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## Form 990-P.F

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

OMB No 1545 0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements , 2010, and ending For calendar year 2010, or tax year beginning Final return G Check all that apply. Initial Return of a former public charity Initial return Amended return Address change Name change Employer identification number STEPHENS FAMILY FOUNDATION 58-6424620 P. O. BOX 408 B Telephone number (see the instructions) BOLINGBROKE, GA 31004 C If exemption application is pending, check here D 1 Foreign organizations, check here |X| Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Н Check type of organization. here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated Fair market value of all assets at end of year J Accounting method. X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 243,479. (Part I, column (d) must be on cash basis ) Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 2 Ck ► X if the foundn is not req to att Sch B Interest on savings and temporary 22 22 22 cash investments 7,991 7,991 7,991 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) REVENUE 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Ű Income modifications NOV I B YOU 10 a Gross sales less returns and allowances Ś **b** Less Cost of goods sold OGDEN c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 8,013 8,013 12 Total. Add lines 1 through 11 8,013 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach sch) 500 500 SEE ST 1 500 c Other prof fees (attach sch) 17 Interest 18 Taxes (attach schedule)(see instr.) 19 Depreciation (attach sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 22 23 Other expenses (attach schedule) Total operating and administrative 24 500 500 expenses. Add lines 13 through 23. 500 Contributions, gifts, grants paid 26 Total expenses and disbursements. 500. 500 Add lines 24 and 25 500 Subtract line 26 from line 12: 27 a Excess of revenue over expenses 7,513 and disbursements 7,513 b Net investment income (if negative, enter 0) 513 C Adjusted net income (if negative, enter 0)

Par		Balance Sheets  Attached schedules and amounts in the description column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
		(See instructions )	(a) Book Value	-1.	(C) I all Walket Value			
	1	Cash — non-interest-bearing	105,237.	112,318.	112,318.			
	2	Savings and temporary cash investments	103,237.	112,510.	112,510.			
	3	Accounts receivable  Less, allowance for doubtful accounts	ŀ	:				
	4	Pledges receivable  Less. allowance for doubtful accounts	:	:				
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)						
	7	Other notes and loans receivable (attach sch)						
Ą		Less: allowance for doubtful accounts						
รั	8	Inventories for sale or use						
A S E T S	9	Prepaid expenses and deferred charges						
Ġ	10	a Investments - U.S and state government						
		obligations (attach schedule)	50.240	FO 240	40.200			
	1	b Investments — corporate stock (attach schedule) STATEMENT 2	58,348.	58,348.	48,390.			
	ł	c Investments — corporate bonds (attach schedule)						
	11	Investments — land, buildings, and equipment, basis						
		Less accumulated depreciation (attach schedule)						
	12	Investments - mortgage loans			20.554			
	13	,	171,029.	171,029.	82,771.			
	14	Land, buildings, and equipment. basis			<b>‡</b>			
		Less. accumulated depreciation (attach schedule)		<u> </u>				
		Other assets (describe Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	334,614.	341,694.	243,479.			
Ļ	17	Accounts payable and accrued expenses			į.			
Å	18	Grants payable			-			
В	19	Deferred revenue						
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons						
‡	21	Mortgages and other notes payable (attach schedule)						
ı	22	Other liabilities (describe	<u> </u>		-			
E S	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.						
N F E U	24	Unrestricted			<del>-</del>			
TN	25	Temporarily restricted			4			
A D	26	Permanently restricted			-			
A B S A E L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.						
E L T A	27	Capital stock, trust principal, or current funds	334,614.	341,694.				
SN	28	Paid-in or capital surplus, or land, building, and equipment fund						
OE	29	Retained earnings, accumulated income, endowment, or other funds.						
RS	30	Total net assets or fund balances (see the instructions)	334,614.	341,694.	1			
	31	Total liabilities and net assets/fund balances (see the instructions).	334,614.	341,694.				
Par	E	Analysis of Changes in Net Assets or Fund Balance		<u> </u>	<u></u>			
		Il net assets or fund balances at beginning of year – Part II, colui		oo with				
ı	end-	of-year figure reported on prior year's return)	init (a), iiile 30 (iilust agi	1	334,614.			
2		er amount from Part I, line 27a		2	7,513.			
3		increases not included in line 2 (itemize)	. <b></b>	3				
4	4 242 127							
5	Decre	eases not included in line 2 (itemize)	_4	5	433.			
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	<ul> <li>Part II, column (b), lin</li> </ul>	e 30 <b>6</b>	341,694.			

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7

Add lines 5 and 6

Part VI instructions.

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

	90-PF (2010) STEPHENS FAMILY FOUNDATION		6424			Р	age 4
Part \	/i : Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 –	see	the ins	tructio	ns)		
1 a Ex	empt operating foundations described in section 4940(d)(2), check here						
	te of ruling or determination letter (attach copy of letter if necessary — see instr.)						
	omestic foundations that meet the section 4940(e) requirements in Part V,	-	1			1	50.
	eck here ► 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, column (b)						
2 Ta	ux under section 511 (domestic section 4947(a)(1) trusts and taxable undations only. Others enter -0-)		2				0.
<b>3</b> Ad	dd lines 1 and 2		3			1	50.
4 St	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-	)	4				0.
5 Ta	x based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			1	50.
<b>6</b> Cr	edits/Payments.						
<b>a</b> 20	10 estimated tax pmts and 2009 overpayment credited to 2010 . 6a	_					
b E	rempt foreign organizations — tax withheld at source 6b			`			
c Ta	ex paid with application for extension of time to file (Form 8868)						
d Ba	ackup withholding erroneously withheld 6d		1				
<b>7</b> To	otal credits and payments. Add lines 6a through 6d		7				0.
	nter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached		8				
	x due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 5	•	9			1	157.
	erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10		•		
	ter the amount of line 10 to be Credited to 2011 estimated tax	<b>&gt;</b>	11				
*****	/II-A   Statements Regarding Activities						
1a Dı	uring the tax year, did the foundation attempt to influence any national, state, or local legislation or did	t				Yes	No
	rticipate or intervene in any political campaign?			ļ	1 a		X
	d it spend more than \$100 during the year (either directly or indirectly) for political purposes ee the instructions for definition)?				1 b		Х
	the answer is 'Yes' to <b>1a</b> or <b>1b,</b> attach a detailed description of the activities and copies of any material distributed by the foundation in connection with the activities.	s pub	lished				
c Di	d the foundation file Form 1120-POL for this year?			L	1 c		X
	nter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.						
	On the foundation \$\\ 0\\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			0.			
	the reimbursement (if any) paid by the foundation during the year for political expenditure tax impoundation managers $\blacktriangleright$ \$ 0.	sea oi	n.				
	as the foundation engaged in any activities that have not previously been reported to the IRS?			ľ	2		Х
	'Yes,' attach a detailed description of the activities			-			ı.
	as the foundation made any changes, not previously reported to the IRS, in its governing instrument, ar	licles					
of	incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	S		ŀ	3		X
	d the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?			Ļ	4Ь	N	/A
<b>5</b> Wa	is there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
lf	'Yes,' attach the statement required by General Instruction T						
6 Ar	e 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 th with the state law remain in the governing instrument?	at cor	nflict		6		Х
<b>7</b> Dr	the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			L	7	X	<u> </u>
8a Er	nter the states to which the foundation reports or with which it is registered (see the instructions)	_		_	1		
N	/A			_	- 1		
b If	the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			ŀ			
	designate) of each state as required by General Instruction G? If 'No,' attach explanation			ļ	8ь	<u> X</u>	<u> </u>
9 Is	the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3	or 4	942(j)(	5)			v

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

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Form 990-PF (2010) STEPHENS FAMILY FOUNDA Part VII-A Statements Regarding Activities		58-64246	20	P	age <u>5</u>
11 At any time during the year, did the foundation, dire	ectly or indirectly, own a controlled entity		1,		v
within the meaning of section 512(b)(13)? If 'Yes', a  12 Did the foundation acquire a direct or indirect interes			11		<u>X</u>
August 17, 2008?  13 Did the foundation comply with the public inspection	n requirements for its annual returns and exemption	application?	12	X	X
	N/A				
14 The books are in care of ► <u>JERRY_L. STEP</u> Located at ► 1760 BASS ROAD, STE 10			<b></b> -		
15 Section 4947(a)(1) nonexempt charitable trusts film	g Form 990-PF in lieu of Form 1041 - Check here		N/A	<b>_</b>	
and enter the amount of tax-exempt interest receiv  16 At any time during calendar year 2010, did the four	ndation have an interest in or a signature or other a	► 15 uthority over a	1	Yes	N/A No
bank, securities, or other financial account in a fore See the instructions for exceptions and filing requir	•	ame of the	16	,	X
foreign country	for Which Form 4700 Man Do Dominal				L
Part VII-B   Statements Regarding Activities File Form 4720 if any item is checked in the 'Yes' co				Yes	No
1a During the year did the foundation (either directly o	• • • • • • • • • • • • • • • • • • • •			163	110
(1) Engage in the sale or exchange, or leasing of	• .	Yes X No			
(2) Borrow money from, lend money to, or otherwidisqualified person?	se extend credit to (or accept it from) a	Yes X No			
(3) Furnish goods, services, or facilities to (or acce	ept them from) a disqualified person?	Yes X No			
(4) Pay compensation to, or pay or reimburse the	expenses of, a disqualified person?	Yes X No			
(5) Transfer any income or assets to a disqualified for the benefit or use of a disqualified person)?		Yes X No			
(6) Agree to pay money or property to a governme foundation agreed to make a grant to or to empore the property of government service, if terminating within 90	ploy the official for a period after termination	Yes X No			
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the ac Regulations section 53.4941(d)-3 or in a current no	cts fail to qualify under the exceptions described in tice regarding disaster assistance (see the instruction	ons)?	1b	N	/A
Organizations relying on a current notice regarding	disaster assistance check here	▶			
c Did the foundation engage in a prior year in any of that were not corrected before the first day of the to	the acts described in 1a, other than excepted acts, ax year beginning in 2010?		1c		x
2 Taxes on failure to distribute income (section 4942) private operating foundation defined in section 4943.	(does not apply for years the foundation was a 2(j)(3) or 4942(j)(5)).				
a At the end of tax year 2010, did the foundation have and 6e, Part XIII) for tax year(s) beginning before 2	e any undistributed income (lines 6d 2010?	Yes X No			
If 'Yes,' list the years ► 20 , 20 , 20	, 20				
<b>b</b> Are there any years listed in 2a for which the found (relating to incorrect valuation of assets) to the year	r's undistributed income? (If applying section 4942)		25	N	/A
<ul><li>all years listed, answer 'No' and attach statement -</li><li>c If the provisions of section 4942(a)(2) are being appropriate to the provisions of section 4942(a)(2).</li></ul>	•	nere.	2b	IN	<u> </u>
► 20 , 20 , 20 , 20					
3a Did the foundation hold more than a 2% direct or in enterprise at any time during the year?	ndirect interest in any business	Yes X No	,		
<b>b</b> If 'Yes,' did it have excess business holdings in 20 or disqualified persons after May 26, 1969, (2) the I by the Commissioner under section 4943(c)(7)) to (3) the lapse of the 10-, 15-, or 20-year first phase determine if the foundation had excess business he	apse of the 5-year period (or longer period approve dispose of holdings acquired by gift or bequest, or holding period? <i>(Use Schedule C, Form 4720, to</i>	ed	3b	N	/A
4a Did the foundation invest during the year any amountable purposes?	int in a manner that would jeopardize its		4a		Х
b Did the foundation make any investment in a prior jeopardize its charitable purpose that had not been the tax year beginning in 2010?		<del></del>	4b		x
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Part VII-B Statements Regarding Activit		n 4720 May Be Reg	uired (continued)	···· 1 · · · · · · · · · · · · · · · ·	<del></del>
5a During the year did the foundation pay or incur	-		n. 6		
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	tion drive?		Yes X	F 3	
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	∐ Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instruc	ganization described ctions)	Yes X	No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	ne transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5b	N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ [		Ì
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ne foundation claim exe libility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regu	ılatıons section 53.4945	-5(d).			
6a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or indi	rectly, to pay premiums	Yes X	No	
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefit	t contract?	6Ь	X
If 'Yes' to 6b, file Form 8870.				I	
7a At any time during the tax year, was the found				No 76	
b if yes, did the foundation receive any proceeds Part VIII Information About Officers, D	irectors Trustees	Foundation Mana			<u> </u>
and Contractors	incetors, musices	, i ouridation mund	gers, mgmy r ara	Linployee	.5,
1 List all officers, directors, trustees, foundation	managers and their co	mpensation (see instru	ctions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
JERRY L. STEPHENS		0.	0.		0.
P. O. BOX 125	0				
BOLINGBROKE, GA 31004					
LINDA B. STEPHENS P. O. BOX 125	0	0.	0.		0.
BOLINGBROKE, GA 31004					
2 Compensation of five highest-paid employees	(other than those incl	uded on line 1— see inst	ructions). If none, ente	r 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
NONE					
		İ			
Total number of other employees paid over \$50,000	<u> </u>		•	·	0
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Total. Add lines 1 through 3	0.
3	
All other program-related investments. See instructions	
	_
2	
· · · · · · · · · · · · · · · · · · ·	
1 N/A	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Part IX-B Summary of Program-Related Investments (see instructions)	
~	
4	
3	
2	
2	<del></del>
1 <u>N/A</u>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
Part IX-A Summary of Direct Charitable Activities	
Total number of others receiving over \$50,000 for professional services	0
NONE	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.	
and Contractors (continued)	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I	Employees,
	4620 Page <b>7</b>

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see instructions.)		
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes.     Average monthly fair market value of securities	1a	121,496.
b Average of monthly cash balances	1 b	108,846.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	230,342.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation) 1e 0.		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	230,342.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	3,455.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	226,887.
6 Minimum investment return. Enter 5% of line 5	6	11,344.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	ating fo	undations
and certain foreign organizations check here ► and do not complete this pa	irt.)	
1 Minimum investment return from Part X, line 6	1	11,344.
2a Tax on investment income for 2010 from Part VI, line 5 2a 150.		<u>-</u>
b Income tax for 2010. (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	150.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	11,194.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	11,194.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	11,194.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	
<b>b</b> Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
Amounts set aside for specific charitable projects that satisfy the.     a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether to qualifies for the section 4940(e) reduction of tax in those years.	he founda	ation
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## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	( <b>d)</b> 2010
Distributable amount for 2010 from Part XI, line 7				11,194.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
<b>b</b> Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2010	······································			
a From 2005		]	<b>*</b>	
<b>b</b> From 2006			<b>!</b>	
<b>c</b> From 2007			1	
<b>d</b> From 2008 2, 325.			<b>!</b>	
e From 2009			1	
f Total of lines 3a through e	2,325.			
4 Qualifying distributions for 2010 from Part				
XII, line 4. ► \$			1	
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010	2,325.			2,325.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) fax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2011				8,869.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed			1	
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2005 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9			Į	
a Excess from 2006	1		1	
<b>b</b> Excess from 2007	1		1	
c Excess from 2008	-		#	
d Excess from 2009	4	1	1	
e Excess from 2010	<u>L</u>	1		Farm 000 BE (2010)

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Part XIV Private Operating Foundati	<del></del>				N/A
1a If the foundation has received a ruling or one is effective for 2010, enter the date of the	letermination letter t	that it is a private o	perating foundation,	and the ruling	
<b>b</b> Check box to indicate whether the foundat	•	atıng foundation de	escribed in section	4942(j)(3) or	4942()(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test - enter.					
<ul><li>(1) Value of all assets.</li><li>(2) Value of assets qualifying under</li></ul>					
section 4942(j)(3)(B)(i)  b 'Endowment' alternative test — enter 2/3 of			<del></del>		
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 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			<u> </u>		
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	e organization r	1ad \$5,000 or m	ore in
1 Information Regarding Foundation Manage					
a List any managers of the foundation who have close of any tax year (but only if they have		re than 2% of the t	total contributions re	ceived by the founda	ation before the
close of any tax year (but only if they have NONE	contributed more t	han \$5,000) (See	section 507(d)(2) )		
<b>b</b> List any managers of the foundation who o	own 10% or more of	the stock of a corp	poration (or an equal	lly large portion of th	e ownership of
a partnership or other entity) of which the NONE	foundation has a 10	% or greater intere	est.		
2 Information Regarding Contribution, Gran	t. Gift. Loan. Schola	rship, etc. Program	ms:		
Check here \( \bigcup \) If the foundation only n requests for funds. If the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected cha	ritable organizations	and does not accep nizations under othe	ot unsolicited er conditions,
a The name, address, and telephone number	er of the person to w	hom applications s	should be addressed	<del></del>	<del></del>
SEE STATEMENT 6					
<b>b</b> The form in which applications should be s	submitted and inform	nation and materia	Is they should includ	le	
SEE STATEMENT FOR LINE 2A				·-·	
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards, s	such as by geograph	nical areas, charita	ble fields, kinds of in	nstitutions, or other f	actors
SEE STATEMENT FOR LINE 2A					
BAA	TF	FA0310L 02/16/11			Form <b>990-PF</b> (2010)

Recipient shows a professional policy status of contribution status of contribution and address frome or business)  a Paid during the year  Total  Description of the payment of the payme	3 Grants and Contributions Paid During the Y	ear or Approved for Futur	re Payment		,
Total ▶ 3a  Approved for future payment	Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Amount
Total   ▶ 3a  Approved for future payment		substantial contributor			
b Approved for future payment	a Paid during the year		1		
b Approved for future payment					
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Part XVI-A	Analysi	s of Incor	ne-Producing	<b>Activities</b>
------------	---------	------------	--------------	-------------------

ter gross amounts unless otherwise indicated.	Unrelated	business income	<del> </del>	section 512, 513, or 514	(e)
1. Program agrees response	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (see the instructions
Program service revenue:	<del></del>		code	<del></del>	
a	<del></del>		+		,
b			1	<del></del>	
d				· · · · · · · · · · · · · · · · · · ·	
е					
1					
g Fees and contracts from government agencies					
Membership dues and assessments		<u> </u>			
Interest on savings and temporary cash investments			14	22.	
Dividends and interest from securities			14	7,991.	
Net rental income or (loss) from real estate.					
a Debt-financed property					<del></del>
b Not debt-financed property					
Net rental income or (loss) from personal property	<del>    </del>				· · · · · · · · · · · · · · · · · · ·
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events  Gross profit or (loss) from sales of inventory		<del></del>		<u>-</u>	
Other revenue.					
	<u> </u>	<u></u>	<del></del>		
ab		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
С		<del></del>			
d		····			
<del></del>	<del></del>		<del></del>		
e					1
e				8,013.	
e Subtotal Add columns (b), (d), and (e)				8,013.	8,01
					8,01
e Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	ons.)	nment of Exem	pt Purpose	13	8,01
eSubtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities to the	ons.) ne Accomplisi			13 28	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.  TXVI-B Relationship of Activities to the	ons.) ne Accomplisi			13 28	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  Relationship of Activities to the complex of the complex how each activity for which is accomplishment of the foundation's exemption.	ons.) ne Accomplisi			13 28	
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Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  Relationship of Activities to the complex of the complex how each activity for which is accomplishment of the foundation's exemption.	ons.) ne Accomplisi			13 28	
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Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  TXVI-B Relationship of Activities to the No.  Explain below how each activity for which is accomplishment of the foundation's exemptions.	ons.) ne Accomplisi			13 28	
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e Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations (b).  Relationship of Activities to the	ons.) ne Accomplisi			13 28	

Page 13

art XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Exclipt Organizations			······	
Did the organization directly or indirectly endescribed in section 501(c) of the Code (ot relating to political organizations?	ngage in any of the following with any o her than section 501(c)(3) organization:	other organization s) or in section 527,	Ye	s No
a Transfers from the reporting foundation to	a noncharitable exempt organization of	i.		1
(1) Cash			1 a (1)	X
(2) Other assets			1 a (2)	<u> X</u>
<b>b</b> Other transactions				
(1) Sales of assets to a noncharitable exe	mot organization		1 Ь (1)	X
(2) Purchases of assets from a noncharita	• •	ļ l	1 b (2)	X
• •	, ,	<u> </u>	1 b (3)	X
(3) Rental of facilities, equipment, or other	assets.	<b> </b>	1b (3)	$\frac{x}{x}$
(4) Reimbursement arrangements		<u></u>		X
(5) Loans or loan guarantees		}	1 b (5)	X
(6) Performance of services or membersh	,	-	1 b (6)	
c Sharing of facilities, equipment, mailing lis	ts, other assets, or paid employees	L	1c	<u> </u>
d If the answer to any of the above is 'Yes,' the goods, other assets, or services given any transaction or sharing arrangement, st	by the reporting foundation. If the found	dation received less than fair market v	rket value of value in	
(a) Line no (b) Amount involved (c) Name (	of noncharitable exempt organization	(d) Description of transfers, transactions, and sl	naring arrangem	ents
I/A				
			-	
			<del></del>	
2a Is the foundation directly or indirectly affilial described in section 501(c) of the Code (of b If 'Yes,' complete the following schedule.	ated with, or related to, one or more tax ther than section 501(c)(3)) or in section	k-exempt organizations n 527?	Yes [	XNo
(a) Name of organization	(b) Type of organization	(c) Description of rela	lionship	
I/A				<u> </u>
Under penalties of perjury. I declare that I have exam	nined this return, including accompanying schedule	s and statements, and to the best of my knowledg	je and belief it is	s true
Under penalties of perjury, I declare that I have exan correct, and complete Declaration of preparer (other left)	than taxpayer or fiduciary) is based on all informat	11/14/11 Trustee	_	
Signature of officer or dustee	D <sub>i</sub>	ate Title		
Print/Type preparer's name	Preparer's sylnature	Date Check if II	PTIN	
william H EPPS, JR	W. Olama H-8	MOU 7 2011   -	P0036673	30
MCNATO MO	CLEMORE, MIDDLEBROOKS	Firm's EIN ► 58-10		
DOCT OFFI	CE BOX ONE	riiiis Eig - 30 Tu	<u> </u>	
	31202-0001	(470)	746-62	77
	31202-0001	Phone no (4/8)		
2 A A			Form 990-F	'T (ZUIU)

2010	FEDERAL STATEMENTS STEPHENS FAMILY FOUNDATION							PAGE 1 58-6424620	
CLIENT 1217028									
10/31/11								05.00	
STATEMENT 1 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES									
		(A) EXPENSES PER BOOKS	IN	(B) NET VESTME INCOME	NT	(C) ADJUSTED NET INCOM		(D) CHARITABLE PURPOSES	
TAX RETURN PREPARATION	TOTAL	\$ 500 \$ 500	÷ \$ = = = = = = = = = = = = = = = = = =	5( 5(	00. 00.	\$ 500 \$ 500	<u>).</u> ∑. <u>\$</u>	0	
STATEMENT 2 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STO	скѕ					-			
CORPORATE STOCKS				ATION THOD		BOOK VALUE	FA	IR MARKET VALUE	
150 SH GOLDMAN SACHS GROUP 72 SHARES CME GROUP INC			COST COST	TOTAL	\$	20,841. 37,507. 58,348.	\$	25,224. 23,166. 48,390.	
STATEMENT 3 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER									
OTHER INVESTMENTS				ATION CHOD		BOOK VALUE	FA:	IR MARKET VALUE	
GUGGENHEIM ENHANCED EQUITY 2046 SH COLUMBIA TECH FUND 2500 SH ALPINE TOTAL DYNAMIC	FUND		COST COST COST		\$	100,000. 21,029. 50,000.	\$	46,650. 21,321. 14,800.	
				TOTAL	\$	171,029.	\$	82,771.	
STATEMENT 4 FORM 990-PF, PART III, LINE 5 OTHER DECREASES	**4	-							
FEDERAL INCOME TAXES						TOTAL	\$ <u>\$</u>	202. 231. 433.	
						<del> </del>			

2010

#### **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 1217028** 

STEPHENS FAMILY FOUNDATION

58-6424620

10/31/11

05.00PM

**STATEMENT 6** FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

WENDY S KING

CARE OF:

P. O. BOX 408

STREET ADDRESS: CITY, STATE, ZIP CODE: TELEPHONE:

BOLINGBROKE, GA 31004

FORM AND CONTENT:

WRITTEN REQUEST OUTLINING NEED TO ASSISTANCE ALONG WITH DOCUMENTATION OF COST/UNMET NEED.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

# Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

If you a	re filing for an <b>Automatic 3-Month Extension, c</b>	omplete only i	Part I and check this box			
If you a	re filing for an Additional (Not Automatic) 3-Mo	onth Extension	, complete only Part II (on page 2 of this	form).		
Do not con	<i>plete Part II unless</i> you have already been gra	nted an automa	atic 3-month extension on a previously fil	led Form 8868.		
corporation request an Associated	iling (e-file). You can electronically file Form 88 required to file Form 990-T), or an additional (extension of time to file any of the forms listed With Certain Personal Benefit Contracts, which ling of this form, visit www.irs.gov/efile and clic	not automatic) in Part I or Pa i must be sent	3-month extension of time. You can elect II with the exception of Form 8870, Infecto the IRS in paper format (see instruction	tronically file Form 8 ormation Return for T	868 to ransfers	
Part I	Automatic 3-Month Extension of Tim	e. Only sub	mit original (no copies needed).			
	on required to file Form 990-T and requesting a			omplete Part I only	▶	
All other co	rporations (including 1120-C filers), partnership returns.	os, REMICS, ai	nd trusts must use Form 7004 to request	an extension of time	to file	
	Name of exempt organization Employer is					
Type or print	STEPHENS FAMILY FOUNDATION	58-6424620				
File by the due date for	Number street, and room or suite number. If a P O box,	see instructions				
filing your return See	P. O. BOX 408					
instructions	City, town or post office state and ZIP code For a foreign	n address, see inst	ructions			
	BOLINGBROKE, GA 31004					
Enter the R	eturn code for the return that this application is	for (file a sep	arate application for each return)		04	
		(			تت	
Application Is For		Return Code	Application Is For		Return Code	
Form 990		01	Form 990-T (corporation)	<del> </del>	07	
Form 990-B	Form 990-BL		Form 1041-A		08	
Form 990-E	Form 990-EZ 03 Form 4720		Form 4720		09	
Form 990-P	Form 990-PF		Form 5227		10	
Form 990-T	Form 990-T (section 401(a) or 408(a) trust)		Form 6069		11	
Form 990-T	Form 990-T (trust other than above)		Form 8870		12	
Telephor  If the or  If this is check the external the external the content to th	ganization does not have an office or place of for a Group Return, enter the organization's fo his box    (ii) If it is for part of the group, changing is for	FAX Notes that the pur digit Group leck this box	E United States, check this box  Exemption Number (GEN) I			
until The e	est an automatic 3-month (6 months for a corp $8/15$ , 20 $11$ _ , to file the exempt stension is for the organization's return for calendar year 20 $10$ or tax year beginning , 20	organization re	eturn for the organization named above			
	lax year entered in line 1 is for less than 12 mo lange in accounting period	onths, check re	eason. Initial return Fi	nal return		
	application is for Form 990-BL, 990-PF, 990-T, fundable credits. See instructions	4720, or 6069,	, enter the tentative tax, less any	3a \$	0.	
<b>b</b> If this payme	application is for Form 990-PF, 990-T, 4720, or ents made Include any prior year overpayment	6069, enter a	ny refundable credits and estimated tax credit	3ь \$	0.	
c Balan EFTP:	ce due. Subtract line 3b from line 3a Include y 6 (Electronic Federal Tax Payment System). S	our payment w ee instructions	rith this form, if required, by using	3c \$	0.	
Caution. If y payment ins	you are going to make an electronic fund withd structions.	rawal with this	Form 8868, see Form 8453-EO and Form	n 8879-EO for	_	

Form 8868	(Rev 1-2011)				Page 2			
• If you a	are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this	s box	<b>►</b> X			
Note. Only	complete Part II if you have already been granted	an automati	c 3-month extension on a previously	y filed Form 8868.				
• If you a	are filing for an Automatic 3-Month Extension, com	plete only P	art I (on page 1).					
Part II	Additional (Not Automatic) 3-Month Extension	ension of	Time. Only file the original	(no copies needed)				
	Name of exempt organization Employer iden							
Turno or	•							
Type or print	STEPHENS FAMILY FOUNDATION			58-6424620				
•	Number, street, and room or suite number If a P O box, see ins	tructions						
File by the extended	MCNAIR, MCLEMORE, MIDDLEBROOKS							
due date for filing the	POST OFFICE BOX ONE							
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
	MACON, GA 31202-0001							
Enter the F	Return code for the return that this application is for	(file a sepa	rate application for each return)		04			
Application Is For		Return Code	Application Is For	Return Code				
Form 990		01						
Form 990-6	BL	02	Form 1041-A		08			
Form 990-8	EZ	03	Form 4720		09			
Form 990-f	PF	04	Form 5227		10			
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069	11				
Form 990-T (trust other than above)		06	Form 8870	12				
	not complete Part II if you were not already granted		tic 3-month extension on a previou	sly filed Form 8868.				
• The bo	oks are in care of JERRY L. STEPHENS							
		FAX No. ►		_				
• If the o	organization does not have an office or place of bus	iness in the	United States, check this box	-	▶ 🔲			
• If this is	s for a Group Return, enter the organization's four	digit Group I	Exemption Number (GEN)	. If this	s is for the			
whole grou	up, check this box 🕒 🗍 If it is for part of the g	group, check	k this box 🏲 🔲 and attach a list wi	th the names and EINs o	of all			
	the extension is for.		<del>-</del>					
4 I requ	uest an additional 3-month extension of time until	11/15	, 20 <u>11</u>					
5 For c	calendar year <u>2010</u> , or other tax year beginning tax year entered in line 5 is for less than 12 months.	g	, 20 , and ending _	, 20 _				
6 If the	tax year entered in line 5 is for less than 12 month	s, check rea	ason. Initial return	Final return				
	Change in accounting period							
7 State	e in detail why you need the extensionTAXP	AYER RE	SPECTFULLY REQUESTS AD	DITIONAL TIME T	0			
GAT	THER INFORMATION NECESSARY TO FI	LE A CO	MPLETE AND ACCURATE TA	X RETURN.				
	s application is for Form 990-BL, 990-PF, 990-T, 472 efundable credits. See instructions	20, or 6069,	enter the tentative tax, less any	8a \$	0.			
b 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 previously with Form 8868					0.			
	•	novmont w	th this form if required by using	1 7				
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 8c \$								
	Signa	ature and	l Verification					
Under penaltie	es of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	companying sch	edules and statements, and to the best of my	knowledge and belief, it is true,				
conect, and c	complete, and that I am authorized to prepare this form	McNair.	McLemore, Middlebrooks & Co	)., LLC				
Signature >	William A GOSTONE	PO	Box One Macon, Georgia 31:	202 Date ► AUG	1 2 2011			
BAA	1107	FIFZ0502L			(Rev 1-2011)			
	•							