# Form **990-PF**

#### **Return of Private Foundation**

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

OMB No. 1545-0052 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2018 or tax year beginning , 2018, and ending . 20 Name of foundation A Employer identification number North Georgia Low Income Taxpayer Clinic, Inc. 83-0955866 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 234 Luckie Street 678-304-8101 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ Lawrenceville, GA 30046 Initial return of a former public charity □ 1. Foreign organizations, check here . . . . ▶ **G** Check all that apply: ✓ Initial return Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation · E If private foundation status was terminated under H Check type of organization: ✓ Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . . . . ▶ Section 4947(a)(1) nonexempt charitable trust 

Other taxable private foundation Fair market value of all assets at J Accounting method: ✓ Cash ☐ Accrual If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books purposes the amounts in column (a) (see instructions).) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 2637.20 2 Check ► ☐ if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 0 0 0 4 Dividends and interest from securities . . . . 0 0 5a Gross rents . . . . . . . . . . . . . . . . 0 0 b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Λ Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . . 7 8 Net short-term capital gain . . . . . . . . . 0 Income modifications . . . . 9 0 10a Gross sales less returns and allowances Less: Cost of goods sold . . . b С Gross profit or (loss) (attach schedule) . . . . 0 0 Other income (attach schedule) . . . . . . 11 0 0 Total. Add lines 1 through 11 . . 12 2637.20 0 0 Compensation of officers, directors, trustees, etc. 13 0 n 0 0 Operating and Administrative Expenses 14 Other employee salaries and wages . . . . . 0 0 0 15 Pension plans, employee benefits . . . . . 0 0 0 Legal fees (attach schedule) . . . . . 16a 0 0 0 Accounting fees (attach schedule) 0 0 0 0 Other professional fees (attach schedule) . С 595 0 0 17 0 0 0 0 18 Taxes (attach schedule) (see instructions) . . . 0 0 0 19 Depreciation (attach schedule) and depletion . . . 0 0 0 20 0 0 0 Travel, conferences, and meetings . . . . . 21 0 0 0 0 22 Printing and publications . . . . . . . . . 92.70 0 0 0 Other expenses (attach schedule) 23 1895.50 0 0 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . . 2583.20 0 25 Contributions, gifts, grants paid . . . . . . 0 0 26 Total expenses and disbursements. Add lines 24 and 25 2583.20 0 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements **Net investment income** (if negative, enter -0-) . Adjusted net income (if negative, enter -0-) .

Page **2** 

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	0	54	54
	2	Savings and temporary cash investments	0	0	0
	3	Accounts receivable ▶0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	4	Pledges receivable ▶ 0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	5	Grants receivable	0	0	0
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule) ▶ 0			
		Less: allowance for doubtful accounts ▶0	0	0	0
ts	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges	0	0	0
As	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b	Investments—corporate stock (attach schedule)	0	0	0
	С	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment: basis ▶0			
		Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	12	Investments—mortgage loans	0	0	0
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment: basis ▶0			
		Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	15	Other assets (describe ► )	0	0	0
	16	Total assets (to be completed by all filers—see the	-		
		instructions. Also, see page 1, item I)	0	54	54
	17	Accounts payable and accrued expenses	0	0	
<b>(</b> 0	18	Grants payable	0	0	
<u>ĕ</u> .	19	Deferred revenue	0	0	
Ę	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
Liabilities	21	Mortgages and other notes payable (attach schedule)	0	0	
_	22	Other liabilities (describe ► 0 )	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
40		Foundations that follow SFAS 117, check here ▶ □			
lances		and complete lines 24 through 26, and lines 30 and 31.			
JE OF	24	Unrestricted			
	25	Temporarily restricted			
<u>m</u>	26	Permanently restricted			
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ▶ ☑			
丘		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0	54	
şts	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
SSE	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
Ğ	30	Total net assets or fund balances (see instructions)	0	54	
et	31	Total liabilities and net assets/fund balances (see			
_		instructions)	0	54	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>	01	
		Il net assets or fund balances at beginning of year-Part II, colur	nn (a), line 30 (mus	t agree with	
-		-of-year figure reported on prior year's return)			0
2	Ente	er amount from Part I, line 27a		2	0
3	Othe	er increases not included in line 2 (itemize) ▶ 0		3	0
4	Add	lines 1, 2, and 3		4	0
5	_			5	0
6	Tota	reases not included in line 2 (itemize) $ ightharpoonup 0$ Il net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), lir	ne 30 <b>6</b>	54

Form 990-PF (2018) Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired (d) Date sold P—Purchase 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) D-Donation 1a b C d е (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) а b C d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) (i) FMV as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col. (j), if any а b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 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 doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) (b)
Adjusted qualifying distributions (c)
Net value of noncharitable-use assets Base period years Calendar year (or tax year beginning in) 2017 2016 2015 2014 2013 2 Total of line 1, column (d) 2 3 Average distribution ratio for the 5-year base period-divide the total on line 2 by 5.0, or by 3 the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 4 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 7 7 Add lines 5 and 6 .

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

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Part VI instructions.

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Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	00
	here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	00
3	Add lines 1 and 2		0	00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	00
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	00
6	Credits/Payments:			
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0 00			
b	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) . 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		0	
8 9	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0	
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax   0 00 Refunded  11		0	
	VII-A Statements Regarding Activities		U	00
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		1
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		✓
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		✓
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		<b>√</b>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		<b>√</b>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		✓
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
_	conflict with the state law remain in the governing instrument?	6	✓	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		✓
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶  Georgia			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9	✓	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40		./
	names and addresses	10		✓

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Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		<b>✓</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address  https://www.gataxclinic.com/	13		
14		78-304-	8101	
	Located at ► 234 Luckie St, Lawrenceville, GA ZIP+4 ►	3004		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here and enter the amount of tax-exempt interest received or accrued during the year			▶ [
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
· a.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes  No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? $\square$ Yes $\square$ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		<b>√</b>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			,
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3a	▶ 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		<i>'</i>

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	t VII-B Statements Regarding Activ			4720	May Be F	Require	ed (continue	ed)			
5a	3 - ,	•		,	. 40.45/	\\ <b>0</b>		,		Yes	No
	<ul><li>(1) Carry on propaganda, or otherwise atter</li><li>(2) Influence the outcome of any specific p</li></ul>	•	_	•	•			No			
	directly or indirectly, any voter registration							No			
	(3) Provide a grant to an individual for trave						= =	No			
	(4) Provide a grant to an individual for trave							INO			
	section 4945(d)(4)(A)? See instructions							No			
	(5) Provide for any purpose other than relig										
	purposes, or for the prevention of cruelty							No			
b	If any answer is "Yes" to 5a(1)-(5), did any							bed			
	in Regulations section 53.4945 or in a current							. [	5b		
	Organizations relying on a current notice reg	garding disa	ster assistan	ice, che	ck here		•	· 🗆 İ			
С	If the answer is "Yes" to question 5a(4), do										
	because it maintained expenditure responsi	bility for the	grant? .				☐ Yes ☐	No			
	If "Yes," attach the statement required by R	egulations s	section 53.49	45-5(d)	).						
6a	Did the foundation, during the year, receive	any funds,	directly or in	directly	, to pay pr	emiums	;				
	on a personal benefit contract?						☐ Yes ✓	No			
b	Did the foundation, during the year, pay pre	miums, dire	ctly or indire	ctly, on	a persona	l benefi	t contract?	. [	6b		✓
	If "Yes" to 6b, file Form 8870.							.			
7a	At any time during the tax year, was the foundate						☐ Yes ✓				
b	If "Yes," did the foundation receive any production		•					.	7b		
8	Is the foundation subject to the section 496							,			
Davi	remuneration or excess parachute payment							No			
Par	t VIII Information About Officers, D	irectors, i	rustees. F	ounda	tion ivian	andre		n –m	INIAW	ees.	
	and Contractors			0 411 44	tion ivian	agers,	nigiliy Faic	<b>4 –</b> …	рюу	,	
	and Contractors	oundation r							ipioy		
1	List all officers, directors, trustees, and for		nanagers ar	nd their	compens	ation.	See instruction	ons.			
1		(b) Title hou	managers ar e, and average rs per week	nd their	compens mpensation not paid,	ation. (d)	See instruction Contributions to be benefit plans	ons.	e) Expe	nse acc	
	List all officers, directors, trustees, and formation (a) Name and address	(b) Title hou devote	managers ar e, and average rs per week ed to position	nd their	compens	ation. (d)	See instruction	ons.	e) Expe	nse acc	
Eric S	List all officers, directors, trustees, and formation (a) Name and address	(b) Title hou devote Execut	managers ar e, and average rs per week ed to position ive Director	nd their	r compens mpensation not paid, nter -0-)	ation. (d) emplo and def	See instruction Contributions to be benefit plans	ons.	e) Expe	nse acc	
Eric S 2745 S	List all officers, directors, trustees, and for the common of the common	(b) Title hou devote  Execut 25 hrs/9	managers ar e, and average rs per week ed to position ive Director week	nd their	compens mpensation not paid,	ation. (d) emplo and def	See instruction Contributions to be benefit plans	ons.	e) Expe	nse acc	
Eric S 2745 S Natha	List all officers, directors, trustees, and for (a) Name and address antos Summercrest Lane, Duluth, GA 30096 in Hartman	(b) Title hou devote  Execut 25 hrs/  Directo	managers ar e, and average rs per week ed to position ive Director week	nd their	r compens mpensation not paid, nter -0-)	ation. (d) emploand def	See instruction Contributions to be benefit plans	ons. s (e	e) Expe	nse acc	
Eric S 2745 S Natha 1535 N	List all officers, directors, trustees, and for the common of the common	(b) Title hou devote  Execut 25 hrs/v  Directo <1 hr/w	managers ar e, and average rs per week ed to position ive Director week	nd their	r compens mpensation not paid, nter -0-)	ation. (d) emploand def	See instruction Contributions to be benefit plans	ons.	e) Expe	nse acc	
Eric S 2745 S Natha 1535 N	List all officers, directors, trustees, and formal (a) Name and address  antos  Summercrest Lane, Duluth, GA 30096  In Hartman  J. Decatur Rd., Ste. 102, Atlanta, GA 30307  d N. Timm Jr.	(b) Title hou devote Execut 25 hrs/v Directo <1 hr/w Directo	managers ar e, and average rs per week ed to position ive Director week	nd their	r compens mpensation not paid, nter -0-)	ation. (d) emplo and def	See instruction Contributions to be benefit plans	ons. s (e	e) Expe	nse acc	
Eric S 2745 S Natha 1535 N Willard 2543 F	List all officers, directors, trustees, and formal (a) Name and address  antos  Summercrest Lane, Duluth, GA 30096  In Hartman  J. Decatur Rd., Ste. 102, Atlanta, GA 30307  Id N. Timm Jr.  Rockwood Way, Stone Mountain, GA 30087	(b) Title hou devote 25 hrs/4  Execut 25 hrs/4  Directo <1 hr/w Directo <1 hr/w	managers are, and average rs per week ed to position ive Director week or reek	nd their	r compens mpensation not paid, nter -0-)	ation. (d) emplo and def	See instruction Contributions to be benefit plans	ons. s (e	e) Expe	nse acc	
Eric S 2745 S Natha 1535 N Willard 2543 F Susar	List all officers, directors, trustees, and formal (a) Name and address  antos  Summercrest Lane, Duluth, GA 30096 In Hartman I. Decatur Rd., Ste. 102, Atlanta, GA 30307 Id N. Timm Jr.  Rockwood Way, Stone Mountain, GA 30087 In Duran	(b) Title hou devote 25 hrs/4 Directo <1 hr/w	managers are, and average e, and average rs per week ed to position ive Director week or veek or	nd their	r compens mpensation not paid, nter -0-)	ation. (d) emplo and def	See instruction Contributions to be benefit plans	ons. s (e	e) Expe	nse acc	
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Eric S 2745 S Natha 1535 N Willard 2543 F Susar	List all officers, directors, trustees, and formula (a) Name and address  antos  Summercrest Lane, Duluth, GA 30096  In Hartman  J. Decatur Rd., Ste. 102, Atlanta, GA 30307  Id N. Timm Jr.  Rockwood Way, Stone Mountain, GA 30087  In Duran  Simms St. SW, Atlanta, GA 30310  Compensation of five highest-paid emple  "NONE."	(b) Title hou devote the house of the house	managers ar e, and average rs per week ed to position  ive Director week or veek er than tho	(c) Co ((fr er	r compens mpensation not paid, nter -0-)	ation. (d) (employand def	See instruction to be presented to be presente	ons. s (etion 0 0 oions).	e) Expe other a	nse acc	( ( ente
Eric S 2745 S Natha 1535 N Willard 2543 F Susar	List all officers, directors, trustees, and formula (a) Name and address  antos  Summercrest Lane, Duluth, GA 30096 In Hartman II. Decatur Rd., Ste. 102, Atlanta, GA 30307 Id N. Timm Jr.  Rockwood Way, Stone Mountain, GA 30087 Ia Duran  Simms St. SW, Atlanta, GA 30310  Compensation of five highest-paid emplores	(b) Title hou devote the house of the house	managers ar e, and average rs per week ed to position ive Director week or reek or reek er than tho	(c) Co (lf r er	r compens mpensation not paid, nter -0-)	ation. (d) (employand def	See instruction to be contributions to be compensated	ons. s (etion 0 0 ions).	Experience other a	one, onse acc	(ente
Eric S 2745 S Natha 1535 N Willard 2543 F Susar	List all officers, directors, trustees, and formula (a) Name and address  antos  Summercrest Lane, Duluth, GA 30096  In Hartman  J. Decatur Rd., Ste. 102, Atlanta, GA 30307  Id N. Timm Jr.  Rockwood Way, Stone Mountain, GA 30087  In Duran  Simms St. SW, Atlanta, GA 30310  Compensation of five highest-paid emple  "NONE."	(b) Title hou devote the house of the house	managers ar e, and average rs per week ed to position  ive Director week or reek or reek er than tho hours per v	(c) Co (lf r er	r compens mpensation not paid, nter -0-)	ation. (d) (employand def	See instruction to be contributions to be compensate of the compen	ons. s (etion 0 0 ions).	e) Experother a	one, onse acc	(ente
Eric S 2745 S Natha 1535 N Willar 2543 F Susar 1146 S 2	List all officers, directors, trustees, and formula (a) Name and address  antos  Summercrest Lane, Duluth, GA 30096  In Hartman  J. Decatur Rd., Ste. 102, Atlanta, GA 30307  Id N. Timm Jr.  Rockwood Way, Stone Mountain, GA 30087  In Duran  Simms St. SW, Atlanta, GA 30310  Compensation of five highest-paid emple  "NONE."	(b) Title hou devote the house of the house	managers ar e, and average rs per week ed to position  ive Director week or reek or reek er than tho hours per v	(c) Co (lf r er	r compens mpensation not paid, nter -0-)	ation. (d) (employand def	See instruction to be contributions to be compensate of the compen	ons. s (etion 0 0 ions).	e) Experother a	one, onse acc	((ente
Eric S 2745 S Natha 1535 N Willar 2543 F Susar 1146 S 2	List all officers, directors, trustees, and formula (a) Name and address  antos  Summercrest Lane, Duluth, GA 30096  In Hartman  J. Decatur Rd., Ste. 102, Atlanta, GA 30307  Id N. Timm Jr.  Rockwood Way, Stone Mountain, GA 30087  In Duran  Simms St. SW, Atlanta, GA 30310  Compensation of five highest-paid emple  "NONE."	(b) Title hou devote the house of the house	managers ar e, and average rs per week ed to position  ive Director week or reek or reek er than tho hours per v	(c) Co (lf r er	r compens mpensation not paid, nter -0-)	ation. (d) (employand def	See instruction to be contributions to be compensate of the compen	ons. s (etion 0 0 ions).	e) Experother a	one, onse acc	((ente
Eric S 2745 S Natha 1535 N Willar 2543 F Susar 1146 S 2	List all officers, directors, trustees, and formula (a) Name and address  antos  Summercrest Lane, Duluth, GA 30096  In Hartman  J. Decatur Rd., Ste. 102, Atlanta, GA 30307  Id N. Timm Jr.  Rockwood Way, Stone Mountain, GA 30087  In Duran  Simms St. SW, Atlanta, GA 30310  Compensation of five highest-paid emple  "NONE."	(b) Title hou devote the house of the house	managers ar e, and average rs per week ed to position  ive Director week or reek or reek er than tho hours per v	(c) Co (lf r er	r compens mpensation not paid, nter -0-)	ation. (d) (employand def	See instruction to be contributions to be compensate of the compen	ons. s (etion 0 0 ions).	e) Experother a	one, onse acc	ente

Total number of other employees paid over \$50,000 .

Pa	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E E	
Tota	Il number of others receiving over \$50,000 for professional services	
Pa	t IX-A Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	Assisting low-income taxpayers in controversies with the IRS and related state tax matters	
	Clients Served: 2	
		\$121.64
2	Conducting education and outreach activities to inform individuals in the local community about the rights	-
	and responsibilities of taxpayers	
3		\$119.65
Ū		-
		•
4		
Б.		
	<b>t IX-B</b> Summary of Program-Related Investments (see instructions) escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
	None	Amount
•	NOTE	-
		•
2		
_	other program-related investments. See instructions.	
3		
		-
Tota	Add lines 1 through 3	

Part		gn fou	indations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	84
С	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	84
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	84
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
_	instructions)	4	84
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► ✓ and do not complete this part.)	ounda	tions
1	Minimum investment return from Part X, line 6	1	
і 2а	Tax on investment income for 2018 from Part VI, line 5	-	
za b	Income tax for 2018. (This does not include the tax from Part VI.) 2b	-	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
-	line 1	7	
Part	XII Qualifying Distributions (see instructions)	- 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	_	her the foundation

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

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Form 990-PF (2018) Page 10 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 . . . . . . . February 19, 2019 Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Enter the lesser of the adjusted net Tax year Prior 3 years (e) Total income from Part I or the minimum (a) 2018 **(b)** 2017 (c) 2016 (d) 2015 investment return from Part X for each year listed . . . . . . . 0 **b** 85% of line 2a 0 . . . . . . . Qualifying distributions from Part XII, line 4 for each year listed . . . . 0 **d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . 0 e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 0 3 Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test-enter: (1) Value of all assets . . . . 150 (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . 150 "Endowment" alternative test-enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . "Support" alternative test-enter: (1) Total support other than gross investment income dividends, rents, payments on securities (section loans 512(a)(5)), or royalties) (2) Support from general public exempt more or organizations as provided in section 4942(j)(3)(B)(iii) . . . . (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) **Information Regarding Foundation Managers:** 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).) 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. 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. The name, address, and telephone number or email address of the person to whom applications should be addressed: The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part	XV Supplementary Information (cont	inued)			
3	Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	or substantial contributor	recipient	contribution	
а	Paid during the year				
			•		
			•		
	Total			<b>▶</b> 3a	1
b	Approved for future payment		<u> </u>		•
	, ,		•		1
					-
			•		
	Total		<del> .</del>	▶ 3k	

Pai	rt XV	VI-A Analysis of Income-Producing Ac	ctivities				
Ente	r gro	oss amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by sect	ion 512, 513, or 514	(e) Related or exempt
			(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
1	Pro	gram service revenue:					(Occ manachoris.)
	а	NONE					
	b						
	С						
	d						
	е						
	f						
		Fees and contracts from government agencies					
0	_						
2		mbership dues and assessments					
3		erest on savings and temporary cash investments					
4		idends and interest from securities					
5		rental income or (loss) from real estate:					
		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property					
7	Oth	ner investment income					
8	Gai	n or (loss) from sales of assets other than inventory					
9	Net	income or (loss) from special events					
10		oss profit or (loss) from sales of inventory					
11		ner revenue: a					
	b						
	С						
	d						
	e						
12		ototal Add columns (b) (d) and (e)					
	Out	biotai. Add coldining (b), (d), and (e)					
12	Tot	Add line 12 columns (b) (d) and (e)				12	•
13	Tot	ototal. Add columns (b), (d), and (e)	 ne )			13	
(See	wor	ksheet in line 13 instructions to verify calculation	ıs.)			13	
(See	wor	ksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
(See Par Lin	wor rt X\ e No	ksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
(See Par Lin	wor	ksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
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(See Par Lin	wor rt X\ e No	ksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		

### Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Part XVII **Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) 1a(2) Other transactions: (1) Sales of assets to a noncharitable exempt organization . . . 1b(1) (2) Purchases of assets from a noncharitable exempt organization . 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements . . . . . . . 1b(4) 1b(5) (6) Performance of services or membership or fundraising solicitations . . . 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . . . . . . . . . . . . . If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . . . . . . . . . . . . . Yes ✓ No **b** If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship 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 May the IRS discuss this return with the preparer shown below? Here **Executive Director** See instructions. Yes No Signature of officer or trustee Date

Preparer's signature

Date

Print/Type preparer's name

Firm's name

Firm's address ▶

**Paid** 

**Preparer** 

Use Only

Check if self-employed

Firm's EIN ▶

Phone no.

# North Georgia Low Income Taxpayer Clinic - Supplement to Form 990-PF

### Part I, Line 1

<u>Contributor</u> <u>Amount</u>

Eric Santos \$2,637.20

Part I, Line 16c

Other Professional Fees Amount

Jen D. Rafanan – Graphic Design Fees \$595

Part I, Line 23

Other Expenses Amount

GA Secretary of State – Document Filing Fees \$310

Internal Revenue Service – Filing Fees \$600

Professional Development Training \$599

Notary services \$66.41

Postage/shipping \$140.16

Bank Account Fees \$46

Google – Domain Names \$64

BlueHost – Web Hosting \$49.95

Internet Fax Service \$19.98

Part VIII, Line 1

(a) Name and Address (b) Title, Average Hours Per Week (c), (d), (e) Compensation (all)

Bryan Ramos Director, <1 hr/week \$0

2831 Shady Valley Drive Atlanta, GA 30324