

Return of Private Foundation

Department of the Treasury
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information

2024

Open to Public Inspection

For the calendar year 2024, or tax year beginning **January 01, 2024**, and ending **December 31, 2024**

| | | |
|--|---|--|
| Name of foundation Crawford and Boyle Foundation INC | | A Employer identification number 84-2420961 |
| Number and street (or P.O. box number if mail is not delivered to street address) 306 S HAMMOND DRIVE | Room/suite | B Telephone number (see instructions) (678) 680-5000 |
| City or town, state or province, country, and ZIP or foreign postal code Monroe , GA 30655 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G 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 | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H 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 | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 0 | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received(attach schedule) | 8,640 | | | |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| 3 Interest on savings and temporary cash investments | 5 | 0 | 0 | |
| 4 Dividends and interest from securities | 0 | 0 | 0 | |
| 5a Gross rents | 0 | 0 | 0 | |
| b Net rental income or (loss) _____ 0 | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | 0 | | | |
| b Gross sales price for all assets on line 6a _____ 0 | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 0 | | |
| 8 Net short-term capital gain | | | 0 | |
| 9 Income modifications | | | 0 | |
| 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | |
| c Gross profit or (loss) (attach schedule) | | | | |
| 11 Other income (attach schedule) | | | | |
| 12 Total. Add lines 1 through 11 | 8,645 | 0 | | |
| 13 Compensation of officers, directors, trustees, etc. | 0 | 0 | 0 | 0 |
| 14 Other employee salaries and wages | 0 | 0 | 0 | 0 |
| 15 Pension plans, employee benefits | 0 | 0 | 0 | 0 |
| 16a Legal fees (attach schedule) | | | | |
| b Accounting fees (attach schedule) | | | | |
| c Other professional fees (attach schedule) | 20 | 0 | 0 | 0 |
| 17 Interest | 0 | 0 | 0 | 0 |
| 18 Taxes (attach schedule) (see instructions) | | | | |
| 19 Depreciation (attach schedule) and depletion | | | | |
| 20 Occupancy | 0 | 0 | 0 | 0 |
| 21 Travel, conferences, and meetings | 0 | 0 | 0 | 0 |
| 22 Printing and publications | 0 | 0 | 0 | 0 |
| 23 Other expenses (attach schedule) | | | | |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 20 | 0 | | 0 |
| 25 Contributions, gifts, grants paid | 10,200 | | | 10,200 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 10,220 | 0 | | 10,200 |
| 27 Subtract line 26 from line 12: | | | | |
| a Excess of revenue over expenses and disbursements | (1,575) | | | |
| b Net investment income (if negative, enter -0-) | | 0 | | |
| c Adjusted net income (if negative, enter -0-) | | | 0 | |

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | | | |
|-----------------------------|--|---|----------------|-----------------------|---|
| | | Beginning of year | End of year | | |
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| Assets | 1 | Cash—non-interest-bearing | | 0 | 0 |
| | 2 | Savings and temporary cash investments | 2,767 | 1,192 | 0 |
| | 3 | Accounts receivable | 0 | | |
| | | Less: allowance for doubtful accounts | 0 | 0 | 0 |
| | 4 | Pledges receivable | 0 | | |
| | | Less: allowance for doubtful accounts | 0 | 0 | 0 |
| | 5 | Grants receivable | 0 | 0 | 0 |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 8 | Inventories for sale or use | 0 | | |
| | 9 | Prepaid expenses and deferred charges | 0 | | |
| | 10a | Investments—U.S. and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | c | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment: basis | 0 | | |
| | Less: accumulated depreciation (attach schedule) | 0 | | | |
| 12 | Investments—mortgage loans | | 0 | 0 | |
| 13 | Investments—other (attach schedule) | | | | |
| 14 | Land, buildings, and equipment: basis | 0 | | | |
| | accumulated depreciation (attach schedule) | 0 | | | |
| 15 | Other assets (describe) | | | | |
| 16 | Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 2,767 | 1,192 | 0 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 0 | |
| | 18 | Grants payable | | 0 | |
| | 19 | Deferred revenue | | 0 | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | 0 | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/> | | | | |
| | 24 | Net assets without donor restrictions | | | |
| | 25 | Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input checked="" type="checkbox"/> | | | | |
| | 26 | Capital stock, trust principal, or current funds | 0 | | |
| | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0 | | |
| | 28 | Retained earnings, accumulated income, endowment, or other funds | 2,767 | 1,192 | |
| 29 | Total net assets or fund balances (see instructions) | 2,767 | 1,192 | | |
| 30 | Total liabilities and net assets/fund balances (see instructions) | 2,767 | 1,192 | | |

| Part III Analysis of Changes in Net Assets or Fund Balances | | |
|---|--|-----------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 2,767 |
| 2 | Enter amount from Part I, line 27a | 2 (1,575) |
| 3 | Other increases not included in line 2 (itemize) | 3 |
| 4 | Add lines 1, 2, and 3 | 4 1,192 |
| 5 | Decreases not included in line 2 (itemize) | 5 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 | 6 1,192 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|---|--|---|
| 1a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 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 Losses (from col. (h)) |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | 2 | | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 } | | 3 | | 0 |

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

| | | | | |
|--|-----------|----------|----------|----------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter:(attach copy of letter if necessary—see instructions) | | 1 | | 0 |
| b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 2 | | |
| 3 Add lines 1 and 2 | | 3 | | 0 |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 4 | | 0 |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | 0 |
| 6 Credits/Payments: | | | | |
| a 2024 estimated tax payments and 2023 overpayment credited to 2024 | 6a | | 0 | |
| b Exempt foreign organizations—tax withheld at source | 6b | | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | 0 | |
| d Backup withholding erroneously withheld | 6d | | 0 | |
| 7 Total credits and payments. Add lines 6a through 6d. | 7 | | | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | | 0 |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | 0 |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | 0 |
| 11 Enter the amount of line 10 to be: Credited to 2025 estimated tax Refunded | 11 | | | 0 |

Part VI-A Statements Regarding Activities

| | | Yes | No |
|-----------|--|-------------------------------------|-------------------------------------|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1c | Did the foundation file Form 1120-POL for this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0</u> (2) On foundation managers. \$ <u>0</u> | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0</u> | | |
| 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4b | If "Yes," has it filed a tax return on Form 990-T for this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 XIV | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | |
| 8b | 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 <i>General Instruction G</i> ? If "No," attach explanation | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address https://www.crawfordboyle.com/about-us/foundation/ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | The books are in care of <u>Crawford and Boyle LLC</u> Telephone no. <u>(678) 680-5000</u> Located at <u>306 S HAMMOND DRIVE , Monroe , GA</u> ZIP+4 <u>30655</u> | | |
| 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 | | <input type="checkbox"/> |
| 16 | At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part VI-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.

| | 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (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)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | <input type="checkbox"/> | <input type="checkbox"/> |
| c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> | | |
| d 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 2024? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," list the years 20____, 20____, 20____, 20____ | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20____, 20____, 20____, 20____ | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," did it have excess business holdings in 2024 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 2024? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

5a During the year, did the foundation pay or incur any amount to:

| | Yes | No |
|--|--------------------------|-------------------------------------|
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) 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"/> | <input checked="" type="checkbox"/> |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (5) 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"/> | <input checked="" type="checkbox"/> |
| 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"/> | <input type="checkbox"/> |
| c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> | | |
| d 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

1 List all officers, directors, trustees, and 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 |
|--|---|---|---|--------------------------------------|
| David Boyle 306 S Hammond Drive ,Monroe ,GA 30655 | President 2 | 0 | 0 | 0 |
| Eric C Crawford 306 S Hammond Drive ,Monroe ,GA 30655 | Treasurer 2 | 0 | 0 | 0 |
| Lindsey Daniel 306 S Hammond Drive ,Monroe ,GA 30655 | Secretary 2 | 0 | 0 | 0 |

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

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

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

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

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

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

Part VIII-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 The Foundation sponsored the "Big Jump" by ESP (Extra Special People) out of Watkinsville, Oconee County, which was a fundraiser for their charitable activities. | 5,000 |
| 2 The Foundation sponsored the Horace J. Johnson, Jr. Beyond the Bar Scholarship program, which gives students the opportunity to get a college scholarship through a written essay. | 2,500 |
| 3 The Foundation sponsored the Piedmont Rape Crisis center as part of our holiday cash giveaways. | 500 |
| 4 The Foundation sponsored the Truth Chapel's drug/violence outreach program. | 500 |

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

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

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

| | | | |
|----------|---|-----------|----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 0 |
| c | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 0 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0 |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 0 |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 0 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 0 |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 0 |

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

| | | | |
|-----------|--|-----------|--|
| 1 | Minimum investment return from Part IX, line 6 | 1 | |
| 2a | Tax on investment income for 2024 from Part V, line 5 | 2a | |
| b | Income tax for 2024. (This does not include the tax from Part V) | 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 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | |

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

| | | | |
|----------|---|-----------|---------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 10,200 |
| b | Program-related investments—total from Part VIII-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: | | |
| a | 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 XII, line 4 | 4 | 10,200 |

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2023 | (c) 2023 | (d) 2024 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2024 from Part X, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2024: | | | | |
| a Enter amount for 2023 only | | | | |
| b Total for prior years: 20 ____, 20 ____, 20 ____ | | | | |
| 3 Excess distributions carryover, if any, to 2024: | | | | |
| a From 2019 | | | | |
| b From 2020 | | | | |
| c From 2021 | | | | |
| d From 2022 | | | | |
| e From 2023 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2024 from Part XI, line 4: \$ _____ | | | | |
| a Applied to 2023, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see instructions) | | | | |
| c Treated as distributions out of corpus (Election required—see instructions) | | | | |
| d Applied to 2024 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount—see instructions | | | | |
| e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount—see instructions | | | | |
| f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) | | | | |
| 8 Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2020 | | | | |
| b Excess from 2021 | | | | |
| c Excess from 2022 | | | | |
| d Excess from 2023 | | | | |
| e Excess from 2024 | | | | |

Part XIII Private Operating Foundations (see instructions and Part VI-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 2024, enter the date of the ruling 09/03/2019

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

| | Tax year | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2024 | (b) 2023 | (c) 2022 | (d) 2021 | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | 0 | 0 | 0 | 0 | 0 |
| b 85% (0.85) of line 2a | 0 | 0 | 0 | 0 | 0 |
| c Qualifying distributions from Part XI, line 4, for each year listed | 10,200 | 0 | 0 | 0 | 10,200 |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | 0 | 0 | 0 | 0 | 0 |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 10,200 | 0 | 0 | 0 | 10,200 |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test—enter: | | | | | |
| (1) Value of all assets | 0 | 0 | 0 | 0 | 0 |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | 0 | 0 | 0 | 0 | 0 |
| b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed | 0 | 0 | 0 | 0 | 0 |
| c "Support" alternative test—enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | 0 | 0 | 0 | 0 | 0 |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | 0 | 0 | 0 | 0 | 0 |
| (3) Largest amount of support from an exempt organization | 0 | 0 | 0 | 0 | 0 |
| (4) Gross investment income | 0 | 0 | 0 | 0 | 0 |

Part XIV 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 email address of the person to whom applications should be addressed:
-
- b** 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 XIV Supplementary Information *(continued)*

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

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

a Paid during the year

See Statements

| | | | | |
|-----------------------|--|--|--|--|
| See Statements | | | | |
|-----------------------|--|--|--|--|

| | | |
|------------------------|-----------|---------------|
| Total | 3a | 10,200 |
|------------------------|-----------|---------------|

b Approved for future payment

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| | | |
|------------------------|-----------|--|
| Total | 3b | |
|------------------------|-----------|--|

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2024

Name of the organization
Crawford and Boyle Foundation INC

Employer identification number
84-2420961

Organization type (check one):

- | Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c) () organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| | |
|--|---|
| Name of the organization Crawford and Boyle Foundation INC | Employer identification number 84-2420961 |
|--|---|

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 | (c) Type of contribution |
|------------|---|----------------------------|---|
| 1 | Crawford and Boyle LLC ----- 306 S Hammond Drive ----- Monroe, GA 30655 | \$ 8,640 | Person <input checked="" 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.) |
| | ----- ----- ----- | \$ | 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.) |
| | ----- ----- ----- | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Form 990PF Statements**2024**

| | |
|---|--|
| Name of the Organization Crawford and Boyle Foundation INC | Employer identification number 84-2420961 |
|---|--|

Statement name: **Other Professional Fees - Part I Line 16c**

| | |
|---|-------------------------------------|
| Explanation: | Charitable Organization Renewal Fee |
| Expenses per books: | \$20 |
| Net Investment Income: | \$0 |
| Adjusted Net Income: | \$0 |
| Disbursements for Charity Purpose: | \$0 |

| | |
|---|-------------------|
| Name of the Organization Crawford and Boyle Foundation INC | EIN 84-2420961 |
|---|-------------------|

Grants and Contributions Paid during the year - Part XIV Line 3a

| S. No. | Name | Address | Foundation status | Amount |
|--|------------------------------------|--|-------------------|--------|
| 1 | Piedmont Rape Crisis Center | 159 Towne Center Pkwy, Hoschton, GA 30548, | PC | 500 |
| Grant to assist individuals who come to the PRCC for counseling, testing, and/or assistance. | | | | |
| 2 | Truth Chapel | 3425 Loganville Hwy, Loganville, GA 30052, | PF | 500 |
| Contribution to domestic violence / drug support programs. | | | | |
| 3 | Horace J Johnson Jr Beyond the Bar | 303 S Hammond Drive, Monroe, GA 30655, | PF | 2,500 |
| Donation for college scholarship. | | | | |
| 4 | Brookwood Baseball Assn | 225 Bethesda Church Rd, Lawrenceville, GA 30044, | PF | 250 |
| Sponsorship for team to go to Little League World Series. | | | | |
| 5 | Loganville Police Department | 605 Tom Brewer Road, #100, Loganville, GA 30052, | GOV | 100 |
| Sponsorship of Donut Dash for Special Olympics | | | | |
| 6 | MAHS Volleyball | 300 Double Springs Church Rd, Monroe, GA 30656, | GOV | 350 |
| Sponsorship of school activity | | | | |
| 7 | ESP | 189 VFW Dr, Watkinsville, GA 30677, | PC | 5,000 |
| Sponsorship of Big Jump sponsorship drive | | | | |
| 8 | Camp Kesem at UGA | 102U Tate Student Center, Athens, GA 30602, | GOV | 500 |
| Sponsorship of summer camp for underprivileged | | | | |
| 9 | Babes for Boobs | 123 N Lumpkin St, Monroe, GA 30655, | PF | 100 |
| Fundraiser for Susan G Komen foundation | | | | |
| 10 | Atha Road Elementary | 821 HD Atha Rd, Monroe, GA 30655, | GOV | 150 |
| Sponsorship of competitive archery team | | | | |
| 11 | Team Up Mentoring | 601 S Madison Ave, Suite B, Monroe, GA 30655, | POF | 250 |
| Sponsorship of mentoring activities | | | | |