · · · ·		Se	ection A	 -				
17 N	ACRS deductions for assets placed	ın service in tax y	ears beginnii	ng before 201	8			17	3,306.
	you are electing to group any assets placed in ser	•	•	•		k here	▶ □] [·
	Section B - Assets	s Placed in Service	e During 20	18 Tax Year	Using th	e Ger	neral Deprecia	ation Syst	tem
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)	(d) Re		(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property	7							,
	7-year property	٦ ˙ ،							
d	10-year property	i . `			1		*		
e	15-year property				1				
f	20-year property	7			1				
g	25-year property	-1 · -			25	/rs	<u> </u>	S/L	
		/		*	27.5		ММ	S/L	
h	Residential rental property	/			27 5		MM	S/L	
-	1.0-11-0-12-0-1-0-1	' ,	<u> </u>		39		MM	S/L	
i	Nonresidential real property	,			1 "		MM	S/L	
	Section C - Assets I	Placed in Service	During 201	8 Tax Year U	Ising the	Alter			stem
20a	Class life		1		T		<u> </u>	S/L	T
<u></u> b	12-year	⊣ ∙			12	/rs	<u> </u>	S/L	
	30-year	 			30		MM	S/L	
d	40-year	 	1		40		MM	S/L	
Par				_			1 (4)(4)		
	isted property Enter amount from line	- 28						21	T
	otal. Add amounts from line 12, lines		ne 10 and 0	O in column /	n) and lin	0 21		-	
	otal. Add amounts from line 12, lines nter here and on the appropriate lines	-					r	22	4,975.
	or assets shown above and placed in	=	•						
	ortion of the basis attributable to sec	-				23			<u> </u>
									

58-1743909 Page 2 · Form 4562 (2018) C F FOUNDATION, INC. Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No Yes No 24b If "Yes," is the evidence written? Yes (c) (b) (e) (a)
Type of property
(list vehicles first) (d) (f) (g) (h) Date Business Elected Basis for depreciation Depreciation Recovery Method/ Cost or placed in investment (business/investment section 179 deduction other basis period Convention service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use. % % 27 Property used 50% or less in a qualified business use S/L % S/L -% S/L · 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes Nο Yes No Yes No Yes No Yes No Yes during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes Nο employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (a) (b) (c) (e) (f)

(d) Code section Description of costs Date amortization Amortization begins period or percentage 42 Amortization of costs that begins during your 2018 tax year. 43 43 Amortization of costs that began before your 2018 tax year 44 44 Total. Add amounts in column (f) See the instructions for where to report