

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

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

2009

OMB No 1545-0052

	Internal Revenue Service (77) Note The foundation may be able to use a copy of this return to satisfy state reporting requirements													
Fo	r cale	endar y	year 2009,	or tax year begi	nning		, and	dending						
G	Che	ck all ti	nat apply	☐ Initial i	return 🔲	Initial return of a	form	er public char	ity	☐ Fina	ret	turn		
				Amen	ded return [Address chan	ge	☐ Nar	ne	change				
U	se th	e IRS	Name of fou	indation					A Employer Identification number					
	lab			CITY GROUP FO	UNDATION IN	o.				59-22	763	367		
C	then	wise,		street (or P O box nu	_		ss)	Room/suite	В	Telephone number (see			tions)	
	pri		1	TH MONROE STE			•						•	
6.	or ty	•		, state, and ZIP code	(Cas 1	<u>-</u>			С	If exemption application i	s ne	nding check here		
	•	ecific	TALLAHA			FL	3	2301		Foreign organizations,		•		
				ation X Section						2. Foreign organizations				
Ë	Sec	tion 49	147(a)(1) n	onexempt charital	ole trust	ther taxable privi	ate fo	undation		check here and attach	com	putation	▶ 🔲	
干				all assets at end				Accrual	Ε	If private foundation statu			~ \Box	
•			m Part II, o	col (c)	J Accounting n Other (sp	ecify)		_	F	under section 507(b)(1)(/ If the foundation is in a 6				
		16) >		2 332 278	(Part I, column (o) must be on cash	basis)	Ι.	under section 507(b)(1)(l			▶ 🔲	
Pa	rt i	Analy	vsis of Re	venue and Expe					_	T	\neg	(d) Disbursem	nents	
			=	(b), (c), and (d) may no		(a) Revenue and expenses per	1	(b) Net investm	ent	(c) Adjusted net		for charitable		
				nn (a) (see page 11 of		books	-	income		ıncome		purposes (cash basis only)		
_	1	Contrib	nutions offer	grants, etc , received (a	ettach schedule)	342,5	59				ヿ	,		
	2			oundation is not require			-	-						
	3			is and temporary ca		1	25		12	25	\neg			
	4		•	erest from securities	ľ	47,9	06	47	,90	06	\neg			
	5 a	a Gross	rents							0				
4	1	Net re	ntal income	or (loss)	0									
Ĭ	6 8	a Netga	ain or (loss)	from sale of assets	not on line 10	-71,9	71							
Ve.	ı	Gross:	sales price for	r all assets on line 6a	449,060						\Box			
Revenue	7	Capita	al gain net ir	ncome (from Part IV	, line 2)					0	\Box			
	8	Net sh	nort-term ca	pital gain							의	,		
	9	Incom	e modificati	ons							\dashv			
	10 a	Gross	sales less reti	urns and allowances	0						\dashv			
			Cost of goo		0		_				\dashv			
				ss) (attach schedule	·) .		0		_		0			
	11			ach schedule)			61	4.0		.0	0			
_	40			1 through 11		319,5		48	3,03	311	씍			
Expenses	13 14	Comp	ensation of	officere directors to	EDS, etc		-			 	\dashv			
Su	15	Other	cilibioyee s	nployee benefits	1 1		\dashv				\dashv			
ĝ	16		fees (attact	- { · ·			0			0	0			
	۱.۰.	h Accou	inting fees	attach schedule)	2010	•	ŏ	·		0	<u></u>		0	
<u>×</u>		C Other	professiona	fees (attach sched			0			0	ō		0	
rat	17	Intere	st	OGDEN	i'iT						\neg			
ist	18	Taxes	(attach schedu	ا کا کا طا و) (see page 14 of the			0			0	0		0	
Ë	19	Depre	ciation (atta	ach schedule) and d	epletion		0			0	0			
듇	20	Occup	pancy								_			
٧	21	Trave	I, conferenc	es, and meetings			_							
and	22	Printir	ng and publi	cations			-				_			
Operating and Administrativ	23		, ,	attach schedule)		1,3	55			0	읙		1,356	
itin	24		-	and administrative	expenses.						إ		1 250	
era	2-		nes 13 thro	•			555			0	<u> </u>	30	1 <u>,356</u> 02,988	
Ö	25 26			ts, grants paid	lman 24 n 2 25	302,9					긧			
_				d disbursements Add	imes 24 and 25	304,3	43			0	의	30	04,344	
	27		act line 26 f	-	la buma == == ==	15,2	77							
	•			over expenses and d income (if negative,		13,4	~+	45	3,0	31	\dashv			
	. '	!!			J. 101 - 0-7				-, -,					

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. (HTA)

c Adjusted net income (if negative, enter -0-)

Form 990-PF (2009)





Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End (n year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	209	366	366
	2	Savings and temporary cash investments .	195,221	279,801	279,801
	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 .			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)	o	0	0
	7				
	′	Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts	0	0	0
Assets	8	Inventories for sale or use	4		0
SS	_				
⋖	9	Prepaid expenses and deferred charges	125,194	25,150	25,820
	_	Investments—U.S. and state government obligations (attach schedule)	1,481,422	1,613,051	
		n Investments—corporate stock (attach schedule)	403,774	378,425	
		: Investments—corporate bonds (attach schedule)	403,174	370,423	399,003
	11	Investments—land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	0	0	0
	42		U U		U
	12	investments—mortgage loans .	ō	0	0
	13	Investments—other (attach schedule)	Ų.		0
	14	Land, buildings, and equipment basis			^
	4-	Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe See Attached Statement)	51	U	0
	16	Total assets (to be completed by all filers—see the	2 205 274	2 200 702	0.000.070
_	47	instructions Also, see page 1, item I)	2,205,871	2,296,793	2,332,278
	17	Accounts payable and accrued expenses		75,685	
S	18	Grants payable			
Liabilities	19	Deferred revenue .	o	0	
ā	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
:==	21	Mortgages and other notes payable (attach schedule)		0	
	22 23	Other liabilities (describe Total liabilities (add lines 17 through 22) .	0	75,685	
	23				
		Foundations that follow SFAS 117, check here			
ĕ		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted	2,205,871	2,221,108	
ğ	25	Temporanly restricted			
9	26	Permanently restricted	-		
Ĕ		Foundations that do not follow SFAS 117, check here			
Fun		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	ļ		
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund		_	
SS	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see page 17 of the			
let	ا	instructions) .	2,205,871	2,221,108	
Z	31	Total liabilities and net assets/fund balances (see page 17		-	
	7077	of the instructions)	2,205,871	2,296,793	<u>, </u>
	it III	Analysis of Changes in Net Assets or Fund Balances	00 (100 101 101 101 101 101 101 101 101	I	
1		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		0.005.074
^		f-year figure reported on prior year's return)	•	1	2,205,871
		amount from Part I, line 27a		2	15,237
		increases not included in line 2 (itemize)		3	2 224 400
		nes 1, 2, and 3		4	2,221,108
		rases not included in line 2 (itemize)		5	0
<u> </u>	rotal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30	6	2,221,108

(a) List and describe the	nd Losses for Tax on Invented the kind(s) of property sold (e.g., real esuse, or common stock, 200 shs. MLC C	tate,	(b) How acquired P—Purchase D—Donation	(c)	Date acquired mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Attached Statement			D—Donation			
b						
С						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale			or (loss)) minus (g)
<u>a</u> 0				0		0
<u>b</u> <u>C</u>				0		0
c 0					· · · · · · · · · · · · · · · · · · ·	0
e C			*-	0		0
	wing gain in column (h) and owner	d by the found:		1	(I) Gains (Col	(h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i)		col (k), but not	less than -0-) or om col (h))
a C	0	0		0		0
_ b				0		0
<u>c</u> <u>C</u>				0		0
<u>d</u> 0				0		0
<u>e</u> 0	L	also enter in F		0		0
2 Capital gain net income or	(net capital loss) { If (loss),	enter -0- ın F	art I, line 7	2		-71,971
	or (loss) as defined in section line 8, column (c) (see pages					
instructions) If (loss), ente			J	3		-17,972
Part V Qualification Un	der Section 4940(e) for Re	educed Tax	on Net Investr	<u>nent li</u>	ncome	
If section 4940(d)(2) applies, If Was the foundation liable for the further the foundation does of the foundation does not be foundation as for the foundation does not be foundation d	he section 4942 tax on the dis	e) Do not co	mplete this part			Yes X No
(a)	- I- 1	, ou., oue pag				(d)
Base period years	(b) Adjusted qualifying distribution	ns Netvalı	(c) e of noncharitable-use	assets		ribution ratio
Calendar year (or tax year beginning	(n)	4.954			(col (b) c	0 164234
2008 2007		3,989		22,156 41,506		0 153180
2006		7,927	· · · · · · · · · · · · · · · · · · ·	84,583		0 152513
2005		4,081		05,048		0 169648
2004		8,613		63,401		0 188336
2 Total of line 1, column (d)		:			2	0 827911
	or the 5-year base period—div nundation has been in existenc			ру	3	0 165582
4 Enter the net value of non-	charitable-use assets for 2009	from Part X,	line 5 .		4	1,834,691
5 Multiply line 4 by line 3					5	303,792
6 Enter 1% of net investmen	it income (1% of Part I, line 27	b)			6	480
7 Add lines 5 and 6					7	304,272
Enter qualifying distributio If line 8 is equal to or grea the Part VI instructions on	ter than line 7, check the box i	n Part VI, line	1b, and complet	e that p	8 part using a 1%	304,344 6 tax rate See

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pa	ge 1	8 of the	inst	uctio	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					ĺ
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					}
b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
here ▶ X and enter 1% of Part I, line 27b						}
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%		-			
_	of Part I, line 12, col (b)				ار	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	_2_			480	—
3	Add lines 1 and 2	3			480	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<u>4</u> 5			480	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-5			400	
6	Credits/Payments 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 4.317					Ì
	2000 Southful Carlo Carl					
	- Exempt foreign organizations					
	Tax paid with application to extension of time to the (1 or 1 or 2 or 2)					
7	Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d	7	l		,317	
8	Enter any penalty for underpayment of estimated tax. Check here	8			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	· · · · ·		ō	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	_	3	,837	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ► 3,837 Refunded ►	11	· -		0	
	rt VII-A Statements Regarding Activities		·		Ť	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
•	participate or intervene in any political campaign?			1a		Х
t	o Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the					
	instructions for definition)?			1b		Х
	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					
(Did the foundation file Form 1120-POL for this year?			1c		X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$					·
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	AL/A	_X_
_	o If "Yes," has it filed a tax return on Form 990-T for this year?			4b 5	N/A	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			├		-
_	If "Yes," attach the statement required by General Instruction T			ļ		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or			ĺ		1
	By state legislation that effectively amends the governing instrument so that no mandatory directions			ĺ		
	that conflict with the state law remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	nd Pa	art XV	7	X	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
•	instructions) ► FL					
ı	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney				l .	
•	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
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 on page 27	')?				
	If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing					
	their names and addresses			10	<u> </u>	X
			_	00		(2000)

the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009).

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

by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)

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 2009?

3b N/A

4a

4h

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a Dung the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	
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))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(3)(1), (2), or (3), or section 4940(4)(2)? See page 22 of the instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b if any answer is "Yes" to 5a(1)—(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here of 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) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (d) Contributions to employee benefit plans and deferred compensa	
(3) Provide a grant to an individual for travel, study, or other similar purposes? (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)? (see page 22 of the instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (8) 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here (a) 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) (a) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 (b) If the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes to 6b, file Form 8870 (a) At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Yes X No (b) If yes, did the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Title, and average hours per week develote position (g) Compensation (d) Contributions to employee benefit plans and deferred compensation	
(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)? (see page 22 of the instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions) at a stack the state ment required by Regulations section 53 4945–5(d) Feat the state ment required by Regulations section 53 4945–5(d) The foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 The state of the statement required by Regulations section 53 4945–5(d) The foundation, during the year, receive any premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 The foundation receive any proceeds or have any net income attributable to the transaction? The part VIII Information About Officers, Directors, Trustees, Foundation Managers	
educational purposes, or for the prevention of cruelty to children or animals? Yes X No	
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here 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) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position 40-) (d) Contributions to employee benefit plans and deferred compensation William G Smith (a) Name and address (b) Title, and average hours per week devoted to position 40-) (d) Contributions to employee benefit plans and deferred compensation (see page 22 of the instructions). Robert H. Smith President	1 !
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 from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position year week devoted to position year week devoted to position Poly in the paid, enter of the instructions of the allowance of the allowance of the allowance of the allowance of the smith President 217 N Monroe St Tallahassee FL 32301 1 00 0 Robert H Smith 217 N Monroe St Tallahassee FL 32301 1 00 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes X No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter other allowance) William G Smith Chairman 217 N Monroe St Tallahassee FL 32301 1 00 0 0 0 0 0 0 0 0 0 0 0 0	į
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter employee benefit plans and deferred compensation) William G Smith Chairman 217 N Monroe St Tallahassee FL 32301 President 217 N Monroe St Tallahassee FL 32301 D O O O O O O O O O O O O O O O	X
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter employee benefit plans and deferred compensation William G Smith Chairman 217 N Monroe St Tallahassee FL 32301 President 217 N Monroe St Tallahassee FL 32301 Directors, Trustees, Foundation Managers, Highly Paid Employees, (c) Compensation (see page 22 of the instructions). (a) Expense accompliance of the instructions to employee benefit plans and deferred compensation of the allowance of the instructions to employee benefit plans and deferred compensation of the allowance of the instructions to employee benefit plans and deferred compensation of the allowance of the instructions to employee benefit plans and deferred compensation of the allowance of the instructions to employee benefit plans and deferred compensation of the allowance of the instructions to employee benefit plans and deferred compensation of the allowance of the instructions to employee benefit plans and deferred compensation of the allowance of the instructions to employee benefit plans and deferred compensation of the allowance of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to the instructions to the instructions and instructions and instructions and instructions to the instructions and instructions and instructions and instructions and instr	
and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (C) Compensation (If not paid, enter -0-) (If not pai	
1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Trile, and average hours per week devoted to position (c) Compensation (if not paid, enter -0-) (if not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense according to their allowance of their allowance of the instructions). (e) Expense according to the instructions of the instruction of the instructi	
(a) Name and address (b) Title, and average hours per week devoted to position William G Smith 217 N Monroe St Tallahassee FL 32301 President 217 N Monroe St Tallahassee FL 32301 Chairman President 1 00 Chairman 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
217 N Monroe St Tallahassee FL 32301 1 00 0 0 Robert H Smith President 0 0 217 N Monroe St Tallahassee FL 32301 1 00 0 0	
Robert H Smith President 217 N Monroe St Tallahassee FL 32301 1 00 0 0	0
	0
Flecia Braswell Secretary 217 N Monroe St Tallahassee FL 32301 1 00 0 0	0
Ray A Johnson Treasurer	
217 N Monroe St Tallahassee FL 32301 1 00 0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the 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	
None	
Total number of other employees paid over \$50,000	

form 990-PF (2009) CAPITAL CITY GROUP FOL			59-22/6367 Page /
Part VIII Information About Officers and Contractors (continued,		s, Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for	r professional services (s	see page 23 of the instructions). If none, en	ter "NONE."
(a) Name and address of each person paid mor		(b) Type of service	(c) Compensation
NONE			
NONE			
	+		
			1
<u> </u>			ļ. <u>.</u>
			1
			<u> </u>
			1
	_		

Total number of others receiving over \$50,000 for	or professional convess	· · · · · · · · · · · · · · · · · · ·	
Total number of others receiving over \$50,000 to	n professional services	•	
Part IX-A Summary of Direct Charita	ble Activities		
		·	- T
List the foundation's four largest direct charitable activities du			Expenses
the number of organizations and other beneficiaries served, or	onferences convened, research	ch papers produced, etc	
1 N/A			1
			Ì
2			
2			
			+
3			
4			
Part IX-B Summary of Program-Related	Investments (see na	ge 24 of the instructions)	
Describe the two largest program-related investments made by			Amount
	y the loandation during the tax	, your on most and z	Amount
1 <u>N/A</u>			
2			
All other program-related investments See page 24 of the ins	tructions		
3			1
·			
Total Addison 4 theres 1 C			
Total. Add lines 1 through 3			(
			Form 990-PF (2009

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Parl	XIII Undistributed Incon	ne (see page 26 of the	ne instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from	om Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7					91,255
2	Undistributed income, if any, as	of the end of 2009				
а	Enter amount for 2008 only	_			0	
b	Total for prior years 20,	20, 20		0		
3	Excess distributions carryover, i	f any, to 2009				
а	From 2004	287,757				
b	From 2005	267,078				
С	From 2006	220,921				
d	From 2007	253,850				
e	From 2008	254,797				
f	Total of lines 3a through e		1,284,403			
4	Qualifying distributions for 2009	from Part	1,000			
•		304,344				
2	Applied to 2008, but not more th				0	
	Applied to undistributed income	l l				
	(Election required—see page 26	· · ·		0		
^	Treated as distributions out of c	·				
C			ol			
انہ	required—see page 26 of the in	´ [91,255
	Applied to 2009 distributable an	F	242.000			91,233
_ e	•	· ·	213,089			
5	Excess distributions carryover a	''	0	····		0
	(If an amount appears in column					
	same amount must be shown in	'''				
6	Enter the net total of each col	umn as				
	indicated below:		4 407 400			
	Corpus Add lines 3f, 4c, and 4e		1,497,492			
b	Prior years' undistributed incom	e Subtract		_		
	line 4b from line 2b			0		
C	Enter the amount of prior years'	undistributed				
	income for which a notice of def	ficiency has				
	been issued, or on which the se	ection 4942(a)				
	tax has been previously assess	ed .				
d	Subtract line 6c from line 6b Ta	xable				
	amount-see page 27 of the ins	structions		0		
е	Undistributed income for 2008					
	4a from line 2a Taxable amoun	t—see page 27 of the				
	instructions				0	
f	Undistributed income for 2009	Subtract				
	lines 4d and 5 from line 1. This					
	be distributed in 2010					0
7	Amounts treated as distributions	s out of				
•	corpus to satisfy requirements i				ĺ	
	section 170(b)(1)(F) or 4942(g)(· · · · · ·				
	the instructions)	(o) (see page 1) of				
8	Excess distributions carryover f	rom 2004				. "
٠					j	
	not applied on line 5 or line 7 (s	ee page 27 of the	287,757			
9	instructions) Excess distributions carryove	nr to 2010	201,131			
9	•		1 200 725			
40	Subtract lines 7 and 8 from line	oa l	1,209,735			
10	Analysis of line 9	007.070				
	Excess from 2005	267,078				
t	Excess from 2006	220,921				
C	Excess from 2007	253,850				
C	Excess from 2008	254,797				
E	Excess from 2009	213,089	·			

	1 990-PF (2009) CAPITAL CITY GROUP FOR		instructions ar	nd Part VII-A, qu	59-2276 estion 9)	367 Page 10
	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2009, entitle	ation letter that it is a	private operating	•	,	
b	Check box to indicate whether the foundation is a	private operating four	idation described in	section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		4-3 - 4-1
	income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed .	0	0			0
b	85% of line 2a .	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed	0	0			0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	0			0
С	"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
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Cor	mplete this part	only if the four	ndation had \$5,	000 or more in	
	assets at any time during the ye					
	Information Regarding Foundation Manag List any managers of the foundation who have con before the close of any tax year (but only if they ha List any managers of the foundation who own 10%	ntributed more than 29 ave contributed more	than \$5,000) (See	section 507(d)(2))		
_	ownership of a partnership or other entity) of which				or the	
2	Information Regarding Contribution, Gran Check here if the foundation only makes unsolicited requests for funds if the foundation may under other conditions, complete items 2a, b, c, and	contributions to presentes gifts, grants, etc	elected charitable o	organizations and do		ons
а	The name, address, and telephone number of the	person to whom appl	ications should be	addressed		-
Car	Pital City Bank Group Foundation P. O. Box 11	248 Tallahassee F	L 32302 850-402	-8521		
b	The form in which applications should be submitte	d and information and	I materials they sho	ould include		
<u>M</u> aı	1 3 copies of the application and 501(c)(3) exe	mption				
	Any submission deadlines					
Anr	il 1st and October 1st					
	Any restrictions or limitations on awards, such as t factors	by geographical areas	s, chantable fields,	kinds of institutions,	or other	
See	attached application					

59-2276367

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	If recipient is an individual,	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year 2-1-1 Big Bend, Inc				1,000
ABC Women's Clinic				1,000
Alachua Habitat for Humanity				2
American Cancer Society				160
American Cancer Society - Chiefland				90
American Cancer Society - Chipley				86
American Cancer Society - Monticello				70
American Cancer Society Florida Division			Ì	100
American Cancer Society Gulf County				66
American Heart Association - Macon				196
American Heart Association-Heartwalk 2009				2,500
American Red Cross				2,20
America's Second Harvest of the Big Bend				250
AMVETS Post 88				1,000
Another Way, Inc				1,000
Arch Foundation for the Univ of Georgia				12
Total See Attached Statement			. ▶ 3a	302,98
b Approved for future payment				332,00
			į	
]		
Total		1	▶ 3b	

Enter a	ross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	(⊖)	
	gram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a	·		0		0	_0
b _			0		0	_0
с _			0		0	0
d _			0		_ 0	0
e			0		0	0
f _			0		0	0
gι	Fees and contracts from government agencies					
2 Men	nbership dues and assessments	<u> </u>		,,		
3 Inte	rest on savings and temporary cash investments			14	125	
4 Divi	dends and interest from securities			14	47,906	
5 Net	rental income or (loss) from real estate.					
a I	Debt-financed property					
b i	Not debt-financed property					
6 Net	rental income or (loss) from personal property					
7 Oth	er investment income					
8 Gaii	or (loss) from sales of assets other than inventory			18	-71,971	
9 Net	income or (loss) from special events					
10 Gro	ss profit or (loss) from sales of inventory .					
11 Oth	er revenue a VOIDED CHECKS		0		0	-
b _			_0	 	0	
C _		-	. 0		0	
d _			0		0	
е_			0		0	
	total Add columns (b), (d), and (e)		0	<u> </u>	-23,940	
(See wo	al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions on page 28 to verify calc		·		13	-22,979
Part X	VI-B Relationship of Activities to the Ac					
Line N∈	 Explain below how each activity for which incom the accomplishment of the foundation's exempt page 28 of the instructions) 					
11A	VOIDED CONTRIBUTION CHECK THAT WA	S NEVER REISS	UED FROM 20	08		
			-			
				.=		
						
						
					· · · · · · · · · · · · · · · · · · ·	
	-					
						
			_			
					_	·
	 					
			_			
						
						

Form	n 9 90-P F	(2009) CAPITAL C	ITY GROUP F	OUNDATION, INC	o			;	59-2276367	Pag	e 13
Pa	rt XVII	Information Reg	arding Tran	sfers To and Tra	ansactions a	nd Rel	ationships Wi	th No	ncharitable		
		Exempt Organiz									
1	ın sect	e organization directly ion 501(c) of the Code zations?								Yes	No
а	Transf	ers from the reporting	foundation to	a noncharitable ex	cempt organiza	tion of					
-	(1) Ca								. 1a(1)		X
	(2) Ot	her assets			•				1a(2)		Х
þ		transactions									
	` '	les of assets to a non		. •					1b(1)	-	X
		irchases of assets from			ization		•		1b(2)	 	X
	•	ental of facilities, equip eimbursement arrange		asseis					1b(3) 1b(4)	<u> </u>	X
		ans or loan guarantee							1b(5)	 	X
		erformance of services		ip or fundraising s	olicitations				1b(6)		X
С		g of facilities, equipme				es			. 1c		X
d 	value o	answer to any of the a of the goods, other as in any transaction or s	sets, or servic	es given by the rep	porting foundat	ion If th	e foundation rec	eived le	ess than fair m	arket	d
(a)	Line no	(b) Amount involved	+	of noncharitable exempt	organization	(d) Des	scription of transfers,	transactio	ons, and sharing ar	rangen	nents
			+			1					
									_		
		C	+	······································							
		C									
_											
			 								
_		C	1	·-							
_		0							-		
_			1	· · · · · · · · · · · · · · · · · · ·			·				
_									•		
		C									
		C									
		(<u>) </u>			<u> </u>					
	descri	foundation directly or in bed in section 501(c) (s," complete the follow	of the Code (o					ions	Yes X] No	
		(a) Name of organization		(b) Туре	of organization		(c) Des	cription o	f relationship		
											
		· · · · · · · · · · · · · · · · · · ·									
_										-	
	•	er penalties of perjury, I decl if, it is true, correct, and com		· ·	taxpayer or fiduciar		d on all information of		reparer has any kn	_	
š	Sig	nature of officer or trustee			I_0		Titl		urer .		
Ĭ					Date	_	I	P	reparer's identifyin		
Sign Here	Paid Preparer's Use Only	Preparer's signature KRI	STIN LEE		6/13/201	10	Check if self-employed ▶	n	umber (see Signat age 30 of the instru	ure on	
	_ § §	Firm's name (or yours if	KRISTIN	 LEE				EIN I	<u> </u>		
		self-employed), address and ZIP code		Court SW, Vero Be	each, FL 32968				no (772) 226-	-5809	

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

2009

Maine Of the Organization		Employer identification fightber						
CAPITAL CITY GROUP F	OUNDATION, INC_	59-2276367						
Organization type (check	Organization type (check one)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
instructions	c)(7), (8), or (10) organization can check boxes for both the Gener	ral Rule and a Special Rule See						
General Rule								
	n filing Form 990, 990-EZ, or 990-PF that received, during the year one contributor. Complete Parts I and II	ır, \$5,000 or more (ın money or						
Special Rules								
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % and 170(b)(1)(A)(vi), and received from any one contributor, during 12% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990.	ig the year, a contribution of the greater						
the year, aggregat	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, aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of 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.								
during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)								

	(Form 990, 990-EZ, or 990-PF) (2009)	Page 1 of 1 of Part I				
	organization	Employer identification number				
Part I	CITY GROUP FOUNDATION, INC Contributors (see instructions)		59-2276367			
		T	-1			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
1	CAPITAL CITY BANK	:	Person			
	P O BOX 900 TALLAHASSEE FL 32302 Foreign State or Province Foreign Country	\$ 342,559	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			
2		\$0	_			
	Foreign State or Province Foreign Country		(Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
3			Person Payroll			
	Foreign State or Province	\$0	(Complete Part II if there is a noncash contribution)			
(a) No.	Foreign Country (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
4	Foreign State or Province Foreign Country	\$	Person Payroll Occupation (Complete Part II if there is a noncash contribution)			
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
5	Foreign State or Province	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a)	Foreign Country (b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution			
6		\$0	·			
	Foreign State or Province		(Complete Part II if there is a noncash contribution)			

Foreign State or Province

Foreign Country

Amount

1,000

CAPITAL CITY GROUP FOUNDATION, INC 59-2276367 Page 1 of 28 Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name Business Person Area Agency on Aging for North Florida Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 200 Name Ark of Hope for Children Person Business Street City State Zip code Foreign Country Foundation Status Relationship Purpose of grant/contribution Amount 1,000 Name **Big Bend Habitat for Humanity** Person Business Street City State Zıp code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 5,500 Name Big Bend Hospice Golf Tournament Person Business Street Foreign Country City State |Zip code Foundation Status Relationship Purpose of grant/contribution Amount 10,000 Big Bend Hospice of Wakulla Person Business Street City Foreign Country State Zip code Relationship Foundation Status Purpose of grant/contribution Amount 90 Name Big Brothers & Big Sisters of the Big Ben Person Business Street City Foreign Country State Zıp code Relationship Foundation Status

59-2276367 Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Person_ Business Boy Scouts of America, Central GA Council Street Zıp code Foreign Country City State Relationship Foundation Status Purpose of grant/contribution Amount 2,087 Name Boys and Girls Club of Cairo/Grady County Person Business Street City State Zip code Foreign Country Foundation Status Relationship Purpose of grant/contribution Amount 1,500 Name Business **Bradford County Education Foundation** Person Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 2,500 Name Capital City Rowing, Inc. Person Business Street Foreign Country City State Zip code Relationship Foundation Status Purpose of grant/contribution Amount 1,000 Person Business Center for New Beginnings Street City State Foreign Country Zip code Relationship Foundation Status Purpose of grant/contribution Amount 1,180 Name Person Business Center for Racial Understanding Street City Foreign Country State Zip code Relationship Foundation Status Purpose of grant/contribution Amount 500

CAPITAL CITY GROUP FOUNDATION, INC 59-2276367 Page 3 of 28 Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name Person Business Chambers Cnty Council for Neglected & Dep Street Foreign Country City State Zip code Relationship Foundation Status Purpose of grant/contribution Amount 1,500 Name Person Business Character and Heritage Institute Street City State Zıp code Foreign Country Foundation Status Relationship Purpose of grant/contribution Amount 500 Name Person Business Child Advocacy Center, Inc. Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 7,000 Name Childhood Development Service, Inc. Person Business Street Foreign Country City State |Zip code Foundation Status Relationship Purpose of grant/contribution Amount 500 Business Children Are Our Future Person Street State Foreign Country City Zip code Relationship Foundation Status Purpose of grant/contribution Amount 2,500 Name Children's Home Society Business Person Street City Foreign Country State Zıp code Relationship Foundation Status Purpose of grant/contribution Amount

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name Person Business Christian Service Center Street City State Foreign Country Zıp code Foundation Status Relationship Purpose of grant/contribution Amount 60 Name Church of Jesus Christ Latter Day Saints Person Business Street City State Foreign Country Zip code Foundation Status Relationship Purpose of grant/contribution Amount 250 Name Citizens for Humane Animal Treatment Person Business Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 250 Person Business Citrus County Education Foundation Street Foreign Country City State Zip code Relationship Foundation Status Purpose of grant/contribution Amount 120 Name Citrus County Education Foundation Person Business Street Foreign Country City State Zıp code Relationship Foundation Status Amount Purpose of grant/contribution 750 Name Citrus Hearing Impaired Program Services Person Business Street City Foreign Country State Zıp code Relationship Foundation Status Purpose of grant/contribution Amount 400

Amount

174

State Zip code

Foundation Status

Business

Amount

4,450

Person

Foreign Country

Dublin Laurens Art Council

Purpose of grant/contribution

Street

Relationship

City

CAPITAL CITY GROUP FOU) Grants and C			ige 9 of
Continuation of Part XV Recipient(s) paid during the year	, Line sa (990-PP) - Grants and C	onunbutions	Paid During th	e rear
Recipient(s) paid during the year					
Name					
FSU Foundation Street			Person	Business	
Sileet				_	
City		State Zip code	Foreign (Country	
Relationship	Foundation Statu				
Relationship	T oundation otate				
Purpose of grant/contribution				Amount	
					1,500
Name					
Gadsden Arts, Inc			Person	Business	
Street					
City		State Zip code	Foreign (Country	
	· · · · · · · · · · · · · · · · · · ·				
Relationship	Foundation Statu	IS			
Purpose of grant/contribution				Amount	
					2,500
Nama					
Name Gainesville Fisher House Foundation	tion		Person	Business	
Street			, ,, ,, ,,	, , ,	
O.L.		Ctata 7:n anda		Carratar	
City		State Zip code	Foreign (Sountry	
Relationship	Foundation Statu	ıs	•		
Discourage of a control of the state of the				IA-may-rat	
Purpose of grant/contribution				Amount	2,500
	₩	·		· · · · ·	
Name				Duanasa	
Gator Boosters Street		- -	Person	Business	
City		State Zip code	Foreign (Country	
Relationship	Foundation Statu			·	
<u> </u>	T Garrage Total				
Purpose of grant/contribution				Amount	24.050
					21,050
Name					
Gator Exchange Club			Person	Business	
Street					
City		State Zip code	Foreign	Country	
5	<u> </u>				-
Relationship	Foundation Statu	IS			
Purpose of grant/contribution	<u> </u>			Amount	
		_ 			1,000
Name					
Gilchrist Education Foundation			Person	Business	
Street		<u>-</u>	· —		
City		State Zip code	Foreign	Country	
					
Relationship	Foundation Statu	ıs			
Purpose of grant/contribution				Amount	
					3,700

CAPITAL CITY GROUP FOUNDATION, INC. 59-2276367 Page 10 of 28 Continuation of Part XV. Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name Person Business Goodwood Museum and Gardens, Inc. Street City State Zıp code Foreign Country Foundation Status Relationship Purpose of grant/contribution Amount 2,000 **Grady County Habitat for Humanity** Business Street State City Zıp code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 725 Name Grady County Help Agency Business Person Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 210 Name Gulf County Association for Retarded Citi Business Person Street City Foreign Country State Zip code Relationship Foundation Status Purpose of grant/contribution Amount 500 Gulf County Community Development Corp Person Business Street City State Zıp code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 500 Name Gulf Specimen Marine Lab Person Business Street City Foreign Country State Zip code Relationship Foundation Status Purpose of grant/contribution Amount

Continuation of Part XV	<u>, Line 3a (99</u> 0-PF) -	<u>Gran</u>	ts and Co	<u>ntrib</u>	<u>utions</u> F	Paid	During the	<u>Year</u>
Recipient(s) paid during the yea	r		-					
Name Habitat for Humanity of Citrus Cou	nty	·			Person		Business	
Street				_			<u> </u>	
City		State	Zıp code		Foreign C	ountr	у	
Relationship	Foundation Status	1	<i></i>					
Purpose of grant/contribution	l				_	_	Amount	700
Name Habitat for Humanity of Hernando	County				Person		Business	
Street			<u>-</u>				· 	
City		State	Zıp code		Foreign C	ountr	у	
Relationship	Foundation Status				<u> </u>			
Purpose of grant/contribution							Amount	500
Name Haven Hospice					Person		Business	
Street		•						
City		State	Zıp code		Foreign C	ountr	у	
Relationship	Foundation Status				<u>i</u>			
Purpose of grant/contribution							Amount	400
							<u> </u>	166
Name Helping Hands of Dublin & Lauren	s County				Person		Business	
Street				•				-
City		State	Zıp code		Foreign C	ountr	у	
Relationship	Foundation Status							
Purpose of grant/contribution		-			<u> </u>	· · · · ·	Amount	
					-			1,000
Name <u>Humane Society of Citrus County,</u> Street	FL				Person		Business	
City		State	Zıp code		Foreign C	Countr	у	
Relationship	Foundation Status	<u> </u>			. 1			
Purpose of grant/contribution							Amount	200
Name					70		Пр.,,,,,,,,,,,,,	
John Gilmore Riley Center Street				L_	Person		Business	

State Zip code

Foundation Status

Foreign Country

Amount

3,000

City

Relationship

Foundation Status

Amount

760

Relationship

CAPITAL CITY GROUP FOUNDATION, INC. 59-2276367 Page 13 of 28 Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name Person Business Laura Jepsen Institute Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 750 Name Business Laurens Baptist Association Person Street City State Zıp code Foreign Country Foundation Status Relationship Purpose of grant/contribution Amount 2,500 Name Legal Services of North Florida Person Business Street City State Zıp code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 3,000 Name Leon County 4-H Person Business Street Foreign Country City State Zip code Foundation Status Relationship Purpose of grant/contribution Amount 1,000 Levy County Schools Foundation Person Business Street Foreign Country City State Zip code Relationship Foundation Status Purpose of grant/contribution Amount 6,000 Name Life Lifter Program Business Person Street City Foreign Country State Zıp code Relationship Foundation Status Purpose of grant/contribution Amount

State

Foundation Status

Zip code

Foreign Country

Amount

1,000

City

Relationship

CAPITAL CITY GROUP FOR Continuation of Part		Gran	te and Co	ntrih)- <u>227(</u> Daid		ge 16 of
Recipient(s) paid during the		- Gran	is and Co	MILLID	ulions i	aiu	During th	e rear
Name					-	_	_	
Off BROADSTREET Center for Street	r Dance Arts				Person	_l_	Business	
		State						
City			Zıp code		Foreign C	ountr	צי	
Relationship	Foundation Status							
Purpose of grant/contribution	1				_		Amount	725
Name							•	
Pasco-Hernando Community C	College Foundati				Person		Business	
Street								
City		State	Zıp code		Foreign C	ountr	у	
Relationship	Foundation Status	ı	1		<u> </u>	_	· · · · · ·	
Purpose of grant/contribution							Amount	
								1,000
Name					_	_	_	
People Helping People Street			***		Person		Business	
City		State	Zıp code		Foreign C	ountr	y	
Relationship	Foundation Status		•					
Purpose of grant/contribution	<u>L</u> .		-				Amount	
							1	500
Name				_	7_		- -	
Promise of Hope, Inc Street					Person		Business	
City			Zıp code		Foreign Country			
Relationship	Foundation Status	-1 -			·		•	
Purpose of grant/contribution		_					Amount	
							<u> </u>	50
Name					_			
Putnam County District School	Board				Person_		Business	
Street								
City		State	Zıp code		Foreign C	ountr	y	Ţ
Relationship	Foundation Status		. ! .		<u>. </u>			
Purpose of grant/contribution		-			······		Amount	1,500
Name								
Name Raising a Healthy Child/Treats	for Teens			Γ	Person_	Г	Business	
Street								
City	<u> </u>	State	Zıp code		Foreign C	ountr	ту	
Relationship	Foundation Status		<u> </u>		<u> </u>			

Amount

100

Amount

1,000

State Zip code

Foundation Status

Foreign Country

Amount

1,400

City

Relationship

CAPITAL CITY GROUP FOUN						-2276		Page 22 of 28
Continuation of Part XV, Recipient(s) paid during the year	<u> Line 3a (990-PF) -</u>	Gran	ts and Co	<u>ntrib</u>	utions F	Paid	During	the Year
Recipient(s) paid during the year								
Name The Path of Citrus County					Person		Business	
Street				<u> </u>	1. 5.55		1500555	
City		State	Zıp code		Foreign C	ountr	y	
Relationship	Foundation Status		1					
Purpose of grant/contribution							Amount	1,500
Name					,		,	1,000
The Pilot Club of Tallahassee Street					Person		Business	
	<u></u>	T 6	I= .		le o			
City		State	Zıp code		Foreign C	ountr	y 	
Relationship	Foundation Status							
Purpose of grant/contribution							Amount	1,000
	·						ı	1,000
Name The Quincy Music Theatre					Person		Business	
Street	,			•			•	
City		State	Zıp code		Foreign C	ountr	у	
Relationship	Foundation Status		•		•			
Purpose of grant/contribution							Amount	2,500
Name								•
The Tallahassee Ballet					Person		Business	
Street					_			
City		State	Zıp code		Foreign C	ountr	у	
Relationship	Foundation Status							
Purpose of grant/contribution			<u> </u>				Amount	
							<u> </u>	500
Name Thomas Hawasah					J p	_	7p	
Thomas University Street					Person	!	Business	
City	 	State	Zıp code		Foreign C	ountr	y	
Relationship	Foundation Status				<u> </u>	-		
Purpose of grant/contribution							Amount	
								125
Name Thomas University					Person		Business	
Street								
City		State	Zip code	· · · · ·	Foreign C	ountr	у	
Relationship	Foundation Status		·					
Purpose of grant/contribution		···-					Amount	
							<u> </u>	1,000

Continuation of Part XV		- Gran	ts and Co	ntrib		9-22/6 Paid		ege 23 of
Recipient(s) paid during the year		- Oran	its and ot	711ti 16	utions	raiu	During th	C I Cal
3								
Name				_	Person		lp	
TMH Foundation Street					rerson		Business	
							_	
City		State	Z _t p code		Foreign (Country	у	
Relationship	Foundation Status	<u></u>	1		<u> </u>	 -		
Relationship	Touridation Status	•						
Purpose of grant/contribution							Amount	
							<u> </u>	250
Name								
TMH Foundation					Person		Business	
Street								
City		State	Zıp code		Foreign (Countr	<u> </u>	
ONY		Otate	Lip oodc		l oreign (Journa	,	
Relationship	Foundation Status	3			•			
Durnoso of grant/pont-but-a							Amount	
Purpose of grant/contribution							Amount	10,500
		•						
Name				r	٦_	_	1_	
Toys for Tots Street					Person		Business	
Street								
City		State	Zip code		Foreign (Country	y	
					l		·	
Relationship	Foundation Status	3						
Purpose of grant/contribution	<u> </u>						Amount	
pood or granded and a								1,000
Name UGAAA/Hartman Fund					Person		Business	
Street					Įi 613011		1Du3ii1C33	
					_			
City		State	Zıp code		Foreign (Country	y	
Relationship	Foundation Status	 `	<u> </u>		<u> </u>			
	T Garriage To State							
Purpose of grant/contribution	 .						Amount	
· · · · ·							<u> </u>	10,000
Name								
Union County Pop Warner Associa	ation				Person		Business	
Street								
City		State	Zıp code		Foreign (Countr	· · · · · ·	
Oity		State	Zip code		li oreign (Journa	y	
Relationship	Foundation Status	\$						
							<u> </u>	
Purpose of grant/contribution							Amount	2,115
							<u> </u>	2,110
Name				_	_		_	
United Way Heart of Georgia					Person		Business	
Street								
City		State	Zıp code		Foreign (Countr	 у	
					1		•	
Relationship	Foundation Status	3						
Purpose of grant/contribution		-					Amount	
. a.pose or granificontinution							Amount	190

500

Amount

500

Purpose of grant/contribution

500

Page 27 of 28

2,500

59-2276367

CAPITAL CITY GROUP FOUNDATION, INC

CAPITAL CITY GROUP FOUNDA						-2276		Page 28 of 28
Continuation of Part XV, L Recipient(s) paid during the year	<u>ine 3a (990-PF) -</u>	<u>Gran</u>	ts and Co	<u>ontrib</u>	utions I	Paid	During	the Year
Recipient(s) paid during the year								
Name West Point Depot and Museum					Person		Business	
Street					11 010011		<u> Indonico</u>	
City		State	Zıp code		Foreign C	ountry	у	
Relationship	Foundation Status	<u> </u>	<u>. </u>					
Purpose of grant/contribution			<u> </u>				Amount	1,500
Name					,		-	
Whigham United Methodist Church					Person	[Business	
Street								
City		State	Zıp code	•	Foreign C	ountry	у	
Relationship	Foundation Status		•					
Purpose of grant/contribution							Amount	1,000
N								1,000
Name Women of Sugarmill Woods, Inc					Person		Business	
Street								
City		State	Zıp code		Foreign C	ountr	у	
Relationship	Foundation Status	1	J		l			
Purpose of grant/contribution	_						Amount	
							<u> </u>	300
Name Young Actors Theatre					Person		Business	
Street					reison		IDUSINESS	
City		State	Zıp code		Foreign C	ountr		
Relationship	Foundation Status						<u></u>	
							IA	
Purpose of grant/contribution							Amount	1,000
Name				_	1 _	_	1_	
Street					Person		Business	
City		State	Zıp code		Foreign C	ountr	y	
Relationship	Foundation Status	1			<u> </u>		 •	
Purpose of grant/contribution						-	Amount	
Nama	·				<u> </u>		<u> </u>	0
Name Street					Person	. Г.	Business	
		1 🙃 :	1 		I=			
City		State	Zıp code		Foreign C	ountr	y 	
Relationship	Foundation Status							
Purpose of grant/contribution						_	Amount	

CAPITAL CITY GROUP FOUNDATION, INC

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Net Gain,	or Loss	0		Deprediation																																											
Nei			Expense of Sale and	Cost of Improve-																																											
Other	=xpenses	150,120]	field only) Donated	200																														<u>.</u>												
Cost, Other	Basis and Expenses	,	Cost or Other Basis	(Enter one field only) Donate	7,521	3,357	3,171	3,524	6,555	5,721	1,526	3 307	990'9	4,719	25,349	22,272	8,191	4,205	3,183	3,832	17,666	13,645	811	909'5	1,654	1,396	1,535	8,480	1,181	3,118	9,205	600,7	2 981	5,031	3,235	9,704	20 754	20,73	3.825	6,120	4,291	3,599	3,085	14,303	25,160	49 907	24,969
SS	- 1	443,000		Gross Sales	7,522	3,933	579	643	6,404	3,765	1,004	3,700	3,496	2,719	25,995	17,790	7,616	4,352	2,720	4 352	20,000	22,099	344	2,033	678	678	903	3,388	452	1,082	3,968	4,148	2,03	5,031	3,939	11,798	6,849	2 474	3,665	6,321	3,571	4,455	4,369	1,993	25,000	51 155	26,898
Gross	Sales			Date	12/14/2009	12/21/2009	3/5/2009	3/5/2009	7/22/2009	7/22/2009	7/22/2009	12/14/2009	7/6/2009	7/6/2009	9/28/2009	7/22/2009	11/6/2009	11/6/2009	11/6/2009	11/6/2009	12/29/2009	5/18/2009	8/28/2009	8/28/2009	8/28/2009	8/28/2009	8/28/2009	8/28/2009	8/28/2009	8/28/2009	8/28/2009	8/28/2009	7/15/2009	7/15/2009	12/14/2009	12/21/2009	6/16/2009	6/18/2009	7/22/2009	10/21/2009	12/14/2009	7/21/2009	12/14/2009	3/5/2009	5/15/2009	8/5/2009	9/28/2009
Totals	1	Seconnes Other cales		Acquisition	P	۵	۵.	۵	۵	ا ۵	a c	r a	_	۵	۵	Ъ	۵	ء ا	2 0	La			Ь	Ь	۵	a	L 0		۵	۵	٥	. 0	۵	<u>a</u>	۵	٥	۵ م	۵		۵	۵	٦	۵	مام	ם	. 0	Ь
				Date	2/25/2009	9/4/2009	8/11/2008	8/11/2008	8/14/2008	8/11/2008	8/11/2008	8/11/2008	8/11/2008	8/11/2008	10/7/2008	12/17/2008	7/21/2009	2/12/2003	10/1//2003	12/21/2007	3/27/2002	3/17/2006	7/27/2004	11/17/2000	12/12/2001	10/31/2001	2/12/2003	6/28/2001	10/27/2000	3/27/2007	12/21/2007	40/4/2008	10/4/2006	12/21/2007	3/17/2006	3/17/2006	3/2//2007	12/21/2007	11/9/2007	11/9/2007	3/17/2006	8/31/2004	8/31/2004	5/18/2007	7/10/2008	5/25/2007	7/27/2007
			Check "X" If	Purchaser IS a Business	Section 1																																										
				Durchaser	5500																																										
	Amount			# divi	‡ 5000																																										
		Short Term CG Distributions		Daggeration	140 SHS ABBOTT LABS COM	40 SHS BURLINGTON NORTH	90 SHS DOW CHEMICAL CO (100 SHS DOW CHEMICAL CO	110 SHS FPL GROUP INC	150 SHS FOREST LABS INC	40 SHS FOREST LABS INC	150 SHS FOREST LABS INC	90 SHS STRYKER CORP	70 SHS STRYKER CORP	25000 SHS WAL MART STORE	730 SHS WELLS FARGO	140 SHS AMGEN INC	80 SHS AMGEN INC	50 SHS AMGEN INC	BO SHS AMOEN INC	961 SHS ARTISAN INTE	140 SHS AUTOZONE																									
				Check "X" if Sale of	X				×				< ×											×	×	××	\	<×	×	×	×	×	< ×	×	×	×	××	< >	< ×	×	×	×	×	×	× >		×
				70	1	7	က	4	2	اه	~	ء ¤	, 6	7	12	13	14	2	9 2	= 4	5 6	2 2	21	22	23	24	3 2	27	88	59	ရှ	<u>بع</u>	3 5	8	35	8	25	8 8	8 9	4	42	43	4	\$	9 5	ř	49

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

		_							_	_	_			_			_		_		_	_	_	_							,		
Net Gain,	or Loss	-71,971	0				Depreciation																										
Net	orL			Expense of Sale and	Cost of	Improve-	ments																										
Other	Expenses	521,031	0	her Basis	field only)	Donated	Value																										
Cost, Other	Basis and Expenses			Cost or Other Basis	(Enter one field only)		ပိ			5,755	4,846	5,877	4,571	5,595	5,692	6,881		,	6,947				1,655	14,107	2,909	2,493	2,389			,			
SS	es	449,060	0			Gross Sales	Price	5,627	3,213	3,816	3,213	4,853	4,943	4,549	5,340	4,836	5,438	9,517	7,523	4,066	2,300	2,300	1,725	10,487	3,473	4,193	2,699						
Gross	Sales					Date	Sold	7/15/2009	7/22/2009	7/22/2009	7/22/2009	7/22/2009	12/14/2009	7/22/2009	7/15/2009	7/10/2009	7/1/2009	7/1/2009	12/14/2009	7/15/2009	10/21/2009	10/21/2009	10/21/2009	7/6/2009	7/10/2009	12/14/2009	12/14/2009						
Totals		Securities	Other sales			Acquisition	Method	Ь	Ъ	۵	գ	۵	۵	ط	۵	۵	۵	Ь	۵	۵	Ф	Ф	Ф	Ь	Д	Ф	Ь						
						Date	Acquired	3/17/2006	3/23/2007	8/24/2007	8/24/2007	3/17/2006	3/17/2006	3/17/2006	12/4/2001	10/23/2007	3/17/2006	3/27/2007	9/12/2008	3/17/2006	8/10/2004	10/27/2005	10/27/2005	11/17/2006	10/24/2003	10/24/2003	1/16/2008						
				Check "X" ıf	Purchaser	<u>s</u>	Business																										
							Purchaser																										
	Amount						CUSIP #	:																									
		Long Term CG Distributions	Short Term CG Distributions				Description																										
					Check "X"	if Sale of						_	-					_			×	_			×	_	×						
							Index	20	51	52	53	54	22	26	57	28	29	9	61	62	63	94	65	99	29	89	69	2	7	72	73	74	75

Line 11 (990-PF) - Other Income

		961	0	
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
-	Excise Tax Refund		0	
7	Voided checks	961	0	
က	Misc Income		0	
4			0	
2			0	
9			0	
7			0	
8			0	
െ			0	
10			O	

Line 23 (990-PF) - Other Expenses

		1,355	0	0	1,356
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Amortization See attached statement	0	0	0	0
2	Fund Raising				
3	Marketing & Advertising	1,355			1,356
4					
2					
9					
7					
8					
6					
10					

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

		125,194	25,150		25.820		
		Book Value	Book Value	FMV	FMV	Check "X" if Federal	Check "X" if State/
	Description	Beg of Year	End of Year	Beg. of Year	End of Year	Obligation	Local Obligation
1	FHLMC 5/7/08					×	
2	FHLMC 12/08					×	
က	FNMA 3/16/09					×	
4	FNMA 5/4/09					×	
2	FHLMC 12/15/09				-	×	
	FHLMC 12/8/11					×	
	FHLB 12/9/11					×	
∞	FHLB 3/12/10	49,907		52,500		×	
	FANNIE MAE 8/1/12					×	
10	FANNIE MAE 10/15/11	24,968		27,313		×	
1	FHLM 11/21/12					×	
12	FHLB 9/10/10	25,150	25,150		25,820	×	
13	FHLB 5/15/09	25,169		25,461		×	
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25				-			
26							
27							
28							
29							
30							

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		1,481,422	1,613,051		
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value		End of Year	Beg. of Year	E
MON STOCK		1,424,152	1,555,781	1,094,709	1,584,637
JAL FUNDS		57,270	57,270	33,793	41,791
OREIGN EQUITIES					

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

Part II, Line 15 (990-PF) - Other Assets

	Beginning	Ending	0 Fair Market
Description	Balance	Balance	Value
I DIVIDENDS RECEIVABLE	51		
ACCRUED INCOME ON SECURITIES			

CAPITAL CITY GROUP FOUNDATION, INC

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		F,			000001	•	100 103	170		•	•	•
Short term CS Distribution				lotals	Gross		Cost or Other	1,6,1,7-		Adjusted Basis		Gains Minus Excess
plon sheeped to (a)back	# district	How	Date	Sold	Sales	Depreciation Allowed	Basis Plus Expense of Sale	Gain or Loss	as of 12/31/69	as of 12/31/69	Excess of FMV Over Adi Basis	of FMV Over Adjusted Basis or Losses
1 140 SHS ABBOTT LABS COM		-	2/25/2009	12/14/2009	7,522		7,521	-			0	1
2 40 SHS BURLINGTON NORTHERN				12/21/2009	3,933	0	3,357	929			0	
3 90 SHS DOW CHEMICAL CO COM			8/11/2008	3/5/2009	579	0	3,1/1	-2,592				2,592
4 100 SHS DOW CHEMICAL CO COM			8/11/2008	3/3/2009	6 404	0	9,024	-151				
6 150 SHS FOREST LABS INC			-	7/22/2009	3.765	0	5,721	-1,956				
7 40 SHS FOREST LABS INC		_	8/11/2008	7/22/2009	1,004	0	1,526	-522			0	
8 150 SHS FOREST LABS INC		<u>a</u>	-	7/22/2009	3,765	0	5,721	-1,956			0	
9 60 SHS JOHNSON & JOHNSON		۵	\vdash	12/14/2009	3,889	0	3,397	492			0	
10 90 SHS STRYKER CORP		۵	- †	7/6/2009	3,496	0	9,068	-2.572			0	
11 70 SHS STRYKER CORP		_	\rightarrow	7/6/2009	2,719	0	4,719	-2,000				-2.
12 25000 SHS WAL MART STORES INC			_	9/28/2009	25,995	0	25,349	646				
13 (730 SHS WELLS FARGO		م	12/17/2008	7/22/2009	17,790	0	22,272	4.482				4,482
14 140 SHS AMGEN INC			2/12/1/2009	11/6/2009	010,7	5 0	6,191	781				
15 60 SHS AMISEN INC				11/6/2009	2,332		3 183	463	:			
16 SUSHINGEN INC.			8/24/2007	11/6/2009	8 704		8.046	658				658
				11/6/2009	4,352	0	3,832	520				
Т			3/27/2002	12/29/2009	20,000	0	17,666	2.334				2,334
20 140 SHS AUTOZONE			3/17/2006	5/18/2009	22,099	0	13,645	8,454			0	
21		۵	-	8/28/2009	344	0	811	-467			0	
22			-	8/28/2009	2,033	0	5,606	-3,573			0	7
23			-	8/28/2009	678	0	1,654	926-			0	
24			_	8/28/2009	678	0	1,396	-/18				BL/-
25		2 0	2/12/2003	8/28/2009	903		1,545	-1,492				
20			6/28/2001	8/28/2009	3388		8.480	-5 092				-5.092
28		_	_	8/28/2009	452	0	1,181	-729			0	
29			_	8/28/2009	1,082	0	3,118	-2,036			0	
30		۵	12/21/2007	8/28/2009	3,968	0	9,205	-5,237			٥	-5,237
31			-	8/28/2009	4,148	0	7,705	-3,557	1		0	
32		<u>a</u>		7/15/2009	5,031		6,293	292, L-	,			
33				7/15/2009	2,383		2,981	860-				060-
36		<u> </u>	3/17/2006	12/14/2009	3,030		3 235	202				704
36			_	12/21/2009	11 798		9.704	2 094				2.094
37		_	_	12/21/2009	8,849	0	7.243	1.606			0	
38			+	6/18/2009	12,936	0	30,754	-17,818			0	,-
39			1. 1	6/18/2009	3,471	0	6,442	-2,971			0	
40			$\overline{}$	7/22/2009	3,665	0	3,825	-160				
41		اے	\neg	10/21/2009	6,321	0	6,120	201			0	
42		ا ۵	\neg	12/14/2009	3,571	0	4,291	-/20				02/-
£ .		<u> </u>	8/31/2004	12/14/2009	4,455		3,085	1 284				
45		_	1	3/5/2009	1,993		14.303	-12.310				-12,310
46			+	12/14/2009	4,160	0	5,443	-1,283			0	
47		۵		5/15/2009	25,000	0	25,169	-169			0	
48				8/5/2009	51,155	0	49,907	1,248			0	
49			7/27/2007	9/28/2009	26,898	0	24,969	1,929			0	-
50			3/17/2006	7/15/2009	5,627	0	5,080	547				
51		۵ ۵	3/23/2007	7/22/2009	3,213		6,691	-3,4/8				
22			8/24/2007	77272009	3,816		5,755	1,939				1,939
200		۵	3/17/2006	7/22/2009	4 853	oc	5 877	1 024				
100		_	3/17/2006	12/14/2009	4,943	0	4.571	372				
99		۵	+-	7/22/2009	4,549	0	5,595	-1,046			0	-1,046
57			-	7/15/2009	5,340	0	269'5	-352			0	
28			10/23/2007	7/10/2009	4,836	0	6,881	-2,045			0	
53		۵ ۵	3/17/2006	7/1/2009	5,438		6,066	-628				3 787
90		7	3/2//2001	1/2009	110'6		15,004	-2,101				

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	Long Term CG Distributions	Amount	0										,
	Short Term CG Distributions		10		Totals	449,060	0	521,031	-71,971	0	0	0	-71,971
					-	Gross		Cost or Other		FM V	Adjusted Basis		Gains Mir
			How	Date	Date	Sales	Depreciation	Basis Plus	Gain or	as of	as of	Excess of FMV	of FMV Over Adjusted
	Kind(s) of Property Sold	CUSIP #	Acquired	Acquired	Sold	Price	Allowed	Expense of Sale	Loss	12/31/69	12/31/69	Over Adj Basis	Basis or Losses
			Ь	9/12/2008	12/14/2009	7,523	0	6,947	929			0	929
			Ы	3/17/2006 7/15/2009	7/15/2009	4,066	0	2,592	1,474			0	1,474
			۵	8/10/2004	10/21/2009	2,300	0	2,146				0	154
			<u>a</u>	10/27/2005 10/21/2009	10/21/2009	2,300	0	2,207	66			0	93
			_	10/27/2005	10/21/2009	1,725	0	1,655	07			0	02
			<u>a</u>	11/17/2006	11/17/2006 7/6/2009	10,487	O	14,107	-3,620			0	-3,620
			۵	10/24/2003	7/10/2009	3,473	0	2,909	564			0	564
			۵	10/24/2003 12/14/2009	12/14/2009	4,193	0	2,493	1,700			0	1,700
			۵	1/16/2008	1/16/2008 12/14/2009	2,699	0	2,389	310			0	310
						0	0	0	0			0	0
						0	0	0	0			0	0
						0	0	0	0			0	0
						0	0	0	0			0	0
						0	0	0	0			0	0
						0	0	0	0			0	Ō
l													

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

•		Compensation									
	Average	Hours 1	1	1	1						
	F	Chairman	President	Secretary	Treasurer						
	Foreign	Country	:								
	7.5 0.45	State 4p Code -L 32301	32301	32301	32301						
	1	State FL	FL	FL	FL						
	-	Tallahassee	Tallahassee	Tallahassee	Tallahassee						
	17-170	Street 217 N Monroe St	217 N Monroe St	217 N. Monroe St	217 N. Monroe St						
	Check "X"	If Business									
	2	Name William G Smith	Robert H Smith	Flecia Braswell	Ray A. Johnson						
		-	2	က	4	2	9	7	80	6	10

0 0 0 Expense Benefits Account 2 3 4 5 6 6 7 7	Explanation
10	

Part XVI-A, Lines 11a-11e (990-PF) - Other Revenue

	Unrelated Bu	isiness Income	Exclude	ed by Section 512,	513, or 514
Program Service Revenue	Business Code	Amount	Exclusion Code	Amount	Related or Exempt Function Income
1 VOIDED CHECKS					961
2					
3	-		-		
5	-		 		
6					
7					
8					
9	-	.,			
10					-
12					-
13					
14					
15					-
16			 		
18	+		1		
19					
20					<u> </u>

Part XVI-B (990-PF) - Relationship of Activities

Explanation
Explanation VOIDED CONTRIBUTION CHECK THAT WAS NEVER REISSUED FROM 2008