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Form 990-PF

Department of the Treasury

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

Internal Revenue Service For calendar year 2009, or tax year beginning . and ending Initial return of a former public charity Final return G Check all that apply Initial return Amended return Name change Address change A Employer identification number Name of foundation Use the IRS W.L. AMOS, SR. FOUNDATION, INC label. 58-2399470 Otherwise, C/O WILLIAM L. AMOS, JR., M.D. print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type. 904-491-0229 8152 RESIDENCE COURT See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. FERNANDINA BEACH, FL D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method X Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 11,551,422. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable purposes (cash basis only) (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 525,000.N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 376,727. 376,522 STATEMENT 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) <167,135. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 655,100. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain g Income modifications 10a Gross sales less returns and allowances D Less. Cost of goods sold c Gross profit or (loss) Other income 734,592. 376,522 Total: Add lines 1 through Compensation of officers, directors, 0. 13 14 Other employee-salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 0. STMT 2 9,036. 9,036. **b** Accounting fees c Other professional fees Ō. <26. <26.> Interest 17 16,343. 1,343. 0. STMT 3 18 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 11,903. 11,903. 0. STMT 4 23 Other expenses 24 Total operating and administrative 0. 37<u>,2</u>56. 22,256. expenses. Add lines 13 through 23 873,150. 873,150. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 873,150. 910,406 22,256 Add lines 24 and 25 27 Subtract line 26 from line 12 <175,814. 3 Excess of revenue over expenses and disbursements 354,266 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) Form **990-PF** (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions.

Par	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
Par	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	<2.		
2	Savings and temporary cash investments	<60,827.	289,212.	289,212.
3	Accounts receivable ►			
	Less allowance for doubtful accounts			
4	Pledges receivable ►		7777 7777 7777 7777 7777 7777 7777 7777 7777	
	Less allowance for doubtful accounts		1	•
5		-		
6				
	disqualified persons			
١,	Other notes and loans receivable	7		
'	Less allowance for doubtful accounts	Í	İ	
<u>u</u> 8				
ह्य ।	_ ,			
Ass	a Investments - U.S. and state government obligations			
"	amum E	69,609.	69,609.	300,625.
		294,120.	716,699.	709,198.
		234,120.	710,033.	700,100.
11	Investments - land, buildings, and equipment basis	İ	1	
	Less accumulated depreciation	-		
12	Investments - mortgage loans	14 150 245	12 201 014	10 252 200
13		14,150,245.	13,201,814.	10,252,390.
14	Land, buildings, and equipment basis		1	
	Less. accumulated depreciation			
15	Other assets (describe)			
16	Total assets (to be completed by all filers)	14,453,145.	14,277,331.	11,551,422.
17	Accounts payable and accrued expenses			
18	Grants payable			
<u>ي</u> 19	Deferred revenue			
Liabilities 51	Loans from officers, directors, trustees, and other disqualified persons			
<u>iq</u> 21	Mortgages and other notes payable			
ت ₂₂	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
8 2	Unrestricted			
Net Assets or Fund Balances				
E 21	Permanently restricted			
힏	Foundations that do not follow SFAS 117, check here			
2	and complete lines 27 through 31.			
Ö 2	-	0.	0.	
Sets	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	0.	0.	
ASS 5		14,453,145.	14,277,331.	
e t		14,453,145.	14,277,331.	
ž 30	I DIGI USI 922512 At JAHA DAIGINES	11/133/113.	11/2///0011	
ام	Total liabilities and not constalled belongs	14,453,145.	14,277,331.	
	Total liabilities and net assets/fund balances		14/2///5514	
Par	t III Analysis of Changes in Net Assets or Fund B	alances		
	of not exects or find halaness at harmone of uses. Dark II natures (a) line	20		
	al net assets or fund balances at beginning of year - Part II, column (a), line	30		14,453,145.
•	ust agree with end-of-year figure reported on prior year's return)	•	1	<175,814.>
	ter amount from Part I, line 27a		2	<u> </u>
	ner increases not included in line 2 (itemize)		3	
	d lines 1, 2, and 3	•	. 4	14,277,331.
	creases not included in line 2 (itemize)		5	14 277 221
6 To	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	14,277,331. Form 990-PF (2009)

Part IV Capital Gains and	Losses for Tax on Ir	vestment	Income					
	e kind(s) of property sold (e g ise, or common stock, 200 shs				v acquired urchase onation		acquired lay, yr)	(d) Date sold (mo , day, yr)
la								
	PATEMENT							
<u>c</u>								
d		<u> </u>						
<u>e</u>	(f) Depresenting allowed	(-) 0				(5) (
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis expense of sale				ain or (los: s (f) minus	
a	· · · · · · · · · · · · · · · · · · ·					(17,7)		
b								
С								
d								
e 655,100.			822,23	5.				<167,135
Complete only for assets showing gair	n in column (h) and owned by	the foundation	on 12/31/69				ol (h) gau	
(I) E MA V. no of 12/21/60	(j) Adjusted basis	, , ,	cess of col (I)		CO		not less tha (from col	
(i) F M V as of 12/31/69	as of 12/31/69	over	col (j), if any				(110111 001	(" <i>)</i>
a								
b	<u>.</u>							
C			 					
d								<167 105
e		l			1			<167,135.
•	∫ If gain, also enter			\				<167,135
Capital gain net income or (net capital l	oss) 🐧 If (loss), enter -0-	- in Part I, line	7	1 2	<u>: </u>			<u> </u>
Net short-term capital gain or (loss) as		nd (6)		٦				
If gain, also enter in Part I, line 8, colum If (loss), enter -0- in Part I, line 8	ın (c)			 	,		N/A	1
	r Section 4940(e) for	Reduced	Tax on Net	Inves	tment In	come		<u> </u>
For optional use by domestic private foun-								
		10 10(4) 142 011		,				
f section 4940(d)(2) applies, leave this pa	rt blank							
Was the foundation liable for the section 4	942 tax on the distributable am	nount of any ye	ear in the base per	riod?				Yes X No
f "Yes," the foundation does not qualify un	der section 4940(e). Do not co	mplete this pa	rt					·
Enter the appropriate amount in each of	olumn for each year, see instr	uctions before	making any entri	es				
(a) Base period years	(b)			(c)		.		(d) ibution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying dis		Net value of no				(col (b) di	vided by col (c))
2008		8,220.			36,440			.038078
2007	41	0,131.			06,41			.027149
2006		1,715. 2,375.			89,840 65,749			.019829
2005		0,000.			70,60			.063748
2004		0,000.			10,00	* •	Τ	.003/40
Total of los 1 column (d)						2		.188353
 Total of line 1, column (d) Average distribution ratio for the 5-year 	r hace period - divide the total i	on line 2 by 5	or by the number	of veare		-	 	.100333
the foundation has been in existence if		on line 2 by 3,	or by the number	or yours		3		.037671
the realization has been in existence in	loos than o your					<u> </u>		
Enter the net value of noncharitable-use	assets for 2009 from Part X.	line 5				4	1	11,410,780
	,							
Multiply line 4 by line 3						5		429,855
• • • • • • • • • • • • • • • • • • • •	• •							
Enter 1% of net investment income (19	6 of Part I, line 27b)					6		3,543.
·	•							
Add lines 5 and 6						7		433,398.
								-
Enter qualifying distributions from Part	XII, line 4					_8_	<u></u>	<u>873,150</u> .
If line 8 is equal to or greater than line 7 See the Part VI instructions	7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1% I	ax rate			

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

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?
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.
8a Enter the states to which the foundation reports or with which it is registered (see instructions)

t	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	
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	STMT

10 | X | Form **990-PF** (2009)

X

X

X

X

7

8b

W.L. AMOS, SR. FOUNDATION, INC Form 990-PF (2009) C/O WILLIAM L. AMOS, JR., M.D. 58-2399470 Page 5 Part VII-A Statements Regarding Activities (continued) 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 Х Did the foundation acquire a direct or indirect interest in any applicable insurance contract before X August 17, 2008? 12 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A Telephone no ▶904-491-0229 14 The books are in care of ▶ WILLIAM L. AMOS, JR., M.D. ZIP+4 ▶32034 Located at ▶8152 RESIDENCE COURT, FERNANDINA BEACH, Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A ▶ 15 and enter the amount of tax-exempt interest received or accrued during the year Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly) Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X 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 Yes X No 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 Yes X No termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х 1c before the first day of the tax year beginning in 2009? 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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2009? If "Yes," list the years ▶ 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 N/A 2b statement - see instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b if "Yes," did it have excess business holdings in 2009 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,

X

Х

3b

4a

Δh

N/A

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 990-PF (2009) C/O WILLIAM L. AMOS, JR.			<u>58-23994</u> 7	70 Page 6	
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	······	
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	L Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		L Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		X Ye	s No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		Ye	s X No		
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)?					
Organizations relying on a current notice regarding disaster assistance check here					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined			
expenditure responsibility for the grant?	E STATEMENT 9	X Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		6	b X	
If "Yes" to 6b, file Form 8870.			[***		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		
b If yes, did the foundation receive any proceeds or have any net income attributa			N/A 7	'b	
Information About Officers Discotors Truck		nagers, Highly	/		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.		(t.th -		
A NAVana and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances	
WILLIAM L. AMOS, JR., M.D.	PRESIDENT, SEC	RETARY, T	REAS		
8152 RESIDENCE COURT				_	
FERNANDINA BEACH, FL 32034	0.00	0.	0.	0.	
WIBBIID: 21 12100/ 211	V. PRES, ASSI	. SECRETA	RY		
8152 RESIDENCE COURT		'	_	_	
FERNANDINA BEACH, FL 32034	0.00	0.	0.	0.	
ASHLEY COPELAN	V. PRES, ASSI	. SECRETA	RY		
8152 RESIDENCE COURT			_	_	
FERNANDINA BEACH, FL 32034	0.00	0.	0.	0.	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(.) 5	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other	
	devoted to position	(0, 00)	compensation	allowances	
NONE					
		<u> </u>			
		1			
		 			
			<u> </u>	0	
Total number of other employees paid over \$50,000			5	<u> </u>	
			Form S	990-PF (2009)	

3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		
		į
	_	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part [X-A] Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc	Expenses
1N/A		
2		
3		
1		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
ı N/A		
2		
All other program-related investments. See instructions		
3		
Tatal Add Isaa 1 thysists 2		0.
Total, Add lines 1 through 3		Farm 000 DE (2000)

P.	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndation	s, 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	745,235.
	Average of monthly cash balances	1b	745,235. 586,923.
	Fair market value of all other assets	10	10,252,390.
đ	Total (add lines 1a, b, and c)	1d	11,584,548.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) SEE STATEMENT 10 1e 1,139,154.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	11,584,548.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	173,768.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,410,780.
6	Minimum investment return. Enter 5% of line 5	6	570,539.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certaii	n
1	Minimum investment return from Part X, line 6	1	570,539.
2a	Tax on investment income for 2009 from Part VI, line 5 2a 3,543.		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b	1 1	
C	Add lines 2a and 2b	2c	3,543.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,543. 566,996.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	566,996.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	566,996.
\equiv	art XII Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		873 150
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1 <u>a</u>	873,150.
	Program-related investments - total from Part IX-B	1b 2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	-	
3	Amounts set aside for specific charitable projects that satisfy the	20	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	873,150.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0/3/130.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	3 543
c	Income Enter 1% of Part I, line 27b	6	3,543. 869,607.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	quaiities	ioi tus section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
line 7				566,996.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			859,204.	,
b Total for prior years				, , , , , , , , , , , , , , , , , , , ,
3 Excess distributions carryover, if any, to 2009	';;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	0.		······································
a From 2004				
b From 2005				
¢ From 2006				
d From 2007				
e From 2008				
	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶\$ 873, 150.				
			859,204.	
a Applied to 2008, but not more than line 2a	(1		037,204.	······································
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<i>,</i> , , , , , , , , , , , , , , , , , ,		***************************************
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<u> </u>	 		13,946.
d Applied to 2009 distributable amount	0.			13,540.
e Remaining amount distributed out of corpus	0.	THE THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON O		0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				553,050.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009			l	5 000 DE (000)

Part XIV Private Operating F	oundations (see ins	tructions and Part VI	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2009, enter the date of the	he ruling	▶ <u></u>		
b Check box to indicate whether the found	ation is a private operating	g foundation described	n section	4942(J)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	-				
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			<u> </u>	-	
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets			<u> </u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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)					
(2) Support from general public				1	
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					-
(4) Gross investment income				1 105 000	<u> </u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t		nstructions.)		_ -	
1 Information Regarding Foundatio				. 4	6 4
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	e toundation before the cid	ise of any tax
NONE	1010 (11411 \$0,000) (000 00	33			
b List any managers of the foundation wh	o own 10% or more of the	a stack of a corporation	/or an equally large ports	on of the ownership of a n	artnership or
other entity) of which the foundation has			(or all equally large port	on or the ownership or a p	artifership of
NONE	•				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship, etc., P	rograms:		
Check here ► X if the foundation o				not accept unsolicited regi	uests for funds If
the foundation makes gifts, grants, etc					
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed		
	•				
b The form in which applications should b	e submitted and informat	ion and materials they s	hould include		-
c Any submission deadlines					-
d Any restrictions or limitations on awards	e cuch as hy geographics	il argae, charitable fielde	kinds of institutions or	other factors	
u Any restrictions of limitations of awards	s, such as by geographica	n arcas, chantable nelus	, หลานจ บา สารแบบบบาร, ปา	טנוופו ומטנטוס.	

923611 02-02-10

C/O WILLIAM L. AMOS, JR., M.D.

58-2399470 Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of recipient show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year SEE STATEMENT 11 873,150. **▶** 3a Total **b** Approved for future payment NONE **▶** 3b Total

Form 990-PF (2009)

Analysis of Income-Producing Activities

Enter gross	amounts unless otherwise indicated		d business income		d by section 512, 513, or 514	(e)
1 Drogram	n service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
-		Code		1 -		<u> </u>
		-		+		
				 		
_				- - -		
		 				
, —						
· —	and contracts from government agencies					
-	rship dues and assessments	-				
	on savings and temporary cash	-		 		·· -
investm		1 1				
	ds and interest from securities			14	376,727.	
	at income or (loss) from real estate					
	-financed property	<u> </u>		-		
	debt-financed property					
	al income or (loss) from personal	 				
property						
	vestment income				_	
	(loss) from sales of assets other			 +		
than inv		1 1		18	<167,135.	•
	me or (loss) from special events			- - 		
	rofit or (loss) from sales of inventory			-		
Other re						
						
			· · · · · · · · · · · · · · · · · · ·			
. —						
- —			-			
_	Add columns (b), (d), and (e)		().	209,592.	
	dd line 12, columns (b), (d), and (e)					209,59
	heet in line 13 instructions to verify calculations)					
Part X		to the Acco	mplishment of	Exempt	Purposes	
ine No.	Explain below how each activity for which inco	me is reported i	n column (e) of Part XV	'I-A contribut	ted importantly to the accom	plishment of
	the foundation's exempt purposes (other than				ANTEAMTONE	
	ORGANIZATION CONTRIBUT	ES MONE	Y TO VARIOU	TO OKG	ANIZATIONS.	
	TAX EXEMPT INCOME EXCL	ODED ON.	DER IRC SEC	JIION_	103	
						
		 _				
			· 			
	·					
						·····-
						
						
	<u> </u>	 				
					·	

Form 990-PF (2009) C/O WILLIAM L. AMOS, JR., M.D. 58-2399470 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) X (2) Other assets 1a(2) **b** 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) (5) Loans or loan guarantees 16(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 10 d 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 (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (c) Description of relationship (b) Type of organization (a) Name of organization N/A ending accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, Under penalties of penjury, I declay

Preparer's identifying number

(404) 575-8900

P00358477

56-0747981

Signature of officer or trustee

ATLANTA,

Preparer's

signature

if self-employed), address, and ZIP code LLC

GA 30303

PEACHTREE STREET, NE, SUITE 600

on all information of which preparer has any knowledge

Date

10/18/10

PRESIDENT

Check if self-employed

EIN -

Phone no

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

2009

	L. AMOS, SR. FOUNDATION, INC	EQ 2200470
	O WILLIAM L. AMOS, JR., M.D.	58-2399470
Organization type (check or	ney:	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Charle if your arganization is	s covered by the General Rule or a Special Rule.	
· -	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule		
X For an organization contributor. Compl	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo lete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region (1)(A)(vi), and received from any one contributor, during the year, a contribution of the gi) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or children or animals. Complete Parts I, II, and III.	
contributions for use If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not aggived, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because it e, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000. ly religious, charitable, etc.,
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Page 1 of 1 of Part i

Name of organization

W.L. AMOS, SR. FOUNDATION, INC C/O WILLIAM L. AMOS, JR., M.D.

Employer identification number

58-2399470

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM L. AMOS CHARITABLE LEAD ANNUITY TRUST 8152 RESIDENCE COURT FERNANDINA BEACH, FL 32034		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Oncash Occash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

2009

		O WILLIAM L. AMOS, JR., M.D.	58-2399470				
Organiza	ition type (check o						
Filers of:		Section:					
Form 990 or 990-EZ		501(c)() (enter number) organization	·				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990)-PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo lete Parts I and II.	oney or property) from any one				
Special F	Rules						
	509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region (1)(A)(vi), and received from any one contributor, during the year, a contribution of the contribution of the solon (1), Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	aggregate contribi	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or cruelty to children or animals. Complete Parts I, II, and III.	_				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.							
Caution	An organization ti	hat is not covered by the General Rule and/or the Special Rules does not file Schedule R	l (Form 990, 990-F7, or 990-PF).				

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B	(Form 990)	990-F7	or ggn_PF	ומחחמו
	1. 0 000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.000.	, vec-0-5,

age 1

1 of 1 of Part I

Name of organization
W.L. AMOS, SR. FOUNDATION, INC
C/O WILLIAM L. AMOS, JR., M.D.

Employer Identification number 58–2399470

Part I Contributors (see instructions)

,,	CONTINUE (356 matrocalons)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM L. AMOS CHARITABLE LEAD ANNUITY TRUST 8152 RESIDENCE COURT FERNANDINA BEACH, FL 32034	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (mo , day, yr) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse, or common stock, 200 shs. MLC Co (mo , day, yr) 1a GOLDMAN SACHS 11/18/0801/14/09 b GOLDMAN SACHS 11/18/0801/05/09 c GOLDMAN SACHS 11/18/0805/26/09 d ALLSTATE LIFE 11/18/0805/29/09 e MIDFIRST BANK 11/18/0806/26/09 f BELLSOUTH CORP 08/22/0609/15/09 FROM PASS-THROUGH VARIOUS VARIOUS h k m n 0 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 0. 20,000 20,000. 100. 50,100. 50,000. b 170,000. 170,000. 0. С 140,000. 141,499. ,499.> d 175,000. 0. 175,000. е 97,621. 100,000. 2,379. 168,115. <168,115.> g h m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (k) Excess of col (I) (j) Adjusted basis (i) FMV as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any 0. а 100. b 0. C <1,499.> d 0. е 2,379 <168,115. q h k 1 m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } <167,135.> 2 2 Capital gain net income or (net capital loss) 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) N/A If (loss), enter "-0-" in Part I, line 8

FORM 990-PF DI	VIDENDS AN	D INTER	EST F	ROM SEC	URITIES	STATEMENT	
SOURCE		GROSS	AMOU		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
DIVIDEND FROM PASS-THRU DIVIDEND INCOME INTEREST FROM PASS-THRU INTEREST INCOME TAX-EXEMPT INCOME		;	341,3 7,4 9,2 18,5	81. 16.	0. 0. 0. 0.	341,315 7,481 9,216 18,510 205	
TOTAL TO FM 990-PF, PAR	r I, LN 4		376,7	27.	0.	376,727	
FORM 990-PF	А	CCOUNTI	NG FE	ES		STATEMENT	
DESCRIPTION		(A) PENSES BOOKS	NET	(B) INVEST- INCOME			
ACCOUNTING FEES	.	9,036.		9,036	•	0	
TO FORM 990-PF, PG 1, L	N 16B	9,036.		9,036	•	0	
FORM 990-PF		TAX	ES			STATEMENT	
DESCRIPTION		(A) PENSES BOOKS		(B) INVEST- INCOME			
FEDERAL TAX		15,000.		0	•	0	
REAL ESTATE TAXES FROM FLOW THROUGH		1,343.		1,343	•	0	

0.,903.	(C) ADJUSTED NET INCOM	PURPOSES 0. 0.
,903.		0.
,903.		
		·
		STATEMENT 5
вос	OK VALUE	FAIR MARKET VALUE
	69,609.	300,625.
	69,609.	300,625.
		STATEMENT 6
ВО	OK VALUE	FAIR MARKET VALUE
	0. 55,000. 0. 22,883. 154,067. 129,350. 146,197. 157,297. 51,905.	0. 54,560. 0. 22,483. 153,051. 128,103. 144,841. 154,985. 51,175.
		69,609. 69,609. 0. 55,000. 0. 22,883. 154,067. 129,350. 146,197. 157,297.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	C
MILTON INVESTMENTS, LP MIDFIRST BANK GOLDMAN SACHS	FMV FMV FMV	13,201,814.	10,252,39	0.
TOTAL TO FORM 990-PF, PART II	, LINE 13	13,201,814.	10,252,39	90.
	SUBSTANTIAL CONTRIB ART VII-A, LINE 10	UTORS	STATEMENT	8
NAME OF CONTRIBUTOR	ADDRESS			
WILLIAM L. AMOS CHARITABLE LE ANNUITY TRUST		E COURT ACH, FL 32034		

. W.L. AMOS, SR. FOUNDATION, INC C/O WILLI

58-2399470

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT

GRANTEE'S NAME

AMOS-CHEVES FOUNDATION, INC.

GRANTEE'S ADDRESS

P.O. BOX 1199

COLUMBUS, GA 31902

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

22,090.

08/01/06

22,090.

PURPOSE OF GRANT

TO PROVIDE SCHOLARSHIPS FOR EDUCATION

DATES OF REPORTS BY GRANTEE

11/12/07; 05/06/08; 10/30/09, 4/26/10

ANY DIVERSION BY GRANTEE

N/A

GRANTEE'S NAME

AMOS-CHEVES FOUNDATION, INC.

GRANTEE'S ADDRESS

P.O. BOX 1199 COLUMBUS, GA 31902

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

24,929. 08/10/07

24,929.

PURPOSE OF GRANT

EDUCATION SCHOLARSHIPS

DATES OF REPORTS BY GRANTEE

05/06/08; 10/30/09, 4/26/10

ANY DIVERSION BY GRANTEE

N/A

FORM 990-PF

REDUCTION EXPLANATION PART X, LINE 1E

STATEMENT 10

EXPLANATION FOR REDUCTION CLAIMED FOR BLOCKAGE OR OTHER FACTORS

FROM JANUARY 1, 2009 THROUGH DECEMBER 31, 2009, THE W.L. AMOS SR. FOUNDATION, INC. OWNED A 18.49 PERCENT LIMITED PARTNERSHIP INTEREST IN MILTON INVESTMENTS, LP.

THE AVERAGE MONTHLY FAIR MARKET VALUE OF 18.49 PERCENT OF THE PARTNERSHIP'S UNDERLYING ASSETS FROM JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 IS \$11,391,544.

THE UNDERLYING ASSETS ARE COMPRISED MOSTLY OF SECURITIES. THE PARTNERSHIP INTEREST WAS APPRAISED AT A DISCOUNT OF 32.8 PERCENT. HOWEVER, THE FOUNDATION LIMITED THE DISCOUNT TO 10 PERCENT, OR \$1,139,155.

FORM 990-PF

11

STATEMENT

PAID DURING THE YEAR					
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT		
AFLAC CANCER CENTER 1687 TULIE CIRCLE NE ATLANTA, GA 30329	N/A MEDICAL PURPOSES	509(A)(1)	22,950.		
BRIARCLIFF UNITED METHODIST CHURCH 4105 BRIARCLIFF ROAD, NE ATLANTA, GA 30345	N/A RELIGIOUS & HUMANITARIAN PURPOSES	509(A)(1)	5,000.		
ALZHEIMERS ASSOCIATION OF GEORGIA 1925 CENTURY BLVD NE STE 10 ATLANTA, GA 30345	N/A MEDICAL RESEARCH	509(A)(2)	10,500.		
AMERICAN CANCER SOCIETY P.O. BOX 22718 OKLAHOMA CITY, OK 73123	N/A MEDICAL PURPOSES	509(A)(1)	1,000.		
FRATERNAL ORDER OF POLICE P.O. BOX 8404 COLUMBUS, GA 31908	N/A COMMUNITY SUPPORT	509(A)(2)	200.		
FURMAN UNIVERSITY 3300 POINSETT HWY GREENVILLE, SC 29613	N/A EDUCATIONAL PURPOSES	509(A)(1)	10,000.		
BOY SCOUTS OF AMERICA - CHATTAHOOCHEE COUNCIL 5480 SCHATULGA RD COLUMBUS, GA 31907	N/A HUMANITARIAN PURPOSES	509(A)(2)	50,000.		
BOYS & GIRLS CLUB OF NASSAU 942259 OLD NASSAUVILLE RD FERNADINA BEACH, FL 32034	N/A HUMANITARIAN PURPOSES	509(A)(2)	25,000.		

GRANTS AND CONTRIBUTIONS

. W.L. AMOS, SR. FOUNDATION, INC	C/O WILLI		58-2399470
BROOKSTONE SCHOOL 440 BRADLEY PARK DRIVE COLUMBUS, GA 31904	N/A EDUCATIONAL PURPOSES (CAPITAL FUND)	509(A)(1)	5,000.
CAT ANGELS P.O. BOX 16072 FERNADINA BEACH, FL 32035	N/A ANIMAL CARE & SHELTER	509(A)(2)	5,000.
GEORGIA MUSIC HALL OF FAME PO BOX 870 MACON, GA 31202	N/A EDUCATIONAL PURPOSES	509(A)(1)	1,000.
COLUMBUS REGIONAL MEDICAL FOUNDATION P.O. BOX 790 COLUMBUS, GA 31902	N/A MEDICAL PURPOSES	509(A)(1)	500.
GEORGIA CENTER FOR CHILDREN 1485 B. WOODLAND AVE ATLANTA, GA 30316	N/A EDUCATIONAL PURPOSES	509(A)(1)	5,000.
EMORY UNIVERSITY 201 DOWMAN DR ATLANTA, GA 30322	N/A EDUCATIONAL PURPOSES	509(A)(1)	25,000.
HIGHLAND COMMUNITY CHILD	N/A CHILD SPONSORSHIP	509(A)(1)	5,000.
FOCUS ON TRUTH P.O. BOX COLUMBUS, GA 31906	N/A HUMANITARIAN PURPOSES	509(A)(2)	4,000.
JBJ SOUL FOUNDATION 1635 MARKET STREET PHILADELPHIA , PA 19103	N/A EDUCATIONAL PURPOSES	509(A)(2)	10,000.
JOEL OSTEEN MINISTRIES PO BOX 4600 HOUSTON, TX 77210	N/A EDUCATIONAL PURPOSES	509(A)(2)	5,000.

. W.L. AMOS, SR. FOUNDATION, INC	C/O WILLI		58-2399470
JOY THE CHILDREN P.O. BOX 6404 FERNADINA BEACH, FL 32035	N/A HUMANITARIAN PURPOSES	509(A)(2)	1,000.
MACON MUSEUM OF ARTS AND SCIENCES 4182 FORSYTH RD MACON, GA 31210	N/A EDUCATIONAL PURPOSES	509(A)(2)	5,000.
MACON RESCUE MISSION 774 HAZEL STREET MACON, GA 31202	N/A HUMANITARIAN PURPOSES	509(A)(2)	25,000.
LEUKEMIA & LYMPHOMA SOC PO BOX 4072 PITTSFIELD, MA 01202	N/A MEDICAL & HUMANITARIAN PURPOSES	509(A)(2)	1,000.
MICAH'S PLACE P.O. BOX 16287 FERNANDINA BEACH, FL 32035	N/A DOMESTIC VIOLENCE PREVENTION AND VICTIM SUPPORT	509(A)(2)	20,000.
THE MARCUS INSTITUTE 1920 BRIARCLIFF RD ATLANTA, GA 30329	N/A MEDICAL & HUMANITARIAN PURPOSES	509(A)(2)	10,000.
MAYO FOUNDATION FOR MED ED & RESEARCH 200 FIRST STREET SW ROCHESTER, MN 55905	N/A MEDICAL & HUMANITARIAN PURPOSES	509(A)(2)	75,000.
RESCUING ANIMALS IN NASSAU COUNTY P.O. BOX 587 CALLAHAN, FL 32011	N/A HUMANITARIAN PURPOSES	509(A)(2)	25,000.
RONALD MCDONALD HOUSE OF CENT. GA 1959 HAMILTON ROAD COLUMBUS, GA 31904	N/A HUMANITARIAN PURPOSES	509(A)(2)	10,000.
SHERWOOD BAPTIST CHURCH 2201 WHISPERING PINES ROAD ALBANY, GA 31707	N/A RELIGIOUS & HUMANITARIAN PURPOSES	509(A)(1)	50,000.

. W.L. AMOS, SR. FOUNDATION, INC	C/O WILLI		58-2399470
TAKE STOCK IN CHILDREN 8600 NW 36TH STREET, SUITE 500 MIAMI, FL 33166	N/A HUMANITARIAN PURPOSES	509(A)(2)	2,000.
ST. LUKE UNITED METHODIST CHURCH 1104 SECOND AVENUE COLUMBUS, GA 31901		509(A)(1)	135,000.
STRATFORD ACADEMY 6010 PEAKE ROAD MACON, GA 31220	N/A EDUCATIONAL PURPOSES (CAPITAL FUND)	509(A)(1)	125,500.
THE ALLIANCE DEFENSE FUND 15100 N 90TH STREET SCOTTSDALE, AZ 85260	N/A HUMANITARIAN PURPOSES	509(A)(2)	10,000.
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE WASHINGTON, DC 20002	N/A HUMANITARIAN, POLITICAL AND ECONOMIC RESEARCH PURPOS	509(A)(2)	110,000.
THE BIG HOUSE FOUNDATION INC P.O. BOX 4291 MACON, GA 312084291	N/A HUMANITARIAN PURPOSES	509(A)(2)	10,000.
UNION CHAPEL BAPTIST CHURCH	N/A RELIGIOUS & HUMANITARIAN PURPOSES	509(A)(1)	1,000.
UNITED WAY CENTRAL GEORGIA 277 MLK, JR. BLVD. W. SUITE 301 MACON, GA 31201	N/A HUMANITARIAN PURPOSES	509(A)(2)	20,000.
VINEVILLE UNITED METHODIST CHURCH 2045 VINEVILLE AVE MACON, GA 31204	N/A RELIGIOUS & HUMANITARIAN PURPOSES	509(A)(1)	25,000.
YOUNG LIFE P.O. BOX 4782 MACON, GA 312084782	N/A HUMANITARIAN PURPOSES	509(A)(2)	1,000.

. W.L. AMOS, SR. FOUNDATION, INC	C/O WILLI		58-2399470
ALZHEIMERS ASSOCIATION OF MUSCOGEE CO 1925 CENTURY BLVD NE STE 10 ATLANTA, GA 303452031	N/A		500.
AWAKENING FOUNDATION P.O. BOX 19177 ATLANTA, GA 30263	N/A EDUCATIONAL PURPOSES	509(A)(2)	10,000.
JUNIOR LEAGUE OF MACON	N/A		5,000.
MERCER UNIVERSITY 1400 COLEMAN AVE MACON, GA 31207	N/A EDUCATIONAL PURPOSES	509(A)(1)	5,000.
THE SMILE TRAIN 4245 5TH AVE STE 2201 NEW YORK, NY 10016	N/A MEDICAL & HUMANITARIAN PURPOSES	509(A)(2)	1,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		873,150.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		. ▶ 🗓
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do no	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously for	led Fo	rm 8868.
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete	
Part I			. ▶□
All oth to file	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax returns.	ı exten	sion of time
noted (not a you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or composite or composite the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files goviefile and click on e-file for Chanties & Nonprofits	ically if	(1) you want the additional ated Form 990-T. Instead
Туре	or Name of Exempt Organization	Emp	loyer identification number
print	W.L. AMOS, SR. FOUNDATION, INC		
File by 1	C/O WILLIAM L. AMOS, JR., M.D.	5	8-2399470
due dat	e for Number, street, and room or suite no. If a P.O. box, see instructions. □ 8152 RESTDENCE COIR®		
retum S instruct	See The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
Chec	< type of return to be filed (file a separate application for each return).		
	Form 990 Form 990-T (corporation) Form 4	720	
=	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52		
	Form 990-EZ Form 990-T (trust other than above) Form 60		
_	Form 990-PF Form 1041-A Form 88		
	WILLIAM L. AMOS, JR., M.D.		
• Th	e books are in the care of \blacktriangleright 8152 RESIDENCE COURT - FERNANDINA BEACH	, F	L 32034
Tel	ephone No. ► 904-891-3098 FAX No ►	· · · · · · · · · · · · · · · · · · ·	
	ne organization does not have an office or place of business in the United States, check this box		▶ □
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th		
box 🕽	. If it is for part of the group, check this box . and attach a list with the names and EINs of all	memb	ers the extension will cover
1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a		The extension
	is for the organization's return for:		
	► X calendar year 2009 or		
	tax year beginning, and ending		_
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$ 3,544.
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	_	01 024
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 21,831.
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		_ ^
	See instructions.	3c	\$ 0.
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-1	EO for payment instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8	868 (Rev. 4-2009)			Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	x .		. > X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	3868	
• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies n	eeded)	
Туре	Name of Exempt Organization	Empl	oyer ider	ntification number
print	W.L. AMOS, SR. FOUNDATION, INC	İ		
•	C/O WILLIAM L. AMOS, JR., M.D.	5	<u>8-239</u>	9470
File by t extende	Number, street, and room or suite no. If a PO box, see instructions.	For IF	RS use on	ly
due date	0132 RESIDENCE COURT			
return S	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
Checl	c type of return to be filed (File a separate application for each return):			
	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Fo	rm 5227	Form 8870
	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Fo	rm 6069	
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	slv file	d Form 8	 868.
		.,		
	WILLIAM L. AMOS, JR., M.D.	_	- 200	. 2.4
	e books are in the care of 8152 RESIDENCE COURT - FERNANDINA BEACH	, F	<u> 120</u>	34
	ephone No. ► 904-491-0229 FAX No. ►			\square
	ne organization does not have an office or place of business in the United States, check this box			
_	nis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
box		memb	ers the ex	tension is for.
	I request an additional 3-month extension of time until NOVEMBER 15, 2010.			
	For calendar year 2009, or other tax year beginning, and ending,		01	
_	If this tax year is for less than 12 months, check reason.	ш.	Change ir	accounting period
	State in detail why you need the extension	ORC	CADY	MO BILE A
		CES	DAKI	TO FILE A
	COMPLETE AND ACCURATE RETURN.	T		
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		\$	3,544.
	nonrefundable credits. See instructions.	8a	<u> </u>	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		*	21,831.
	previously with Form 8868.	8b	\$	21,031.
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		\$	0.
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Signature and Verification	8c	D	
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	e best o	f my know	ledge and belief,
it is tru	e, correct, and complete, and that I am authorized to prepare this form.			
	ure ▶ Title ▶ PRESIDENT			